NRS 630.007 "Administrative physician" defined. "Administrative physician" means a physician who ***does not examine or treat patients in a clinical setting and*** is licensed only to act in an administrative capacity as an:

1. Officer or employee of a state agency;
2. Independent contractor pursuant to a contract with the State; or
3. Officer, employee or independent contractor of a private insurance company, medical facility or medical care organization~~[, and who does not examine or treat patients in a clinical setting]~~.

(Added to NRS by 2003, 1884; A 2005, 2513)

Question: **please identify statutes and regulations that define "administrative physician" or that include a definition for a physician that is licensed in that state but does not practice clinically**

Content: Statutes, regulations, and cases

Jurisdiction: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, D.C., Delaware, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Alabama

State statutes and regulations

Based on the provided statutes and regulations, there is no definition of "administrative physician" or a specific definition for a physician who is licensed but does not practice clinically. However, the following statutes provide definitions and references relevant to licensed physicians and certain non-clinical or limited practice statuses:

1. General Definition of Physician:

• "Physician" is generally defined as a person licensed to practice medicine in Alabama. Ala.Code 1975 § 34-27B-2, Ala.Code 1975 § 6-5-481, Ala.Code 1975 § 27-26-1.

• In the context of telehealth, "physician" includes a doctor of medicine or osteopathy licensed in any state, commonwealth, district, or territory of the United States. Ala.Code 1975 § 34-24-701.

2. Retired Physicians with Limited Licensure:

• The Retired Senior Volunteer Program (RSVP) allows doctors of medicine and osteopathy who are "fully retired from the active practice of medicine" to obtain a limited license to provide outpatient health care services at free clinics or approved nonprofit organizations. Ala.Code 1975 § 34-24-75.1.

• To qualify, the physician must certify that they are fully retired from active practice, but this does not create a general category of "administrative physician." Instead, it creates a specific status for retired physicians who wish to volunteer in a limited clinical capacity. Ala.Code 1975 § 34-24-75.1.

3. No Statutory or Regulatory Definition of "Administrative Physician":

• None of the statutes or regulations provided define "administrative physician" or specifically address a physician who is licensed but does not practice clinically in an administrative or non-clinical capacity.

In summary, while there are definitions for "physician" and provisions for retired physicians with limited volunteer practice, there is no statutory or regulatory definition of "administrative physician" or a category

for a licensed physician who does not practice clinically. Ala.Code 1975 § 34-27B-2, Ala.Code 1975 § 6-5-481, Ala.Code 1975 § 27-26-1, Ala.Code 1975 § 34-24-701, Ala.Code 1975 § 34-24-75.1.

Cases

State

Although the statutes and regulations do not define "administrative physician" or specifically address a licensed physician who does not practice clinically, Alabama case law provides some interpretive guidance on the broader definitions of "physician" and the "practice of medicine":

• In Bragg v. State, the court explained that the term "practice of medicine" is to be interpreted in its technical sense, encompassing the science and art of healing, including diagnosing disease and prescribing or applying therapeutic agents for cure. The court emphasized that the statutory purpose is to protect the public from unqualified practitioners and that the definition of "physician" is broad, covering all who engage in the science or art of medicine, not limited to those who prescribe drugs. Bragg v. State, 134 Ala. 165 (Ala. 1902).

• Medlin v. Crosby further clarifies that Alabama statutes define the "practice of medicine" as diagnosing, treating, correcting, advising, or prescribing for any human disease or condition. The court noted that the statute does not elaborate on what constitutes the "practice of medicine" beyond this definition, but it is clear that active clinical engagement—such as diagnosing or treating patients—is central to the statutory and judicial understanding of medical practice. Medlin v. Crosby, 583 So.2d 1290 (Ala. 1991).

• The cases do not address or define a category of physician who is licensed but does not engage in clinical practice, nor do they recognize a distinct "administrative physician" status. The focus remains on whether the individual is engaged in activities that constitute the practice of medicine as defined by statute and interpreted by the courts.

• In Bell v. Hart, the court reinforced that the standard of care in medical malpractice cases is established by physicians with practical experience in the clinical practice of medicine, further underscoring the judicial focus on clinical activity as central to the definition of a physician for legal purposes. Bell v. Hart, 516 So.2d 562 (Ala. 1987).

In summary, Alabama courts interpret "physician" and "practice of medicine" broadly to include those engaged in the science or art of healing, but there is no judicially recognized definition or category for a licensed physician who does not practice clinically or serves solely in an administrative capacity. Bragg v. State, 134 Ala. 165 (Ala. 1902), Medlin v. Crosby, 583 So.2d 1290 (Ala. 1991), Bell v. Hart, 516 So.2d 562 (Ala. 1987).

Alaska

State statutes and regulations

Based on the available regulations:

1. The term "physician" is defined as "a person licensed under AS 08.64 to practice medicine or surgery". 12 AAC 40.990. This definition does not distinguish between clinical and non-clinical (administrative) practice, nor does it specifically define an "administrative physician" or a physician who is licensed but does not practice clinically.

2. The regulation also defines related terms such as "collaborating physician," which refers to a physician or osteopath who is actively licensed and enters into a consultative relationship with a nonphysician health care provider. 12 AAC 40.990. However, this does not specifically address administrative or non-clinical roles.

3. In the context of behavioral health centers, a "clinical director" must be a physician, physician assistant, or advanced practice registered nurse with an active license, and is responsible for overseeing clinical services. 7 AAC 12.383. Again, this does not provide a definition for an administrative physician or a non-clinically practicing physician.

There is no definition provided for "administrative physician" or for a physician who is licensed but does not practice clinically in the cited regulations. 12 AAC 40.990, 7 AAC 12.383.

Cases

State

Alaska courts have interpreted the statutory and regulatory framework for physicians as follows:

• The term "physician" is consistently understood to mean an individual who is licensed under Alaska law to practice medicine or osteopathy, without regard to whether the physician is engaged in clinical practice or serves in an administrative or non-clinical capacity. In Huffman v. State, the court explained that the statutory framework distinguishes between physicians and other health care providers (such as naturopaths) based on licensure and the authority to practice medicine or osteopathy, but does not further subdivide physicians into clinical or administrative categories. Huffman v. State, 204 P.3d 339 (Alaska 2009).

• In Odom v. State Division of Corporations, the court referenced the regulatory definition of "professional incompetence" as lacking sufficient knowledge, skills, or professional judgment "in that field of practice in which the physician ... engages," indicating that the scope of a physician's practice is defined by the area in which they are actually engaged, but the law does not require active clinical practice for one to be considered a physician. Odom v. State Division of Corporations, 421 P.3d 1 (Alaska 2018).

• The Alaska Supreme Court has also recognized that the Medical Board is the competent authority to regulate the practice of medicine, including determining the scope of a physician's practice and whether a physician is meeting professional standards, regardless of whether the physician is practicing clinically or in another capacity. Storrs v. State Medical Bd, 664 P.2d 547 (Alaska 1983).

• In Marsingill v. O'Malley, the court noted that Alaska law allows licensed physicians to perform surgery without board certification, reinforcing that licensure, not clinical activity or specialty certification, is the key legal threshold for being recognized as a physician. Marsingill v. O'Malley, 58 P.3d 495 (Alaska 2002).

• There is no judicially recognized distinction in Alaska law between "administrative physicians" and those who practice clinically. The cases reviewed do not identify or define a separate category for physicians who are licensed but do not engage in direct patient care.

In summary, Alaska case law confirms that a physician is defined by licensure under state law, not by whether the physician is engaged in clinical, administrative, or other non-clinical roles. No case law provides a separate definition for "administrative physician" or for a physician who is licensed but does not practice clinically. Huffman v. State, 204 P.3d 339 (Alaska 2009), Odom v. State Division of Corporations, 421 P.3d 1 (Alaska 2018), Storrs v. State Medical Bd, 664 P.2d 547 (Alaska 1983), Marsingill v. O'Malley, 58 P.3d 495 (Alaska 2002).

Arizona

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

However, the following definitions related to physicians and licensure are provided:

1. "Physician" is defined as:

• A doctor of medicine who is licensed pursuant to the relevant chapter. A.R.S. § 32-1401.

• A doctor of osteopathy who holds a license, permit, or locum tenens registration to practice osteopathic medicine. A.R.S. § 32-1800.

• A person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17. A.A.C. R9-22-101.

2. "Active license" means a valid and existing license to practice medicine. A.R.S. § 32-1401, A.R.S. § 32-1800.

3. "Limited license" is defined as a license that restricts the scope and setting of a licensee's practice. A.R.S. § 32-1800.

4. "Medical staff" and "medical staff member" refer to physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution. A.A.C. R9-10-101.

None of these statutes or regulations provide a definition for "administrative physician" or specifically address a physician who is licensed but does not practice clinically. If a more specific definition is required, additional sources or context may be necessary.

Relevant citations: A.R.S. § 32-1401, A.R.S. § 32-1800, A.A.C. R9-10-101, A.A.C. R9-22-101.

Cases

State

Although no statutes or regulations specifically define "administrative physician" or address a physician who is licensed but does not practice clinically, Arizona courts have considered the status and regulation of physicians who do not engage in direct clinical practice:

• In Murphy v. Board of Medical Examiners of State of Ariz, the court addressed whether the Arizona Board of Medical Examiners (BOMEX) had jurisdiction over a physician who was licensed but did not actively practice medicine, instead serving as a medical director for an insurance company. The court found that BOMEX retained jurisdiction to regulate the conduct of a licensed physician acting in an administrative capacity, such as making decisions that affect patient care, even if the physician was not engaged in direct clinical practice. The court stated, "Nothing in the insurance statutes prevents BOMEX from reviewing medical decisions made by a state-licensed physician performing duties as a medical director for an insurance company". Murphy v. Board of Medical Examiners of State of Ariz, 190 Ariz. 441 (Ariz.App. Div. 1997).

• The Murphy decision demonstrates that Arizona courts recognize the existence of licensed physicians who do not practice clinically but serve in administrative or non-clinical roles. Such physicians remain subject to the jurisdiction and regulatory authority of the medical board, particularly when their decisions or actions may impact patient care.

• Other cases, such as Webb v. State ex rel. Arizona Bd. of Medical Examiners, reinforce that the definition of "physician" for regulatory purposes is tied to licensure status, not necessarily to active clinical practice. The court noted that a physician has a property interest in a license to practice medicine, and disciplinary actions may be taken against the license regardless of the physician's current practice setting. Webb v. State ex rel. Arizona Bd. of Medical Examiners, 202 Ariz. 555 (Ariz.App. Div. 2002).

In summary, while Arizona statutes and regulations do not define "administrative physician," case law establishes that licensed physicians who do not practice clinically but perform administrative or non-clinical functions (such as medical directors) are still considered physicians under the law and remain subject to medical board oversight and regulation. Murphy v. Board of Medical Examiners of State of Ariz, 190 Ariz. 441 (Ariz.App. Div. 1997), Webb v. State ex rel. Arizona Bd. of Medical Examiners, 202 Ariz. 555 (Ariz.App. Div. 2002).

Arkansas

State statutes and regulations

None of the cited statutes or regulations provide a definition for "administrative physician" or specifically define a physician who is licensed but does not practice clinically.

The regulations provided Ark. Admin. Code 007.35.8-6, Ark. Admin. Code 007.05.10-6 refer to "physician" as a person duly licensed to practice medicine in Arkansas, but do not distinguish between clinical and non-clinical (administrative) roles. They require that all persons admitted and discharged from

institutions be under the care of a licensed physician and discuss credentialing, medical staff bylaws, and related requirements, but do not address or define administrative physicians or non-clinically practicing physicians.

The regulation at Ark. Admin. Code 007.35.6-102 defines "medical professional" and "health care professional," including physicians, but does not distinguish between clinical and non-clinical practice or provide a definition for "administrative physician."

Therefore, there are no statutes or regulations in the provided materials that define "administrative physician" or specifically address a physician who is licensed but does not practice clinically.

Cases

State

Although no statutes or regulations in Arkansas specifically define "administrative physician" or address a physician who is licensed but does not practice clinically, Arkansas case law provides some relevant context regarding the definition and scope of "physician" and the practice of medicine:

• In Hicks v. Arkansas State Medical Bd, the court interpreted the statutory definition of the "practice of medicine" broadly, encompassing activities such as diagnosing, treating, prescribing for, or preventing human disease, as well as holding oneself out to the public as able to perform these functions. The court noted that using the title "M.D." or "Physician" to induce others to believe one is engaged in diagnosis or treatment is also considered practicing medicine. Hicks v. Arkansas State Medical Bd, 260 Ark. 31 (Ark. 1976).

• State v. Gallagher similarly explained that a person is regarded as practicing medicine if they append "M.D." or "M.B." to their name or repeatedly prescribe or direct the use of drugs or other treatments for bodily injury or disease. State v. Gallagher, 101 Ark. 593 (Ark. 1912).

• In Abraham v. Beck, the court referenced the statutory definition of a "dispensing physician" as a physician licensed under the Arkansas Medical Practices Act who dispenses drugs to patients, but did not distinguish between clinical and non-clinical (administrative) roles. Abraham v. Beck, 2015 Ark. 80 (Ark. 2015).

• Arkansas State Nurses Ass'n v. Arkansas State Medical Bd discussed the scope of the Medical Practices Act and the authority of the Medical Board, but did not address or define administrative physicians or non-clinically practicing physicians. The court emphasized that the legislature, not the Board, defines the grounds for discipline and the scope of medical practice. Arkansas State Nurses Ass'n v. Arkansas State Medical Bd, 283 Ark. 366 (Ark. 1984).

• Other cases, such as Arkansas State Medical Bd. v. Elliott and Hollabaugh v. Arkansas State Medical Bd, focus on the definitions of unprofessional conduct and malpractice, but do not distinguish between clinical and non-clinical practice. Arkansas State Medical Bd. v. Elliott, 263 Ark. 86 (Ark. 1978), Hollabaugh v. Arkansas State Medical Bd, 43 Ark. App. 83 (Ark.App. 1993).

In summary, Arkansas courts have interpreted the term "physician" and the practice of medicine broadly to include those who hold themselves out as able to diagnose or treat disease, but there is no judicial authority specifically defining or distinguishing an "administrative physician" or a licensed physician who does not practice clinically. The absence of such a definition in both statutes and case law means that, in Arkansas, the distinction between clinical and non-clinical (administrative) physicians is not formally recognized in judicial decisions.

California

State statutes and regulations

Based on the available regulations, there is no explicit definition of "administrative physician" or a specific definition for a physician who is licensed but does not practice clinically. However, the following definitions and related terms are provided:

1. The term "Physician" is defined as any person holding a valid and unrevoked physician's and surgeon's certificate or certificate to practice medicine and surgery, issued by the Medical Board of California or the Osteopathic Medical Board of California. This definition does not distinguish between clinical and non-clinical (administrative) practice. 18 CCR § 1591.4, 18 CCR § 1591.2.

2. The regulation provides definitions for "Administrative Supervision" and "Clinical Supervision":

- "Administrative Supervision" refers to staff in supervisory positions responsible for administrative tasks for assigned employees, such as evaluations, timekeeping, and authorizing time off. This does not specifically refer to physicians, but to supervisory roles in general. 15 CCR § 3999.98.

- "Clinical Supervision" refers to staff in supervisory positions responsible for the supervision of clinical tasks, including certain physician managers. 15 CCR § 3999.98.

3. The term "Clinical Practice" is defined as the skill, knowledge, and competency of a licensed medical provider reflected in the provider's quality of care. 15 CCR § 3999.98.

4. The term "Licensed Medical Provider" includes various roles such as Chief Medical Executive, Chief Physician and Surgeon, Physician and Surgeon, Nurse Practitioner, Physician Assistant, Nurse Anesthetist, Podiatrist, and Specialty Consultant Practitioners. 15 CCR § 3999.98.

None of these regulations provide a definition for a physician who is licensed but does not practice clinically, nor do they define "administrative physician" as a distinct category.

Citations: 15 CCR § 3999.98, 18 CCR § 1591.4, 18 CCR § 1591.2

Cases

State

California statutes and regulations do not provide an explicit definition of "administrative physician" or specifically define a physician who is licensed but does not practice clinically. Judicial interpretations confirm this general approach:

• Courts have consistently recognized that the statutory definition of "physician" centers on licensure status, not on whether the physician is engaged in clinical or non-clinical (administrative) practice. For example, it has been held that "in a licensing sense, a 'physician' is one who possesses this physician's and surgeon's certificate" and that, absent contrary legislative intent, the term "physician" refers to a duly licensed physician and surgeon. Reuter v. Superior Court, 93 Cal.App.3d 332 (Cal.App. 1979).

• The definition of "physician" for various statutory purposes is generally tied to holding a valid and unrevoked license, without reference to the physician's current practice activities or whether those activities are clinical or administrative. Reuter v. Superior Court, 93 Cal.App.3d 332 (Cal.App. 1979); 18 CCR § 1591.4, 18 CCR § 1591.2.

• In Berlin v. Division of Medical Quality, the court noted that a physician may seek licensure for non-clinical purposes, such as engaging in medical research or pathology, and that the licensing board does not issue a limited license for such purposes. This underscores that licensure is not contingent on clinical practice, and the law does not distinguish between clinical and non-clinical (administrative) roles for licensed physicians. Berlin v. Division of Medical Quality, 2003 WL 21465155 (Cal.App. 2 Dist. 2003).

• Case law also reflects that the scope of a physician's practice, including whether it is clinical or administrative, is not generally regulated by the licensing statutes, except where specific statutory or regulatory requirements apply to particular settings or activities. Capen v. Shewry, 155 Cal.App.4th 378 (Cal.App. 3 Dist. 2007), Capen v. Shewry, 147 Cal.App.4th 680 (Cal.App. 3 Dist. 2007).

• The courts have recognized that while a physician's license is a prerequisite for certain privileges (such as hospital staff privileges), licensure alone does not confer the right to practice in a particular specialty or clinical setting, nor does it require active clinical practice. Bonner v. Sisters of Providence Corp, 194 Cal.App.3d 437 (Cal.App. 1 Dist. 1987).

In summary, California courts interpret the term "physician" as referring to an individual holding a valid license, regardless of whether the physician is engaged in clinical or administrative work. There is no judicially recognized or statutory definition of "administrative physician" as a distinct category separate from licensed physicians generally. Reuter v. Superior Court, 93 Cal.App.3d 332 (Cal.App. 1979), Berlin v. Division of Medical Quality, 2003 WL 21465155 (Cal.App. 2 Dist. 2003), Bonner v. Sisters of Providence Corp, 194 Cal.App.3d 437 (Cal.App. 1 Dist. 1987).

Colorado

State statutes and regulations

Colorado statutes specifically address the concept of an "administrative physician" and provide a definition for a physician who is licensed but does not practice clinically:

1. Administrative License for Physicians:

• The Colorado Medical Board may issue an "administrative license" to a physician, which limits the physician's medical practice to only administrative activities. To qualify, the physician must hold or have held an unrestricted license to practice medicine in Colorado or meet other licensing requirements as determined by the board, pay the required fee, and satisfy any other requirements established by the board. C.R.S.A. § 12-240-119.5.

• Physicians holding an administrative license may engage in activities such as evidence-based protocol design, quality management, developing patient safety protocols, research design or analysis, and non-patient-care teaching or instruction. They may not engage in any nonadministrative aspects of medical practice, including patient contact, assessment, treatment, ordering tests, or prescribing, unless specifically approved by the board. C.R.S.A. § 12-240-119.5.

• Holders of an administrative license are not required to comply with continuing medical education requirements but must maintain medical liability insurance coverage for services rendered in the state. C.R.S.A. § 12-240-119.5.

2. Financial Responsibility for Physicians with Administrative or Nonclinical Duties:

• The Colorado Medical Board may, by rule, exempt from or establish lesser financial responsibility standards for classes of physicians who perform less than full-time active medical services because of administrative or other nonclinical duties or partial or complete retirement. C.R.S.A. § 13-64-301.

These statutes provide a clear framework for defining and regulating physicians who are licensed but do not engage in clinical practice, specifically through the creation of an administrative license and related insurance requirements. C.R.S.A. § 12-240-119.5, C.R.S.A. § 13-64-301.

Cases

State

Colorado courts have recognized and interpreted the statutory framework governing the licensure and regulation of physicians, including those who may not engage in clinical practice.

• In Colorado State Bd. of Medical Examiners v. Saddoris, the court explained that the Medical Practice Act sets forth the qualifications for licensure and the authority of the Board to regulate the practice of medicine in Colorado. The court emphasized that the legislature may enact reasonable regulations for the examination and registration of physicians, and that the Board has the authority to grant, deny, or revoke licenses based on statutory criteria. Colorado State Bd. of Medical Examiners v. Saddoris, 825 P.2d 39 (Colo. 1992).

• The courts have also affirmed the Board's discretion to determine the standard of medical practice and to enforce the Medical Practice Act, including the authority to define the grounds for medical discipline on a case-by-case basis. This discretion is rooted in the Board's technical and administrative expertise. State Bd. of Medical Examiners v. McCroskey, 880 P.2d 1188 (Colo. 1994).

• In Chenoweth v. State Bd. of Medical Examiners, the court recognized the legislature's power to create a board of experts to examine, license, and regulate physicians, including the authority to hear complaints

and revoke licenses when warranted. The court noted that such regulatory power is justified by the state's interest in public welfare and does not unreasonably interfere with the right to practice a profession, as long as the regulations are reasonable. Chenoweth v. State Bd. of Medical Examiners, 57 Colo. 74 (Colo. 1913).

• While these cases do not specifically address the definition of "administrative physician," they support the statutory authority for the Colorado Medical Board to issue licenses with specific limitations, such as an administrative license that restricts practice to non-clinical activities, as described in C.R.S.A. § 12-240-119.5.

• The courts have also recognized that the legislature may establish different classes of licensure and financial responsibility standards for physicians who perform less than full-time active medical services due to administrative or nonclinical duties. Colorado State Bd. of Medical Examiners v. Saddoris, 825 P.2d 39 (Colo. 1992).

In summary, Colorado case law upholds the statutory framework that allows for the creation of an administrative license for physicians who are licensed but do not practice clinically, and affirms the Board's authority to regulate such licensure in the interest of public welfare.

Connecticut

State statutes and regulations

There are no statutes or regulations in the provided context that define "administrative physician" or specifically include a definition for a physician who is licensed but does not practice clinically. The available statutes and regulations define "physician" as a person licensed pursuant to section 20-13 of the Connecticut General Statutes and acting within the physician's scope of practice under state law, but do not address or define the concept of an administrative physician or a non-clinically practicing licensed physician. Regs. Conn. State Agencies § 17b-262-338.

Cases

State

Although there are no statutes or regulations in Connecticut that specifically define "administrative physician" or a physician who is licensed but does not practice clinically, case law provides some interpretive guidance regarding the definition and scope of "physician" under Connecticut law:

• In Stern v. Connecticut Medical Examining Bd, the court explained that the statutory definition of "physician" is "a person licensed pursuant to (chapter 370)" and that the disciplinary authority of the Medical Examining Board attaches to acts committed during the period of licensure, regardless of whether the individual is actively practicing medicine at the time charges are filed. The court emphasized that the legislature established a separate licensure regime for physicians, distinct from other healing arts practitioners, and that the board's jurisdiction is tied to licensure status, not necessarily to clinical practice. Stern v. Connecticut Medical Examining Bd, 208 Conn. 492 (Conn. 1988).

• In Romano v. Cumberledge, the court addressed the meaning of "physician" in the absence of a statutory definition, relying on both dictionary definitions and the ordinary understanding of the term. The court noted that a physician is generally understood to be "a practitioner of medicine; a person duly authorized or licensed to treat diseases; one lawfully engaged in the practice of medicine," and, in modern usage, "a health care professional ... who has earned a medical degree, is clinically experienced, and is licensed to practice medicine." The court distinguished this from other health professionals, such as neuropsychologists, who do not fit within the statutory or ordinary meaning of "physician". Romano v. Cumberledge, 2023 WL 3317386 (Conn.Super. 2023).

• In Albini v. Connecticut Medical Examining Bd, the court reiterated that only those who are properly licensed may diagnose, treat, or prescribe for patients, reinforcing the statutory requirement that the practice of medicine is tied to licensure, not necessarily to active clinical practice. Albini v. Connecticut Medical Examining Bd, 144 Conn.App. 337 (Conn.App. 2013).

• In Dragan v. Connecticut Medical Examining Bd, the court recognized that a physician is defined by licensure status under Connecticut law, without reference to whether the physician is engaged in clinical practice at any given time. Dragan v. Connecticut Medical Examining Bd, 34 Conn.App. 343 (Conn.App. 1994).

In summary, Connecticut courts interpret "physician" primarily as a person licensed to practice medicine under state law, regardless of whether the individual is actively engaged in clinical practice. There is no judicially recognized distinction or separate definition for an "administrative physician" or a non-clinically practicing licensed physician in the case law. The focus remains on licensure status rather than the nature of the physician's current professional activities. Stern v. Connecticut Medical Examining Bd, 208 Conn. 492 (Conn. 1988), Romano v. Cumberledge, 2023 WL 3317386 (Conn.Super. 2023), Albini v. Connecticut Medical Examining Bd, 144 Conn.App. 337 (Conn.App. 2013), Dragan v. Connecticut Medical Examining Bd, 34 Conn.App. 343 (Conn.App. 1994).

D.C.

State statutes and regulations

Based on the available statutes and regulations, there is no definition provided for "administrative physician" or for a physician who is licensed but does not practice clinically. The relevant statutes and regulations define "physician" generally as a person licensed to practice medicine under District of Columbia law, but do not distinguish between clinical and non-clinical (administrative) practice.

Specifically:

1. "Physician" is defined as a person licensed under the laws of the District of Columbia to practice medicine, or a person who practices medicine in the employment of the Government of the United States or of the District of Columbia. DC ST § 21-501.

2. "Licensed physician" and "physician" are defined as a physician licensed under the Act, with no reference to clinical or administrative roles. 17 DCMR § 4699.

3. There is no mention of "administrative physician" or a similar term in the definitions provided in the regulations or statutes reviewed. 17 DCMR § 4099, DC ST § 1-623.01, DC ST § 31-3875.06.

Therefore, the statutes and regulations reviewed do not provide a definition for "administrative physician" or specifically address a physician who is licensed but does not practice clinically. DC ST § 21-501, 17 DCMR § 4699, 17 DCMR § 4099, DC ST § 1-623.01, DC ST § 31-3875.06.

Cases

State

Although the statutes and regulations do not define "administrative physician" or specifically address a physician who is licensed but does not practice clinically, case law in the District of Columbia also does not provide a judicial definition or interpretation of these terms.

• The cases reviewed reference physicians in various contexts, such as the role of a medical director or treating physician in hospital procedures In re Walker, 856 A.2d 579 (D.C. 2004), Khiem v. U.S, 612 A.2d 160 (D.C. 1992), or the requirement that a physician's certificate be based on personal observation and examination. In re Morris, 482 A.2d 369 (D.C. 1984). However, none of these cases distinguish between clinical and non-clinical (administrative) roles for licensed physicians, nor do they define or interpret the term "administrative physician."

• In Jones v. Prudential Ins. Co. of America, 388 A.2d 476 (D.C. 1978), the court references "any physician" in the context of authorizing the release of medical information, but does not address the distinction between clinical and administrative practice.

• Other cases discuss the authority and responsibilities of physicians in medical or administrative decision-making, but do not provide a definition or legal standard for an "administrative physician" or a licensed physician not engaged in clinical practice. District of Columbia v. Jones, 442 A.2d 512 (D.C. 1982), Bereston v. UHS of Delaware, Inc, 180 A.3d 95 (D.C. 2018).

In summary, there is no case law in this jurisdiction that defines "administrative physician" or provides judicial interpretation of a physician who is licensed but does not practice clinically. The courts have generally treated the term "physician" in accordance with its statutory definition, without further distinction as to clinical or administrative roles.

Delaware

State statutes and regulations

Based on the available regulations, there is no explicit definition of "administrative physician" or a specific definition for a physician who is licensed but does not practice clinically.

However, the following regulations provide relevant information regarding physicians in administrative or supervisory roles:

1. Under the regulation for Air Medical Personnel Classifications, the "Medical Director" of an air medical ambulance service is described as a physician who is responsible for supervising and evaluating the quality of medical care provided by air medical personnel. The Medical Director must be licensed and authorized to practice medicine and is required to be involved in administrative decisions affecting medical care, quality assurance, training, and continuing education. The Medical Director must also be actively involved in the care of critically ill or injured patients. 16 Del. Admin. Code 4302-5.0.

2. The regulation also describes a "Clinical Care Supervisor," who may be a physician, and who is responsible for supervision of patient care provided by clinical care providers. The Clinical Care Supervisor must possess certain credentials and is required to be actively involved in administrative decisions affecting patient care, hiring, training, and quality assurance. 16 Del. Admin. Code 4302-5.0.

3. In the context of Freestanding Emergency Departments (FSEDs), the regulation requires a full-time physician serving as director, who is responsible for the daily operation and management of the FSED, including administrative duties such as program planning, budgeting, management, compliance, and policy execution. The director must also be responsible for the direction, provision, and quality of medical care. 16 Del. Admin. Code 3340-6.0.

While these regulations describe physicians in administrative or supervisory roles, they do not provide a specific definition for "administrative physician" or for a physician who is licensed but does not practice clinically. The roles described involve both administrative and clinical responsibilities.

Citations: 16 Del. Admin. Code 3340-6.0, 16 Del. Admin. Code 4302-5.0

Cases

State

Delaware courts have not provided a specific judicial definition of "administrative physician" or a physician who is licensed but does not practice clinically. However, case law offers insight into how the status and roles of licensed physicians are interpreted in relation to administrative and clinical functions:

• In Delaware Board of Medical Licensure and Discipline v. Grossinger, the court emphasized that the Board's regulations apply a reasonable-physician standard of care to all license-holders, regardless of their specific practice setting. The Board, which includes licensed physicians and public members, determines whether a physician's conduct meets this standard, and its decisions may be informed by current clinical practice guidelines. This suggests that the regulatory framework and standard of care apply broadly to all licensed physicians, not distinguishing between those in clinical versus administrative roles. Delaware Board of Medical Licensure and Discipline v. Grossinger, 224 A.3d 939 (Del.Supr. 2020).

• In Bako Pathology LP v. Bakotic, the court described a licensed physician serving as a Medical Director, noting that this individual was both a licensed medical doctor and a practicing specialist. While the case references a physician in an administrative leadership role, it does not distinguish or define a separate category for administrative physicians; rather, it recognizes that licensed physicians may hold both clinical and administrative responsibilities. Bako Pathology LP v. Bakotic, 288 A.3d 252 (Del.Supr. 2022).

• Mayor and Council of Wilmington v. Dukes addressed the status of a physician employed by another physician in a hospital setting. The court held that a licensed physician is considered the "owner" of their

profession and is engaged in the practice of medicine, regardless of employment arrangement or whether their duties are clinical or administrative. The fact that a physician is employed or works in a supervisory or administrative capacity does not alter their status as a practicing physician under the law. Mayor and Council of Wilmington v. Dukes, 2 Storey 318 (Del.Supr. 1960).

• Christman v. State Dept. of Health and Social Services discussed the regulatory requirements for physicians delegating authority to non-physicians. The court noted that a physician cannot be involved in patient care "in name only" and must provide adequate supervision, either directly or indirectly, depending on the delegated activities. This reinforces the expectation that licensed physicians, even in administrative or supervisory roles, retain certain clinical responsibilities and oversight duties. Christman v. State Dept. of Health and Social Services, 99 A.3d 226 (Del.Supr. 2014).

In summary, Delaware case law does not define "administrative physician" as a distinct legal category. Instead, courts recognize that licensed physicians may serve in administrative, supervisory, or clinical roles, but their licensure and professional responsibilities are governed by the same standards and regulations, regardless of the extent of their direct clinical practice.

Florida

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

However, the following related information is available:

1. Regulation Rule 64W-1.002, F.A.C. defines "direct patient care" as in-person, face-to-face care with patients, and specifies that "full-time employment" for certain programs requires a physician to provide direct patient care for at least 40 hours per week. It further clarifies that additional duties such as teaching, research, supervising residents/fellows/students, supervising clinics, or other administrative work are not included for purposes of fulfilling the required 40 hours of direct patient care. Rule 64W-1.002, F.A.C.

2. The same regulation distinguishes between "primary care physicians" and "specialists," but does not provide a definition for an "administrative physician" or for a physician who is licensed but does not practice clinically. Rule 64W-1.002, F.A.C.

3. Regulation Rule 59A-38.008, F.A.C. describes the role of a hospice medical director and other hospice physicians, including administrative and clinical duties, but does not define "administrative physician" or specifically address physicians who are licensed but do not practice clinically. Rule 59A-38.008, F.A.C.

4. Statute West's F.S.A. § 381.4018 discusses the physician workforce and includes definitions related to physician workforce planning, but does not define "administrative physician" or address the status of licensed physicians who do not practice clinically. West's F.S.A. § 381.4018.

In summary, while there are references to administrative duties and distinctions between direct patient care and other roles, there is no statutory or regulatory definition of "administrative physician" or a specific

definition for a physician who is licensed but does not practice clinically in the provided materials. Rule 59A-38.008, F.A.C., West's F.S.A. § 381.4018, Rule 64W-1.002, F.A.C.

Cases

State

Although the statutes and regulations do not provide a definition for "administrative physician" or specifically address physicians who are licensed but do not practice clinically, case law offers some interpretive guidance regarding the meaning of "physician" and the scope of licensure:

• Courts have consistently interpreted the term "physician" to refer to a person who is duly licensed to practice medicine, without necessarily requiring active clinical practice. In State, Dept. of Health and Rehabilitative Services v. McTigue, the court explained that the word "physician," unless otherwise specified by statute or context, "has a plain and ordinary meaning usually denoting a practitioner of medicine, a person duly authorized or licensed to treat diseases" and that the statutory context did not require the physician to be licensed in Florida specifically, but rather to be licensed in any state. State, Dept. of Health and Rehabilitative Services v. McTigue, 387 So.2d 454 (Fla.App. 1980).

• In Schaffner v. Florida Department of Health, the court addressed whether a regulatory board could discipline a physician whose license was inactive. The court held that the statutory language, which referred to "physicians" and "any person," applied regardless of whether the physician was actively practicing, indicating that licensure status, not clinical activity, is the key factor for regulatory purposes. Schaffner v. Florida Department of Health, 385 So.3d 1112 (Fla.App. 1 Dist. 2024).

• Ocampo v. Department of Health further clarifies that the practice of medicine is defined statutorily as "the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition," but does not limit the definition of "physician" to those actively engaged in such activities at any given time. Ocampo v. Department of Health, 806 So.2d 633 (Fla.App. 1 Dist. 2002).

• In State v. Counts, the court noted that statutory definitions of "physician" are often expressly limited to the chapter in which they appear, and that licensure is the primary mechanism for regulation, not the specific nature of the physician's current practice. State v. Counts, 457 So.2d 568 (Fla.App. 5 Dist. 1984).

In summary, Florida courts interpret "physician" primarily as a person who holds a valid license to practice medicine, regardless of whether the individual is engaged in direct patient care, administrative duties, or is not practicing clinically at all. There is no judicially recognized distinction or separate definition for "administrative physician" or for a licensed physician who does not practice clinically, unless a statute or regulation expressly provides one. The focus remains on licensure status rather than the specific nature of the physician's current professional activities. State, Dept. of Health and Rehabilitative Services v. McTigue, 387 So.2d 454 (Fla.App. 1980), Schaffner v. Florida Department of Health, 385 So.3d 1112 (Fla.App. 1 Dist. 2024), Ocampo v. Department of Health, 806 So.2d 633 (Fla.App. 1 Dist. 2002), State v. Counts, 457 So.2d 568 (Fla.App. 5 Dist. 1984).

Georgia

State statutes and regulations

The definition of a physician who is licensed but does not practice clinically, specifically in the context of "administrative physician" or "administrative medicine," is addressed in the following regulation:

1. "Administrative Medicine" is defined as "administration or management utilizing the medical and clinical knowledge, skill, and judgment of a licensed physician capable of affecting the health and safety of the public or any person but shall not include the practice of medicine." An "administrative medicine license" is a license issued by the Board to engage in the practice of administrative medicine. A person holding an administrative medicine license is not authorized to perform any surgical procedure, write prescriptions, or practice any clinical medicine. Ga Comp. R. & Regs. 360-2-.15.

This regulation establishes a specific license for physicians who use their medical expertise in administrative or management roles but do not engage in clinical practice. It also clarifies that such licensees are not permitted to perform clinical duties.

No other statutes or regulations in the provided context define or address a physician who is licensed but does not practice clinically in the same manner.

Citation: Ga Comp. R. & Regs. 360-2-.15

Cases

State

Georgia courts have addressed the definition and scope of a physician's license and the distinction between clinical and non-clinical (administrative) practice primarily in the context of statutory interpretation and licensure requirements:

• In Mabry v. State Board of Examiners in Optometry, the court emphasized that only the State Board of Medical Examiners is authorized to issue a license to practice medicine, and that such a license is distinct from licenses for other healing arts, such as osteopathy. The court explained that the practice of medicine, as defined by statute, involves clinical activities such as diagnosis and treatment, and that a license to practice osteopathy or other healing arts does not equate to a license to practice medicine. The court also noted that the legislature has established separate regulatory schemes for different branches of healing, and that the authority to practice is limited to the scope defined by the relevant licensing statute. Mabry v. State Board of Examiners in Optometry, 190 Ga. 751 (Ga. 1940).

• In Blue Cross of Georgia/Atlanta, Inc. v. Grenwald, the court discussed the meaning of "practice of medicine" as holding oneself out to the public as being engaged in the diagnosis or treatment of disease, defects, or injuries, with the intention of receiving compensation. The case also recognized that different types of medical licenses exist, including institutional licenses that allow medical school graduates to practice medicine under supervision, and that the statutory definition of "physician" may not distinguish between types of licenses as long as the individual is legally entitled to practice medicine. Blue Cross of Georgia/Atlanta, Inc. v. Grenwald, 148 Ga.App. 486 (Ga.App. 1978).

• In Emory-Adventist, Inc. v. Hunter, the court interpreted the statutory requirement of "active practice" of medicine to mean actual clinical engagement in a medical specialty, not merely holding a license. The court clarified that licensure alone does not equate to active clinical practice, and that the statutory language focuses on knowledge and experience in a specialty as demonstrated by clinical activity. Emory-Adventist, Inc. v. Hunter, 301 Ga.App. 215 (Ga.App. 2009).

• Zeh v. Maso further confirmed that "active practice" for statutory purposes requires actual clinical engagement in the relevant specialty, and that time spent in training or non-clinical roles does not count as active clinical practice until the individual is fully qualified and working in the specialty. Zeh v. Maso, 366 Ga.App. 890 (Ga.App. 2023).

• In Smith v. DiFrancesco, the court noted that a licensed physician may be involved in administrative duties through a management company, but did not address whether such administrative roles constitute the practice of medicine or require a clinical license. Smith v. DiFrancesco, 341 Ga.App. 786 (Ga.App. 2017).

Collectively, these cases support the regulatory distinction found in Ga Comp. R. & Regs. 360-2-.15: a physician may hold a license that authorizes only administrative (non-clinical) functions, and such a license does not permit clinical practice, including surgery, prescribing, or direct patient care. The courts have consistently interpreted the statutory and regulatory framework to mean that the scope of a physician's authority is defined by the type of license held and the activities permitted under that license. Administrative medicine, as defined by regulation, is thus recognized as a distinct, non-clinical form of medical licensure in Georgia. Mabry v. State Board of Examiners in Optometry, 190 Ga. 751 (Ga. 1940), Blue Cross of Georgia/Atlanta, Inc. v. Grenwald, 148 Ga.App. 486 (Ga.App. 1978), Emory-Adventist, Inc. v. Hunter, 301 Ga.App. 215 (Ga.App. 2009), Zeh v. Maso, 366 Ga.App. 890 (Ga.App. 2023), Smith v. DiFrancesco, 341 Ga.App. 786 (Ga.App. 2017).

Guam

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

However, the following provisions are relevant to the roles of physicians in administrative and nonclinical capacities:

1. The statute authorizes the appointment of a Medical Director, who must be a physician specialist and an experienced public healthcare services administrator. The duties of the Medical Director may include the overall development, management, and coordination of administrative policy and support for both clinical and nonclinical medical services, as well as public healthcare coverage and communicable disease control. This statute contemplates a physician performing both administrative and clinical duties, but does not provide a specific definition for "administrative physician" or for a physician who is licensed but does not practice clinically. 10 G.C.A. § 3109.

2. The statutes provide definitions for the "practice of medicine" and related terms, but do not address or define a physician who is licensed but does not engage in clinical practice or who works solely in an administrative capacity. 10 G.C.A. § 12202, 10 G.C.A. § 12101.

In summary, while the statutes recognize the existence of administrative roles for physicians (such as Medical Director), they do not provide a statutory definition for "administrative physician" or for a licensed physician who does not practice clinically. 10 G.C.A. § 3109, 10 G.C.A. § 12202, 10 G.C.A. § 12101.

Cases

State

Although no statutes or regulations specifically define "administrative physician" or a physician who is licensed but does not practice clinically, judicial decisions provide some context regarding the roles and regulatory treatment of physicians in administrative or nonclinical capacities:

• In Macris v. Richardson, the court discussed the regulatory framework for physicians, noting that the Guam Board of Medical Examiners (GBME) is a state agency with investigatory and enforcement powers over licensed physicians. The court referenced California law, which incorporates peer review processes into the overall licensure and oversight of physicians, including both clinical and administrative actions. However, the decision did not provide a distinct definition for an "administrative physician" or address the status of physicians who are licensed but do not practice clinically. The focus remained on the regulatory oversight of all licensed physicians, regardless of their specific roles. Macris v. Richardson, 2010 WL 1872862 (Guam Terr. 2010).

• In Allen v. Richardson, the court interpreted statutes of limitations for claims against physicians, referencing definitions from other jurisdictions that include "professional or administrative services directly related to health care" within the scope of health care liability claims. This suggests that courts recognize administrative functions performed by physicians as part of the broader professional responsibilities of licensed physicians, but again, no separate definition for "administrative physician" was articulated. Allen v. Richardson, 2020 WL 4194955 (Guam Terr. 2020).

• Fleet Services, Inc. v. Department of Admin., Government of Guam, addressed the definition of "professional services" in the context of government contracting, noting that the status of the service provider (such as a physician) and the nature of the services provided (whether clinical or otherwise) are both relevant. The court did not distinguish between clinical and nonclinical (administrative) roles for physicians in its analysis. Fleet Services, Inc. v. Department of Admin., Government of Guam, 2006 WL 860711 (Guam Terr. 2006).

• University of Guam v. Guam Civil Service Com'n provided a definition for "administrative officer" in the context of university employment, but did not address physicians specifically. The case did note that "physicians and health care administrators employed at the Guam Memorial Hospital Authority" are included in certain statutory provisions, but did not define "administrative physician" or distinguish between clinical and nonclinical practice for licensed physicians. University of Guam v. Guam Civil Service Com'n, 2002 WL 500905 (Guam Terr. 2002).

In summary, while courts have recognized that physicians may serve in administrative or nonclinical roles and that such roles may fall under the regulatory authority of licensing boards, there is no judicially

established definition in Guam case law for "administrative physician" or for a physician who is licensed but does not practice clinically. The regulatory and judicial focus remains on the licensure and oversight of physicians as a professional class, regardless of whether their duties are clinical, administrative, or both. Macris v. Richardson, 2010 WL 1872862 (Guam Terr. 2010), Allen v. Richardson, 2020 WL 4194955 (Guam Terr. 2020), Fleet Services, Inc. v. Department of Admin., Government of Guam, 2006 WL 860711 (Guam Terr. 2006), University of Guam v. Guam Civil Service Com'n, 2002 WL 500905 (Guam Terr. 2002).

Hawaii

State statutes and regulations

There are no statutes or regulations in the provided materials that define "administrative physician" or specifically include a definition for a physician who is licensed but does not practice clinically.

The statutes and regulations reviewed provide definitions for "physician" HRS § 671D-4, "authorized person" Haw. Admin. Rules (HAR) § 11-110.1-2, and "health care provider" HRS § 346-59.1, but none distinguish or define an "administrative physician" or address the status of a licensed physician who does not engage in clinical practice.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or address the status of a licensed physician who does not practice clinically, case law provides some context regarding the interpretation of professional roles and licensure:

• In State v. Sword, the court referenced Medicaid regulations requiring that a psychologist's services are not compensable unless the patient has been referred by a "practicing physician." This distinction suggests that, at least for certain regulatory purposes, the term "practicing physician" is used to differentiate between physicians who are actively engaged in clinical practice and those who may hold a license but are not practicing clinically. State v. Sword, 68 Haw. 343 (Hawaii 1986).

• In Tanele v. Sunn, the court discussed the requirement that a physical or mental impairment must be "determined and certified by a licensed physician" for eligibility for general assistance benefits. The case did not distinguish between administrative and clinical roles, but it did emphasize the importance of licensure and the physician's role in making determinations relevant to public benefits. Tanele v. Sunn, 67 Haw. 560 (Hawaii 1985).

• More broadly, in Troyer v. Adams, the court noted that if a physician undertakes to diagnose, treat, or otherwise care for a person, a duty of care arises consistent with the physician's professional training and expertise. This implies that the existence of a physician-patient relationship and the associated duties are tied to clinical engagement, rather than mere licensure. Troyer v. Adams, 102 Hawai'i 399 (Hawai'i 2003).

• None of the reviewed cases provide a judicial definition of "administrative physician" or directly address the status of a physician who is licensed but does not practice clinically. The cases instead focus on the functional roles and duties that arise when a physician is engaged in clinical activities.

In summary, while courts have recognized distinctions between practicing and non-practicing physicians in certain regulatory and benefit contexts, there is no judicially established definition of "administrative physician" or explicit case law addressing the status of a licensed physician who does not engage in clinical practice in this jurisdiction. State v. Sword, 68 Haw. 343 (Hawaii 1986), Tanele v. Sunn, 67 Haw. 560 (Hawaii 1985), Troyer v. Adams, 102 Hawai'i 399 (Hawai'i 2003).

Idaho

State statutes and regulations

None of the statutes or regulations provided include a definition for "administrative physician" or specifically define a physician who is licensed but does not practice clinically.

However, the following definitions are relevant:

1. "Physician" is defined as any person who holds a license to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine, provided that others authorized by law to practice any of the healing arts shall not be considered physicians for the purposes of this chapter. I.C. § 54-1803.

2. "License to practice medicine" means a license issued by the board to a person who has graduated from an acceptable school of medicine and who has fulfilled the licensing requirements of this chapter. I.C. § 54-1803.

3. For purposes of emergency medical services, "Physician" means a person who holds a current active license under Section 54-1803, Idaho Code, issued by the Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine and is in good standing with no restrictions upon, or actions taken against, their license. IDAPA 15.06.07.008.

None of these definitions distinguish between clinical and non-clinical (administrative) practice, nor do they provide a separate definition for an "administrative physician" or a physician who is licensed but does not practice clinically. I.C. § 54-1803, IDAPA 15.06.07.008.

There are no helpful results in this jurisdiction that specifically define "administrative physician" or a physician who is licensed but does not practice clinically.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or a physician who is licensed but does not practice clinically, Idaho case law provides some relevant judicial interpretation regarding the definition and scope of "physician" and the practice of medicine:

• Courts have consistently interpreted the statutory definition of "physician" to mean an individual who holds a valid license to practice medicine issued by the State Board of Medicine. The focus is on licensure and the qualifications required to obtain it, rather than on whether the physician is engaged in clinical practice or administrative roles (State v. Kellogg, 102 Idaho 628 (Idaho 1981), State v. Kellogg, 98 Idaho 541 (Idaho 1977)).

• In State v. Kellogg, 102 Idaho 628 (Idaho 1981), the court explained that "what one does, and not what one calls himself, determines whether he is practicing medicine." The court emphasized that the statutory scheme is concerned with licensure and the authority to practice, not with the specific nature of the physician's activities (clinical or otherwise).

• The court in State v. Kellogg, 98 Idaho 541 (Idaho 1977), further clarified that the legislature intended the term "physician" to refer only to those persons licensed to practice medicine in Idaho pursuant to the relevant statutes. There is no indication that the legislature distinguished between clinical and non-clinical (administrative) practice in its definition.

• In Miller v. Haller, 129 Idaho 345 (Idaho 1996), the court reiterated that the practice of medicine is a privilege granted by the state, which retains the authority to license and regulate physicians to assure public health. The statutory framework provides grounds for disciplining licensed physicians but does not distinguish between clinical and non-clinical roles.

• The Idaho Supreme Court has also recognized that the Board of Medicine has discretion to interpret and administer the statutes governing licensure and discipline of physicians, and courts generally defer to the Board's expertise in these matters. Pearl v. Board of Professional Discipline of Idaho State Bd. of Medicine, 137 Idaho 107 (Idaho 2002).

In summary, Idaho courts interpret the term "physician" as referring to any individual holding a valid license to practice medicine, without distinguishing between clinical and administrative (non-clinical) roles. There is no judicial authority in Idaho that separately defines or recognizes an "administrative physician" distinct from other licensed physicians. State v. Kellogg, 102 Idaho 628 (Idaho 1981), State v. Kellogg, 98 Idaho 541 (Idaho 1977), Miller v. Haller, 129 Idaho 345 (Idaho 1996), Pearl v. Board of Professional Discipline of Idaho State Bd. of Medicine, 137 Idaho 107 (Idaho 2002).

Illinois

State statutes and regulations

There are no statutes or regulations in the provided context that define "administrative physician" or specifically include a definition for a physician who is licensed but does not practice clinically. The regulations reviewed define related terms such as "physician," "direct patient care," "administrative duties," and "full-time clinical practice," but do not provide a definition for "administrative physician" or address the status of licensed physicians who do not engage in clinical practice. 77 Ill. Adm. Code 590.20, 77 Ill. Adm. Code 582.10.

Cases

State

Although there are no statutes or regulations in this jurisdiction that specifically define "administrative physician" or address the status of licensed physicians who do not practice clinically, case law provides some relevant judicial interpretation regarding the definition and scope of "physician" and the practice of medicine:

• Courts have recognized that the Medical Practice Act does not provide a rigid or exhaustive definition of the practice of medicine. Instead, a flexible approach is required, as the Act is intended to govern a wide range of medical practitioners. The absence of a statutory definition means that the scope of what constitutes the practice of medicine—and by extension, who qualifies as a physician—can include various roles, not limited strictly to clinical practice. Siddiqui v. Illinois Dept. of Professional Regulation, 307 Ill.App.3d 753 (Ill.App. 4 Dist. 1999).

• The courts have also clarified that holding a physician's license, as issued by the Department of Professional Regulation, is the key factor in being recognized as a physician under Illinois law, regardless of whether the individual is actively engaged in clinical practice. Masood v. Division of Professional Regulation of Department of Financial and Professional Regulation, 2023 IL App (1st) 220657 (Ill.App. 1 Dist. 2023).

• In interpreting related statutes, courts have noted that the term "physician" is generally defined as a person licensed to practice medicine in all its branches in Illinois, without specifying the nature of the practice (clinical or otherwise). Biogenetics, Ltd. v. Illinois Dept. of Public Health, 91 Ill.App.3d 615 (Ill.App. 1980).

• The courts have further explained that the Medical Practice Act authorizes the licensing of individuals to practice medicine in all its branches, and that the term "physician" as used in regulations includes all such licensed individuals, including doctors of osteopathy. Kline v. Swank, 52 Ill.App.2d 149 (Ill.App. 1964).

• Additionally, the courts have recognized that the statutory framework divides practitioners into those licensed to practice medicine and surgery in all branches and those practicing other systems or sciences of treating human ailments, but does not restrict the title "physician" solely to those engaged in clinical practice. People ex rel. Gage v. Siman, 278 Ill. 256 (Ill. 1917).

In summary, Illinois courts interpret the term "physician" broadly to include any individual holding a valid license to practice medicine, regardless of whether they are engaged in direct patient care or administrative roles. However, there is no judicially recognized or statutory definition specifically for "administrative physician" or for a licensed physician who does not practice clinically. Siddiqui v. Illinois Dept. of Professional Regulation, 307 Ill.App.3d 753 (Ill.App. 4 Dist. 1999), Masood v. Division of Professional Regulation of Department of Financial and Professional Regulation, 2023 IL App (1st) 220657 (Ill.App. 1 Dist. 2023), Biogenetics, Ltd. v. Illinois Dept. of Public Health, 91 Ill.App.3d 615 (Ill.App. 1980), Kline v. Swank, 52 Ill.App.2d 149 (Ill.App. 1964), People ex rel. Gage v. Siman, 278 Ill. 256 (Ill. 1917).

Indiana

State statutes and regulations

Based on the provided statutes and regulations, the following definitions and references are relevant to your query regarding the definition of "administrative physician" or a physician who is licensed but does not practice clinically:

1. The term "medical director" is defined in regulation as "a licensed physician whose duties primarily relate to oversight of the following: (A) Program policies and procedures. (B) Program development. (C) Improvement of quality of care. (D) Compliance. (E) Supervision." This definition describes a physician whose primary responsibilities are administrative rather than clinical. 760 IAC 1-21-2.

2. The term "physician" is defined in statute as "any person who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine or osteopathic medicine in Indiana". IC 25-22.5-1-1.1. The statute does not distinguish between clinical and non-clinical (administrative) practice in this definition.

3. The regulation also defines "physician" as "an individual with an unlimited license to practice medicine under IC 25-22.5". 760 IAC 1-21-2. Again, this definition does not specify whether the physician is practicing clinically or administratively.

There is no explicit definition of "administrative physician" in the provided statutes or regulations. However, the definition of "medical director" in 760 IAC 1-21-2 describes a licensed physician in an administrative (non-clinical) role. The statutory and regulatory definitions of "physician" encompass all individuals holding a valid license, regardless of whether they are engaged in clinical practice.

Citations: IC 25-22.5-1-1.1, 760 IAC 1-21-2

Cases

State

Indiana statutes and regulations define "physician" broadly as any individual holding a valid, unlimited license to practice medicine or osteopathic medicine, without distinguishing between clinical and non-clinical (administrative) practice (IC 25-22.5-1-1.1; 760 IAC 1-21-2). The only regulatory definition that specifically addresses a non-clinical role is "medical director," described as a licensed physician whose duties are primarily administrative, such as oversight of program policies, quality improvement, and compliance (760 IAC 1-21-2).

Judicial interpretation of these statutory definitions confirms that Indiana courts recognize the legislature's authority to define professional roles and qualifications, and courts apply these definitions as written:

• Courts have emphasized that the statutory definition of "physician" is based on licensure and does not require active clinical practice. In Wooley v. State, the court noted that the standard of care for a physician is measured by the qualifications and training of the physician in question, but did not require that the physician be engaged in clinical practice to be considered a physician for legal purposes. The court stated, "the use of suitable professional skill must be proven by testimony of other physicians or surgeons,"

focusing on licensure and professional standards rather than the specific nature of the physician's current practice. Wooley v. State, 716 N.E.2d 919 (Ind. 1999).

• When interpreting statutory language, Indiana courts defer to the legislature's chosen definitions and do not add requirements not present in the statute. For example, in Brantley v. State, the court reiterated that "the authority to define crimes and establish penalties is vested exclusively in the legislature as a matter of public policy and discretion," and courts may not substitute their own judgment for that of the General Assembly. Brantley v. State, 91 N.E.3d 566 (Ind. 2018).

• Similarly, in Thompson v. State, the court explained that statutory definitions are controlling, and if the legislature intended to distinguish between different types of licensed professionals (such as clinical versus administrative physicians), it would do so explicitly in the statutory language. Thompson v. State, 5 N.E.3d 383 (Ind.App. 2014).

In summary, Indiana courts interpret the statutory and regulatory definitions of "physician" to include all individuals holding a valid license, regardless of whether they are engaged in clinical or administrative practice. The only recognized administrative physician role defined in regulation is "medical director," which is an administrative position held by a licensed physician. Courts apply these definitions as written and do not impose additional requirements regarding clinical activity unless expressly stated by statute or regulation. Wooley v. State, 716 N.E.2d 919 (Ind. 1999), Brantley v. State, 91 N.E.3d 566 (Ind. 2018), Thompson v. State, 5 N.E.3d 383 (Ind.App. 2014).

Iowa

State statutes and regulations

The statutes and regulations that define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically are as follows:

1. Iowa Code section 148.11A specifically defines "administrative medicine" and "administrative medicine license":

• "Administrative medicine" is defined as "administration or management utilizing the medical and clinical knowledge, skill, and judgment of a person licensed to practice medicine and surgery or osteopathic medicine and surgery and capable of affecting the health and safety of the public or any person."

• An "administrative medicine license" is a license issued by the board for this purpose.

• A physician with an administrative medicine license may advise organizations on health care matters, authorize or deny payments for care, organize or direct research programs, review care for quality, and perform other similar duties that do not require direct patient care.

• An administrative medicine license does not authorize the practice of clinical medicine, examination, care or treatment of patients, prescribing medications, or delegating medical acts or prescriptive authority to others, unless otherwise licensed to do so. I.C.A. § 148.11A.

2. Regulation 481-652.1 provides related definitions:

• "Applicant" includes a person who seeks authorization to practice administrative medicine in Iowa.

• "Current, active status" means a license that is in effect and grants the privilege of practicing administrative medicine, medicine and surgery, or osteopathic medicine and surgery, as applicable.

• "Initial license" includes the first permanent or administrative medicine license granted to a qualified individual.

• "Permanent licensure" is defined as licensure granted after review of the application and core credentials to determine that the individual is qualified to enter into clinical practice, distinguishing it from administrative medicine licensure. Iowa Admin. Code 481-652.1(147,148).

These statutes and regulations establish that Iowa recognizes a specific category of licensure for physicians who are licensed but do not practice clinically, referred to as "administrative medicine" or "administrative medicine license". I.C.A. § 148.11A, Iowa Admin. Code 481-652.1(147,148).

Cases

State

Iowa courts have interpreted and applied statutes and regulations concerning the licensure and status of physicians, including those who are licensed but do not practice clinically, as follows:

• The Iowa Supreme Court has recognized that Iowa law distinguishes between different types of physician licensure, including "administrative medicine" licenses, which authorize non-clinical activities such as administration, management, and advisory roles, but do not permit direct patient care or clinical practice. Hummel v. Smith, 999 N.W.2d 301 (Iowa 2023). The court noted that Iowa regulations define "current, active status" as a license that grants the privilege of practicing medicine, and that an "inactive" license does not permit the practice of medicine until reactivated. This distinction is consistent with the statutory framework that allows for administrative medicine licensure, which is separate from clinical practice.

• In Hummel v. Smith, the court explained that "a physician whose license is inactive continues to hold the privilege of licensure in Iowa but may not practice medicine under an Iowa license until the license is reinstated to current, active status," citing Iowa Admin. Code r. 653-9.14(1)(c) and Iowa Code § 147.10(2). The court further clarified that the phrase "license to practice" in Iowa law generally refers to a license that currently authorizes the holder to engage in the practice of medicine, and that inactive or retired licenses do not confer this privilege.

• The court in Imber v. Board of Medical Examiners of State of Iowa, 730 N.W.2d 209 (Iowa App. 2007), also recognized that Iowa law contemplates multiple statuses for licensees, including "active" and "inactive" licensees. The legislature has provided for the process of "inactive licensee re-entry," indicating that not all licensees are authorized to practice clinically at all times.

• Additionally, in Jones v. Lindell, 32 N.W.3d 445 (Iowa 2026), the court interpreted the statutory scheme to mean that the "field" of licensure is determined by the type of license held (e.g., medicine and surgery, osteopathic medicine), rather than the specific area of clinical practice. This supports the regulatory distinction between administrative and clinical licenses.

In summary, Iowa courts have affirmed the statutory and regulatory framework that allows for physicians to be licensed in a non-clinical, administrative capacity, and have clarified that only those with a current, active license are authorized to practice medicine clinically. Those with administrative or inactive licenses are not permitted to engage in direct patient care or clinical activities. Hummel v. Smith, 999 N.W.2d 301 (Iowa 2023), Imber v. Board of Medical Examiners of State of Iowa, 730 N.W.2d 209 (Iowa App. 2007), Jones v. Lindell, 32 N.W.3d 445 (Iowa 2026).

Kansas

State statutes and regulations

None of the statutes provided include a definition for "administrative physician" or specifically define a physician who is licensed but does not practice clinically.

However, the following definitions are relevant:

1. "Physician" is defined as a person licensed to practice medicine and surgery. K.S.A. 65-468, K.S.A. 65-5502.

2. "Healthcare provider" includes persons licensed to practice any branch of the healing arts by the state board of healing arts, but specifically excludes persons holding an exempt license, inactive license, or federally active license issued by the state board of healing arts. K.S.A. 40-3401.

3. "Inactive healthcare provider" is defined as a person or entity who previously purchased basic coverage or qualified as a self-insurer but is no longer engaged in rendering professional service as a healthcare provider. K.S.A. 40-3401.

4. "Hospital" may provide "administrative supporting services" within the limit of the hospital's capabilities, but this does not define an "administrative physician". K.S.A. 65-468.

None of these statutes provide a definition for "administrative physician" or specifically address a physician who is licensed but does not practice clinically. The closest relevant provisions are the exclusions for persons holding exempt, inactive, or federally active licenses, which may encompass some non-clinically practicing physicians. K.S.A. 40-3401.

Citations: K.S.A. 65-468, K.S.A. 65-5502, K.S.A. 40-3401.

Cases

State

Although the statutes do not define "administrative physician" or specifically address physicians who are licensed but do not practice clinically, Kansas courts have interpreted related statutory language and addressed the scope of what constitutes the practice of medicine and the regulatory authority over licensed physicians:

• In Ryser v. State, the court emphasized that the statutory definition of practicing medicine in Kansas is broad. The court noted that anyone licensed and not specifically exempted under K.S.A. 65-2872 is considered to be engaged in the practice of the healing arts. The court stated that "every act or practice falling in the field of the healing art, not specifically excepted (in 65-2872), shall constitute the practice thereof." This means that unless a physician falls within a statutory exemption (such as holding an inactive or exempt license), they are considered to be practicing under the Act, regardless of whether their activities are clinical or administrative. Ryser v. State, 295 Kan. 452 (Kan. 2012).

• In Friedman v. Kansas State Bd. of Healing Arts, the court reaffirmed that the Kansas State Board of Healing Arts retains jurisdiction over any individual who holds a license to practice medicine and surgery, regardless of whether the physician is actively engaged in clinical practice at the time of alleged misconduct. The court explained that the Board's authority is tied to the status of being a licensee, not to the specific nature of the physician's practice. Friedman v. Kansas State Bd. of Healing Arts, 296 Kan. 636 (Kan. 2013).

• Wisker v. Hart addressed the distinction between clinical and non-clinical practice in the context of expert testimony in medical malpractice cases. The court explained that practitioners who spend less than 50 percent of their professional time in actual clinical practice are considered "professional witnesses" rather than practitioners of their profession for purposes of testifying as experts. This suggests that Kansas law recognizes a distinction between clinical and non-clinical (including administrative) roles for licensed physicians, at least in the context of expert qualifications. Wisker v. Hart, 244 Kan. 36 (Kan. 1988).

• Kansas State Bd. of Healing Arts v. Foote further clarifies that the business of licensing is an administrative function and that the Board's authority is administrative in nature, focusing on whether the findings are supported by competent and substantial evidence and whether the Board's actions are reasonable. Kansas State Bd. of Healing Arts v. Foote, 200 Kan. 447 (Kan. 1968).

In summary, while Kansas courts have not specifically defined "administrative physician," they have interpreted the statutes to mean that any licensed physician not specifically exempted is subject to regulation and oversight, regardless of whether their practice is clinical or administrative. The distinction between clinical and non-clinical practice is recognized in certain contexts, such as expert witness qualifications, but does not affect the Board's jurisdiction over licensed physicians.

. Citations: Ryser v. State, 295 Kan. 452 (Kan. 2012), Friedman v. Kansas State Bd. of Healing Arts, 296 Kan. 636 (Kan. 2013), Wisker v. Hart, 244 Kan. 36 (Kan. 1988), Kansas State Bd. of Healing Arts v. Foote, 200 Kan. 447 (Kan. 1968)

Kentucky

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

The statutes and regulations reviewed do define "physician" as a doctor of medicine or osteopathy KRS § 311.550, KRS § 205.510, 911 Ky. Admin. Regs. 1:060, and set forth requirements for licensure, staff

categories, and clinical responsibilities. However, none of the materials include a definition or category for a physician who is licensed but does not engage in clinical practice, nor do they define or reference the term "administrative physician" in any context.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant judicial interpretation regarding the status and regulation of physicians who are not engaged in active clinical practice:

• Kentucky courts have recognized that the Kentucky Board of Medical Licensure (KBML) has authority to regulate physicians who are not actively practicing medicine. In Gallien v. Kentucky Bd. of Medical Licensure, the court explained that under KRS 311.604, if a physician "has not been engaged in the active practice of medicine for at least two (2) years," the Board may require the physician to complete a clinical competency examination or assessment before resuming practice. This provision applies regardless of the reason for the physician's absence from clinical practice and is not limited to cases of misconduct. Gallien v. Kentucky Bd. of Medical Licensure, 336 S.W.3d 924 (Ky.App. 2011), Brooks v. Kentucky Board of Medical Licensure, 2020 WL 5988238 (Ky.App. 2020).

• The court in Brooks v. Kentucky Board of Medical Licensure further clarified that KRS 311.604 is not concerned with physician misconduct but rather with ensuring ongoing competency. The statute allows the Board to act when it "receives information that a physician has not been engaged in the active practice of medicine for at least two years," and the Board may require a skills assessment even if no complaint of misconduct has been filed. The court emphasized that there are many reasons a physician might not practice for two years, and the statute is designed to protect the public by ensuring competency before a physician returns to practice. Brooks v. Kentucky Board of Medical Licensure, 2020 WL 5988238 (Ky.App. 2020).

• These cases indicate that Kentucky law distinguishes between being licensed as a physician and being engaged in the active practice of medicine. However, neither the statutes nor the case law provide a specific definition or category for a physician who is licensed but only performs administrative duties or does not practice clinically. The focus remains on whether the physician is engaged in the "active practice of medicine," and if not, certain regulatory requirements may apply before resuming clinical practice. Gallien v. Kentucky Bd. of Medical Licensure, 336 S.W.3d 924 (Ky.App. 2011), Brooks v. Kentucky Board of Medical Licensure, 2020 WL 5988238 (Ky.App. 2020).

• No case law was found that specifically defines or addresses the term "administrative physician" or provides a judicially recognized category for physicians who are licensed but do not engage in clinical practice.

In summary, while Kentucky courts have addressed the regulatory treatment of physicians who are not actively practicing, there is no judicial definition of "administrative physician" or a distinct legal category

for licensed physicians who do not practice clinically. The key legal distinction is between active clinical practice and periods of non-practice, which may trigger competency review requirements.

Louisiana

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

The relevant statutes and regulations define "physician" generally as an individual lawfully entitled to engage in the practice of medicine in the state as evidenced by a current license. La. Admin Code. tit. 46, Pt XLV, § 7203, LSA-R.S. 37:1360.22, La. Admin Code. tit. 46, Pt XLV, § 7503. However, none of these definitions distinguish between physicians who practice clinically and those who do not, nor do they provide a definition for an "administrative physician" or a similar non-clinical role.

Therefore, there are no helpful results in this jurisdiction.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some interpretive guidance regarding the meaning of "practicing medicine" and the scope of activities that may or may not constitute clinical practice:

• In Johnson v. Morehouse General Hosp, the court addressed the qualifications for expert witnesses in medical malpractice cases and interpreted "practicing medicine" broadly. The court noted that, for purposes of expert testimony, "practicing medicine" includes not only direct patient care but also activities such as "training residents or students at an accredited school of medicine or osteopathy or serving as a consulting physician to other physicians who provide direct patient care, upon the request of such other physicians". Johnson v. Morehouse General Hosp, 63 So.3d 87 (La. 2011). This suggests that the law recognizes non-clinical roles—such as teaching or consulting—as forms of medical practice, at least in certain contexts.

• Louisiana State Board of Medical Examiners v. Fife further clarifies that the "practice of medicine" is defined as "holding one's self to the public as being engaged within this state in the business of diagnosing, treating, curing, or relieving any bodily or mental disease, condition, infirmity, deformity, defect, ailment, or injury in any human being other than himself," whether for compensation or gratuitously. Louisiana State Board of Medical Examiners v. Fife, 162 La. 681 (La. 1927). The court emphasized that the practice of medicine is not limited to the use of drugs or surgery but can include other means of treating disease.

• The cases do not distinguish between "administrative" and "clinical" physicians in their definitions. Instead, the focus is on whether the individual is engaged in activities that fall within the statutory or

commonly understood scope of medical practice, regardless of whether those activities involve direct patient care.

• In Rebel Distributors Corp., Inc. v. LUBA Workers' Comp, the court interpreted the term "health care provider" to include not only those providing direct care but also "any officer, employee, or agent thereby acting in the course and scope of his employment" for a health care provider, recognizing that not all individuals involved in healthcare delivery are engaged in clinical practice. Rebel Distributors Corp., Inc. v. LUBA Workers' Comp, 144 So.3d 825 (La. 2013).

In summary, Louisiana courts have interpreted the practice of medicine to encompass a range of activities beyond direct clinical care, such as teaching, consulting, and administrative functions, but there is no judicially recognized definition of "administrative physician" as a distinct category. The key consideration is whether the physician's activities fall within the broad statutory or common law definitions of practicing medicine.

Maine

State statutes and regulations

The following statutes and regulations provide definitions relevant to a physician who is licensed but does not practice clinically, including the concept of an "administrative physician":

1. "Administrative License" is defined as a license limited to the practice of administrative medicine. "Administrative Medicine" is further defined as professional managerial or administrative activities related to the practice of medicine or to the delivery of health care services, but not including the practice of clinical medicine. It also includes medical research, excluding clinical trials on humans. 02-373 CMR Ch. 1, § 1.

2. "Clinical License" is defined as a license that authorizes a physician to practice clinical medicine and/or surgery and is generally renewable every two years. "Clinical Medicine" includes direct involvement in patient evaluation, diagnosis and treatment; prescribing medication; delegating medical acts, services or prescriptive authority; or supervising physicians who practice clinical medicine, physician associates, or advanced practice registered nurses. 02-373 CMR Ch. 1, § 1.

3. "Emeritus License" is a license issued to a qualified physician who is licensed in Maine and has retired from the active practice of medicine and does not render medical services or prescribe any medications. 02-373 CMR Ch. 1, § 1.

4. "Inactive Status License" means the physician has an inactive license and cannot practice medicine in Maine. 02-373 CMR Ch. 1, § 1.

5. "Reentry License" is a license issued to a qualified physician who is otherwise qualified for clinical licensure but has not practiced clinically within the past 24 months. This license is contingent upon compliance with a reentry plan and automatically ends upon successful completion of the plan or if the terms are not met. 02-373 CMR Ch. 1, § 1.

6. "Physician" is defined as an individual licensed under Title 32, chapter 36 or 48, or under Title 32, chapter 153. 24-A M.R.S.A. § 4303-G.

In summary, the regulation specifically defines an "Administrative License" and "Administrative Medicine" as relating to physicians who are licensed but do not practice clinically, and also provides for other license statuses for physicians not engaged in clinical practice. 02-373 CMR Ch. 1, § 1, 24-A M.R.S.A. § 4303-G.

Cases

State

Maine courts have consistently recognized and deferred to the authority of administrative agencies, such as licensing boards, to interpret and apply statutes and regulations that define categories of professional licensure, including those for physicians who do not practice clinically.

• Courts have held that when interpreting technical statutes or regulations, such as those governing professional licensure, judicial review is limited and deference is given to the agency's expertise unless the statute or regulation "plainly compels a contrary result". York Ins. of Maine, Inc. v. Superintendent of Ins, 845 A.2d 1155 (Me. 2004), Maine AFL-CIO v. Superintendent of Ins, 595 A.2d 424 (Me. 1991), Imagineering, Inc. v. Superintendent of Ins, 593 A.2d 1050 (Me. 1991). This means that definitions such as "administrative physician" or distinctions between clinical and non-clinical licensure, as set forth in regulations like 02-373 CMR Ch. 1, § 1, are generally upheld if they are reasonable and within the agency's statutory authority.

• The courts have also emphasized that the purpose of professional licensing statutes is to protect the public by ensuring that only qualified individuals hold themselves out as licensed professionals, and that agencies have broad authority to regulate the conduct and status of licensees. Wood v. Superintendent of Ins, 638 A.2d 67 (Me. 1994). This supports the regulatory framework distinguishing between clinical and administrative licenses for physicians.

• When reviewing agency decisions regarding licensure status or definitions, courts do not substitute their judgment for that of the agency on matters within the agency's technical expertise, intervening only if the agency's action is unreasonable, unjust, or unlawful. Maine AFL-CIO v. Superintendent of Ins, 595 A.2d 424 (Me. 1991), Imagineering, Inc. v. Superintendent of Ins, 593 A.2d 1050 (Me. 1991).

In summary, Maine courts have affirmed that administrative agencies have the authority to define and enforce categories of physician licensure, including administrative and non-clinical roles, as long as their interpretations are reasonable and consistent with statutory mandates. York Ins. of Maine, Inc. v. Superintendent of Ins, 845 A.2d 1155 (Me. 2004), Maine AFL-CIO v. Superintendent of Ins, 595 A.2d 424 (Me. 1991), Imagineering, Inc. v. Superintendent of Ins, 593 A.2d 1050 (Me. 1991), Wood v. Superintendent of Ins, 638 A.2d 67 (Me. 1994).

Maryland

State statutes and regulations

None of the statutes or regulations provided in the context specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

The statutes and regulations reviewed do provide the following relevant definitions:

1. "Physician" is defined as:

• "An individual legally licensed to practice medicine in the state in which the physician's practice is located". COMAR 10.09.77.01.

• "An individual who practices medicine". MD Code, Health Occupations, § 14-101.

• Under the Interstate Medical Licensure Compact, "Physician" means a person who meets certain educational, examination, and licensure requirements and "possesses a full and unrestricted license to engage in the practice of medicine issued by a member board". MD Code, Health Occupations, § 14-3A-01.

2. "Practice medicine" is defined as engaging in medical diagnosis, healing, treatment, or surgery, and includes a range of activities related to the care of patients. MD Code, Health Occupations, § 14-101, MD Code, Health Occupations, § 14-3A-01.

However, none of these statutes or regulations provide a definition for a physician who is licensed but does not practice clinically, nor do they define the term "administrative physician."

Therefore, there are no helpful results in this jurisdiction.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, Maryland case law offers some interpretive guidance regarding the scope of "physician" and "practice of medicine":

• Courts have interpreted the statutory definition of "practice of medicine" broadly, emphasizing that it is not limited to direct clinical care or patient treatment. In Kim v. Maryland State Bd. of Physicians, the court held that even administrative or clerical tasks integral to maintaining a physician's license—such as completing a license renewal application—can fall within the scope of "the practice of medicine." The court explained that "a critical factor has been whether the conduct occurred while the physician was performing a task integral to his or her medical practice," and that "completion and filing of his application to renew his physician's license is unquestionably a task integral to his ... practice". Kim v. Maryland State Bd. of Physicians, 423 Md. 523 (Md. 2011).

• Similarly, in Board of Physician Quality Assur. v. Banks, the court rejected a narrow interpretation of "practice of medicine," noting that the term encompasses more than just direct patient care. The court cited examples where physicians were disciplined for misconduct while performing tasks such as billing or submitting reports, even if those tasks were not directly related to patient care. The court stated, "Courts have not applied an extremely technical and narrow definition of the practice of medicine," and that conduct "integral to his or her medical practice" can be considered within the practice of medicine. Board of Physician Quality Assur. v. Banks, 354 Md. 59 (Md. 1999).

• These cases indicate that Maryland courts defer to the Board's expertise in determining what constitutes the practice of medicine, and that the definition is not strictly limited to clinical activities. However, none of the cases provide a distinct definition for a physician who is licensed but does not practice clinically, nor do they specifically address the term "administrative physician."

In summary, while Maryland law does not define "administrative physician" or specifically address non-clinically practicing licensed physicians, judicial interpretation recognizes that the practice of medicine can include non-clinical, administrative, or regulatory tasks integral to maintaining licensure or professional standing. Kim v. Maryland State Bd. of Physicians, 423 Md. 523 (Md. 2011), Board of Physician Quality Assur. v. Banks, 354 Md. 59 (Md. 1999).

Massachusetts

State statutes and regulations

The regulations provide relevant definitions and licensing categories for physicians who are licensed but do not practice clinically, including the term "administrative physician":

1. Definition of "Administrative License":

• The regulations refer to an "Administrative license" as a specific license status that a physician may hold. While the regulations do not provide a separate, explicit definition of "administrative physician," they do recognize "Administrative licensee" as a category distinct from full, volunteer, inactive, or retired licensees. 243 CMR 2.01, 243 CMR 2.06.

2. Change of License Status:

• "Change of License Status" is defined as a voluntary process whereby a full, active licensee may apply to the Board to change his or her active license status to an Inactive, Volunteer, Administrative, Retired, or Restricted license status. This process also allows a Volunteer, Administrative, Inactive, Retired, or Lapsed licensee to apply for a change of license status. 243 CMR 2.01.

3. Exemptions and Requirements for Administrative Licensees:

• The regulations specify that an "Administrative licensee" is exempt from certain requirements, such as demonstrating proficiency in the use of electronic health records (EHR). 243 CMR 2.06(2)(d)3.b.

• The regulations also distinguish between licensees who are "not engaged in the practice of medicine as defined in 243 CMR 2.01(4)" and those who hold an "Administrative license". 243 CMR 2.06(2). d)3.a, 243 CMR 2.06(2)(d)3.b

4. Practice of Medicine:

• The "Practice of Medicine" is defined in detail, and the regulations clarify that a licensee who is not engaged in the practice of medicine (as defined) may claim certain exemptions. 243 CMR 2.01(4), 243 CMR 2.06(2)(d)3.a.

In summary, the regulations recognize an "Administrative license" as a license status for physicians who are licensed but do not practice clinically, and provide for a process to change to or from this status. The regulations also provide exemptions for administrative licensees from certain clinical requirements. 243 CMR 2.01, 243 CMR 2.06.

Cases

State

Massachusetts courts have recognized and upheld the regulatory framework that distinguishes between different categories of physician licensure, including administrative licenses for physicians who are licensed but do not practice clinically. The following points summarize judicial interpretation and application of these statutes and regulations:

• Courts have affirmed the Board of Registration in Medicine's broad authority to regulate the practice of medicine, including the adoption of rules that create and define various license statuses, such as administrative licenses. The Board's authority to promulgate such regulations is considered valid as long as the regulations are reasonably related to the purposes of the enabling legislation, which is to promote public health, welfare, and safety. Levy v. Board of Registration and Discipline in Medicine, 378 Mass. 519 (Mass. 1979).

• The Board's regulatory power includes the ability to set requirements and exemptions for different license categories. For example, the Board may exempt administrative licensees—those not engaged in clinical practice—from certain clinical requirements, such as proficiency in electronic health records, as long as these distinctions are consistent with the Board's statutory mandate. Levy v. Board of Registration and Discipline in Medicine, 378 Mass. 519 (Mass. 1979).

• When interpreting regulations, courts look to the text as a whole and consider the context of related provisions. This approach ensures that distinctions between license categories, such as administrative versus active clinical licenses, are given effect according to the regulatory scheme. Welter v. Board of Registration in Medicine, 490 Mass. 718 (Mass. 2022).

• The definition of "physician" or "practice of medicine" is context-dependent. A physician who holds a license but does not engage in clinical practice may be subject to different regulatory requirements and exemptions, as recognized in both statutes and regulations. Sachs v. Board of Registration in Medicine, 300 Mass. 426 (Mass. 1938).

• The Board's authority to discipline or regulate physicians is not limited to those actively practicing clinically; it extends to all licensees, including those holding administrative licenses, provided the Board acts within its statutory and regulatory authority. Weinberg v. Board Of Registration In Medicine, 443 Mass. 679 (Mass. 2005).

In summary, Massachusetts case law supports the regulatory distinction between administrative licensees and clinically practicing physicians, and upholds the Board's authority to define, regulate, and exempt administrative licensees in accordance with its statutory mandate. Levy v. Board of Registration and Discipline in Medicine, 378 Mass. 519 (Mass. 1979), Welter v. Board of Registration in Medicine, 490

Mass. 718 (Mass. 2022), Sachs v. Board of Registration in Medicine, 300 Mass. 426 (Mass. 1938), Weinberg v. Board Of Registration In Medicine, 443 Mass. 679 (Mass. 2005).

Michigan

State statutes and regulations

The following statutes and regulations address the definition or licensing of physicians who do not practice clinically, including those in administrative, academic, or nonclinical roles:

1. Limited Nonclinical License:

• A board may grant a "nonclinical" limited license to an individual who functions only in a nonclinical academic, research, or administrative setting and who does not hold themselves out to the public as being actively engaged in the practice of the health profession, or otherwise directly solicit patients or clients. M.C.L.A. 333.16182.

2. Administrative and Nonclinical Physician Roles in Public Health:

• "Health officer" may be an administrative health officer or a medical health officer. If the health officer is not a physician, a medical director (who must be a physician) must also be employed to provide medical direction. Mich. Admin. Code R 325.13001.

• "Medical director" is defined as a physician who provides direction in the formulation of medical public health policy and program operation and advises the administrative health officer on medical specialty judgments. Mich. Admin. Code R 325.13001.

• "Public health physician advisor" is a physician who provides public health medical consultation and advice to administrative health officers, medical health officers, or medical directors. Mich. Admin. Code R 325.13001.

3. General Definition of Physician:

• "Physician" is generally defined as an individual who is licensed or authorized under the relevant article to engage in the practice of medicine. M.C.L.A. 333.17001, Mich. Admin. Code R 325.45107, Mich. Admin. Code R 325.127, Mich. Admin. Code R 325.22301, M.C.L.A. 333.18701.

• These definitions do not distinguish between clinical and nonclinical practice unless otherwise specified by a limited license or specific role.

Summary:

• The statute specifically authorizes a "nonclinical" limited license for individuals functioning only in nonclinical academic, research, or administrative settings. M.C.L.A. 333.16182.

• Regulations define administrative physician roles in public health, such as administrative health officer, medical director, and public health physician advisor, some of which may not involve direct clinical practice. Mich. Admin. Code R 325.13001.

• The general statutory and regulatory definitions of "physician" do not distinguish between clinical and nonclinical practice unless a limited license is issued or the role is specifically administrative.

Relevant citations: M.C.L.A. 333.16182, Mich. Admin. Code R 325.13001, M.C.L.A. 333.17001, Mich. Admin. Code R 325.45107, Mich. Admin. Code R 325.127, Mich. Admin. Code R 325.22301, M.C.L.A. 333.18701.

Cases

State

Michigan courts have interpreted the statutory and regulatory definitions of "physician" and the scope of medical licensure in several contexts, providing judicial perspective on the distinction between clinical and nonclinical or administrative roles:

• Courts consistently recognize that the statutory definition of "physician" under the Public Health Code is broad, encompassing any individual licensed to engage in the practice of medicine, without an inherent distinction between clinical and nonclinical practice unless specified by statute or regulation. For example, in Crego v. Edward W. Sparrow Hospital Association, the court cited MCL 333.17001(1)(f), which defines a physician as "an individual who is licensed or authorized under this article to engage in the practice of medicine," and further explained that the "practice of medicine" includes a wide range of activities such as diagnosis, treatment, prevention, and advice. Crego v. Edward W. Sparrow Hospital Association, 327 Mich.App. 525 (Mich.App. 2019).

• The courts have also acknowledged that the legislature may create limited or nonclinical licenses for individuals functioning in academic, research, or administrative settings, as reflected in the statutory language. In Nolan v. Michigan Dept. of Licensing & Regulation, the court referenced a provision for a "clinical academic" license for individuals who do not hold themselves out as actively engaged in the practice of the health profession or directly solicit patients or clients, supporting the statutory distinction for nonclinical roles. Nolan v. Michigan Dept. of Licensing & Regulation, 151 Mich.App. 641 (Mich.App. 1986).

• In the context of medical malpractice and expert witness qualification, courts have interpreted the requirement that an expert be engaged in the "active clinical practice" of the same health profession as the defendant. This distinction is important for litigation but does not alter the general statutory definition of a physician. The court in Crego emphasized that the focus is on whether the individual is "acting pursuant to a license or registration" and that the statutory language must be given full effect. Crego v. Edward W. Sparrow Hospital Association, 327 Mich.App. 525 (Mich.App. 2019).

• The courts have further clarified that the statutory definition of "practice of medicine" is exclusive and inclusive, and that the legislature, not the courts, defines the scope of medical practice. People v. Rogers, 249 Mich.App. 77 (Mich.App. 2001), People v. Bovee, 92 Mich.App. 42 (Mich.App. 1979), People v. Watson, 196 Mich. 36 (Mi. 1917).

In summary, Michigan case law supports the statutory and regulatory framework by:

• Affirming that a physician is defined by licensure status, not by whether the individual is engaged in clinical, administrative, academic, or research activities, unless a limited or nonclinical license is specifically issued.

• Recognizing that statutes and regulations may create specific categories or limitations for nonclinical or administrative roles, and courts will enforce those distinctions as written.

• Emphasizing that the scope of practice and the definition of "physician" are matters of legislative determination, and courts apply those definitions as set forth in the Public Health Code and related regulations.

. Crego v. Edward W. Sparrow Hospital Association, 327 Mich.App. 525 (Mich.App. 2019), Nolan v. Michigan Dept. of Licensing & Regulation, 151 Mich.App. 641 (Mich.App. 1986), People v. Rogers, 249 Mich.App. 77 (Mich.App. 2001), People v. Bovee, 92 Mich.App. 42 (Mich.App. 1979), People v. Watson, 196 Mich. 36 (Mi. 1917)

Minnesota

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant context regarding the scope and regulation of medical licensure:

• Courts have consistently recognized that holding a medical license entitles an individual to practice medicine, but the actual practice—whether clinical or otherwise—is subject to regulatory oversight. For example, in State v. Oredson, the court clarified that graduation from a medical college alone does not entitle one to practice medicine; a license is required, and the statute defines practicing medicine as including activities such as prescribing or recommending treatments for a fee. State v. Oredson, 96 Minn. 509 (Minn. 1905).

• The Minnesota Supreme Court has also addressed the scope of medical licensure in Williams v. Minnesota State Bd. of Medical Examiners, noting that the licensing statute requires applicants to demonstrate both scientific and practical competence, and that the board may refuse or revoke a license for unprofessional conduct. However, the statute and the court’s interpretation focus on the authority to practice, not on distinguishing between clinical and non-clinical (administrative) roles. Williams v. Minnesota State Bd. of Medical Examiners, 120 Minn. 313 (Minn. 1913).

• In Allstate Indemnity Company v. Twin Cities Diagnostic Center, L.L.C., the court held that medical directors of MRI facilities, who are licensed physicians, are engaged in the practice of healing due to their responsibilities and professional judgment, even if their roles are primarily administrative or supervisory rather than direct patient care. This suggests that Minnesota law treats licensed physicians in administrative roles as still engaged in the practice of medicine for regulatory purposes. Allstate Indemnity Company v. Twin Cities Diagnostic Center, L.L.C, 974 N.W.2d 842 (Minn.App. 2022).

• Additionally, Uckun v. Minnesota State Bd. of Medical Practice emphasizes that the primary responsibility of the medical board is to protect the public, and disciplinary authority extends to any licensed physician, regardless of their specific practice setting, if their conduct poses a risk to public safety. Uckun v. Minnesota State Bd. of Medical Practice, 733 N.W.2d 778 (Minn.App. 2007).

In summary, while there is no statutory or regulatory definition of "administrative physician" or a physician licensed but not practicing clinically, Minnesota courts interpret the scope of medical licensure broadly. Licensed physicians, whether practicing clinically or serving in administrative capacities, remain subject to the same regulatory standards and oversight as those engaged in direct patient care. Allstate Indemnity Company v. Twin Cities Diagnostic Center, L.L.C, 974 N.W.2d 842 (Minn.App. 2022), Uckun v. Minnesota State Bd. of Medical Practice, 733 N.W.2d 778 (Minn.App. 2007), State v. Oredson, 96 Minn. 509 (Minn. 1905), Williams v. Minnesota State Bd. of Medical Examiners, 120 Minn. 313 (Minn. 1913).

Mississippi

State statutes and regulations

The following statutes and regulations address the definition of an "administrative physician" or a physician who is licensed but does not practice clinically:

1. "Administrative Medical License" is defined as a license to engage in professional, managerial, or administrative activities related to the practice of medicine or the delivery of health care services, but does not include nor permit the practice of clinical medicine or the right to engage in medical research including clinical trials on humans. "Clinical Medicine" is further defined as medical practice that includes, but is not limited to, direct involvement in patient evaluation, diagnosis, or treatment; prescribing medication; delegating medical acts or prescribing authority; or supervision of physicians, physician's assistants, or advanced practice registered nurses in the practice of clinical medicine. 30 Miss. Admin. Code Pt. 2605, R. 6.1.

2. The Interstate Medical Licensure Compact defines "practice of medicine" as the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state. "Physician" is defined as a person who meets specific educational, examination, and licensure requirements and possesses a full and unrestricted license to engage in the practice of medicine issued by a member board. The Compact also notes that a physician who does not meet the requirements for an expedited license may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state. Miss. Code Ann. § 73-25-101.

In summary:

• The regulation at 30 Miss. Admin. Code Pt. 2605, R. 6.1 specifically defines an "Administrative Medical License" as a license for non-clinical professional, managerial, or administrative activities, explicitly excluding clinical practice and medical research involving human subjects.

• The statute at Miss. Code Ann. § 73-25-101 provides definitions relevant to the practice of medicine and licensure but does not specifically define "administrative physician." However, it does clarify that licensure may be obtained for non-clinical practice if state law allows.

Citations: 30 Miss. Admin. Code Pt. 2605, R. 6.1, Miss. Code Ann. § 73-25-101

Cases

State

Mississippi courts have not directly defined "administrative physician" or specifically addressed the status of a physician who is licensed but does not practice clinically. However, case law provides some relevant judicial context regarding the recognition and roles of licensed physicians:

• In Evans v. State, the court recognized that only a "physician duly licensed by the Mississippi State Board of Health" may perform certain statutory functions, such as conducting autopsies, and it was undisputed that the physician in question was licensed. The court did not distinguish between clinical and non-clinical practice in its analysis, focusing instead on the fact of licensure. Evans v. State, 725 So.2d 613 (Miss. 1997).

• In Puckett v. State, the court addressed concerns that statutory definitions could be interpreted to criminalize actions by physicians performing clinical examinations. The court clarified that statutory language regarding acts such as penetration is "logically confined to activities which are the product of sexual behavior or libidinal gratification, not merely the product of clinical examinations or domestic, parental functions." This demonstrates judicial recognition of the distinction between clinical and non-clinical (or administrative) functions performed by physicians. Puckett v. State, 737 So.2d 322 (Miss. 1999).

• Other cases, such as Galloway v. State and Eakes v. State, reference physicians in the context of providing expert testimony or treatment, but do not address the administrative or non-clinical status of licensed physicians. Galloway v. State, 122 So.3d 614 (Miss. 2013), Eakes v. State, 665 So.2d 852 (Miss. 1995).

In summary:

• Mississippi courts recognize the status of a "licensed physician" for statutory purposes, regardless of whether the physician is engaged in clinical practice, but have not specifically defined or limited the term to exclude administrative or non-clinical roles.

• The distinction between clinical and non-clinical activities by physicians is acknowledged in judicial interpretation, particularly when construing statutory language to avoid unintended application to non-clinical conduct.

. Cases cited: Evans v. State, 725 So.2d 613 (Miss. 1997), Puckett v. State, 737 So.2d 322 (Miss. 1999), Galloway v. State, 122 So.3d 614 (Miss. 2013), Eakes v. State, 665 So.2d 852 (Miss. 1995)

Missouri

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

Although there are no statutes or regulations in this jurisdiction that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some insight into how courts and regulatory bodies have addressed the roles and oversight of such physicians:

• In State Bd. of Registration for Healing Arts v. Fallon, the court discussed the distinction between clinical practice and administrative roles, noting that while the Department of Insurance regulates administrative insurance determinations (such as utilization review), the Board of Registration for the Healing Arts retains authority over the exercise of licensed medical judgment by physicians, including those serving as medical directors. The court referenced an Arizona case, Murphy v. Board of Medical Examiners, which held that a medical director making determinations about medical necessity—even if not engaged in traditional clinical practice—was still making "medical" decisions subject to board oversight. State Bd. of Registration for Healing Arts v. Fallon, 41 S.W.3d 474 (Mo. 2001).

• Missouri Bd. of Registration for the Healing Arts v. Levine further clarifies that certain activities by licensed physicians, such as providing expert testimony as a non-treating physician, do not constitute the practice of medicine for purposes of licensure discipline. The court distinguished between clinical practice and other professional activities, indicating that not all actions by a licensed physician fall under the statutory definition of practicing medicine. Missouri Bd. of Registration for the Healing Arts v. Levine, 808 S.W.2d 440 (Mo.App. W.D. 1991).

• Psychiatric Healthcare Corp. of Missouri v. Department of Social Services addressed the role of physician reviewers, who may not be engaged in direct patient care but use their medical judgment to determine medical necessity in administrative contexts. The court recognized that the law often allows physicians to exercise professional medical judgment in non-clinical settings, such as insurance coverage determinations and regulatory reviews, and that such roles are still considered the exercise of medical expertise. Psychiatric Healthcare Corp. of Missouri v. Department of Social Services, 100 S.W.3d 891 (Mo.App. W.D. 2003).

In summary, while Missouri case law does not provide a statutory or regulatory definition of "administrative physician," it recognizes that licensed physicians may serve in non-clinical, administrative, or review

capacities. The exercise of medical judgment in these roles can still subject the physician to professional oversight and discipline, even if the physician is not engaged in direct patient care.

Montana

State statutes and regulations

None of the statutes or regulations provided in the context specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

The statutes do define "physician" and "practice of medicine" as follows:

1. "Physician" is defined as a person who holds a degree as a doctor of medicine or doctor of osteopathic medicine and who has a valid license to practice medicine in the state. MCA 37-3-102, MCA 37-3-356.

2. "Practice of medicine" is defined as the diagnosis, treatment, or correction of human conditions, ailments, diseases, injuries, or infirmities, whether physical or mental, by any means, including telemedicine. MCA 37-3-102. In the context of the Interstate Medical Licensure Compact, "practice of medicine" is defined as the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license. MCA 37-3-356.

However, there is no statutory or regulatory definition provided for an "administrative physician" or for a physician who is licensed but does not engage in clinical practice.

Therefore, there are no helpful results in this jurisdiction.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or address a physician who is licensed but does not practice clinically, case law provides some context regarding the legal understanding of physicians and the practice of medicine:

• Courts have recognized that the standards for medical practice and procedure are generally set by the medical community through the state's medical examining and licensing authorities, rather than by legislative definitions alone. In Armstrong v. State, the court emphasized that "legal standards for medical practice and procedure cannot be based on political ideology, but, rather, must be grounded in the methods and procedures of science and in the collective professional judgment, knowledge and experience of the medical community acting through the state's medical examining and licensing authorities". Armstrong v. State, 296 Mont. 361 (Mont. 1999).

• The case law also reflects that the status of a physician is closely tied to licensure and the authority to practice medicine, but does not distinguish between clinical and non-clinical (administrative) roles. For example, in Brookins v. Mote, the court discussed the process of credentialing and licensing physicians, focusing on the verification of licensure and professional qualifications, without reference to whether the

physician was engaged in clinical or administrative duties. Brookins v. Mote, 367 Mont. 193 (Mont. 2012).

• Additionally, in Montana Cannabis Industry Ass'n v. State, the court referenced statutory requirements for physician involvement in certifying patients for medical marijuana, again focusing on the physician's licensure and professional responsibilities, not on the specific nature of their practice. Montana Cannabis Industry Ass'n v. State, 382 Mont. 256 (Mont. 2016).

In summary, Montana courts have not provided a judicial definition of "administrative physician" or specifically addressed the status of licensed physicians who do not practice clinically. The case law instead underscores that licensure and professional standards are the primary criteria for recognition as a physician, regardless of whether the physician is engaged in clinical or administrative functions. Armstrong v. State, 296 Mont. 361 (Mont. 1999), Brookins v. Mote, 367 Mont. 193 (Mont. 2012), Montana Cannabis Industry Ass'n v. State, 382 Mont. 256 (Mont. 2016).

Nebraska

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant insights regarding the definition and scope of "physician" and the practice of medicine:

• Courts have recognized that the statutory and regulatory framework in Nebraska generally defines a physician as someone licensed to practice medicine and surgery, but do not provide a separate definition for an "administrative physician" or for a physician who is licensed but not engaged in clinical practice. For example, in Bower v. Eaton Corporation, the court noted that "physician" is defined by procedural rules as "any person licensed to practice medicine and surgery, osteopathic medicine, chiropractic, podiatry, or dentistry in the State of Nebraska or in the state in which the physician is practicing," and that the practice of medicine is associated with clinical prevention, diagnosis, or treatment of human disease, injury, or condition. Bower v. Eaton Corporation, 301 Neb. 311 (Neb. 2018).

• The Nebraska Supreme Court has also addressed the meaning of "practicing medicine," explaining that it involves operating, professing to heal, prescribing for, or otherwise treating any physical or mental ailment of another. The court in State Electro-Medical Institute v. State stated that the practice of medicine consists of "judging the nature, character, and symptoms of the disease; determining the proper remedy for the disease; and giving or prescribing the application of the remedy to the disease". State Electro-Medical Institute v. State, 74 Neb. 40 (Neb. 1905). This definition is focused on clinical activities and does not address non-clinical or administrative roles.

• In Morris v. Wright, the court distinguished between clinical and non-clinical activities in the context of psychology, holding that teaching academic psychology and supervising students who are not engaged in rendering clinical services does not constitute the practice of clinical psychology. Morris v. Wright, 221 Neb. 837 (Neb. 1986). By analogy, this suggests that non-clinical or administrative activities by a licensed physician may not be considered the practice of medicine.

• Additionally, in Thynne v. City of Omaha, the court discussed the definition of "physician" in various contexts, noting that while statutes may not always define the term, it is generally understood to refer to someone skilled in the art of healing, and that the statutory context may expand or limit the definition for specific purposes. Thynne v. City of Omaha, 217 Neb. 654 (Neb. 1984).

In summary, Nebraska case law does not provide a specific definition for "administrative physician" or for a licensed physician not engaged in clinical practice. The courts have generally interpreted "physician" in the context of clinical activities involving diagnosis, treatment, or healing, and have not extended this definition to purely administrative or non-clinical roles. Bower v. Eaton Corporation, 301 Neb. 311 (Neb. 2018), State Electro-Medical Institute v. State, 74 Neb. 40 (Neb. 1905), Morris v. Wright, 221 Neb. 837 (Neb. 1986), Thynne v. City of Omaha, 217 Neb. 654 (Neb. 1984).

Nevada

State statutes and regulations

The provided statute does not define "administrative physician" or specifically address a physician who is licensed but does not practice clinically. However, it does define "physician" and "practice of medicine" as follows:

1. "Physician" is defined as a person who meets certain educational, examination, certification, and licensure requirements, including holding a full and unrestricted license to engage in the practice of medicine issued by a member board. N.R.S. 629A.100, Article 2(k).

2. "Practice of medicine" is defined as "the clinical prevention, diagnosis or treatment of a human disease, injury or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state". N.R.S. 629A.100, Article 2(j).

The statute does not provide a separate definition for a physician who is licensed but does not practice clinically, nor does it define "administrative physician". N.R.S. 629A.100.

Cases

State

Nevada statutes and regulations do not define "administrative physician" or specifically address a physician who is licensed but does not practice clinically. Courts interpreting related statutory language have not established a separate judicial definition for such a category of physician. However, case law provides some relevant context regarding the statutory treatment and regulatory scope of physicians:

• In Boulware v. State, Dept. of Human Resources, the court recognized that the legislature distinguished between physicians who provide direct patient care in private offices and those operating health facilities, clarifying that "the legislature never intended that private physicians' offices would come under the definition of a health facility" for purposes of certificate of need requirements. This distinction was based on the location and nature of services provided, not on whether the physician was practicing clinically or administratively. Boulware v. State, Dept. of Human Resources, 103 Nev. 218 (Nev. 1987).

• Similarly, Department of Human Resources v. UHS of the Colony, Inc. addressed whether certain diagnostic facilities fell within statutory definitions of health facilities, again focusing on the function and setting rather than the physician's clinical or administrative role. The court deferred to administrative interpretations that did not extend statutory definitions to private physician offices, but did not address the status of physicians who are licensed but not practicing clinically. Department of Human Resources v. UHS of the Colony, Inc, 103 Nev. 208 (Nev. 1987).

• In cases involving the standard of care or professional negligence, such as Monk v. Ching and Staccato v. Valley Hosp, courts have focused on the area of practice and expertise relevant to the alleged conduct, rather than on whether a physician is engaged in clinical practice at the time. For example, expert qualification is determined by whether the expert has practiced "in an area that is substantially similar to the type of practice engaged in at the time of the alleged professional negligence," but there is no discussion of a separate category for administrative physicians. Monk v. Ching, 139 Nev. 155 (Nev. 2023), Staccato v. Valley Hosp, 123 Nev. 526 (Nev. 2007).

• The statutory and regulatory framework, as interpreted by the courts, consistently defines "physician" in terms of licensure and qualifications, and "practice of medicine" in terms of clinical activities such as prevention, diagnosis, or treatment. There is no judicially recognized definition for a physician who is licensed but does not practice clinically, nor for an "administrative physician" as a distinct legal category.

In summary, Nevada courts have not recognized or defined "administrative physician" or a separate status for licensed physicians not engaged in clinical practice. Judicial interpretation aligns with the statutory focus on licensure and clinical activity, without extending definitions to include or distinguish administrative roles. Boulware v. State, Dept. of Human Resources, 103 Nev. 218 (Nev. 1987), Department of Human Resources v. UHS of the Colony, Inc, 103 Nev. 208 (Nev. 1987), Monk v. Ching, 139 Nev. 155 (Nev. 2023), Staccato v. Valley Hosp, 123 Nev. 526 (Nev. 2007).

New Hampshire

State statutes and regulations

The following statutes and regulations address the definition of an "administrative physician" or a physician who is licensed but does not practice clinically:

1. The regulation defines "administrative license" as a license to engage in professional, managerial, or administrative activities related to the practice of medicine or the delivery of health care services, but specifically excludes the practice of clinical medicine. N.H. Code Admin. R. Med 301.01(a).

2. The statute authorizes the issuance of licenses "authorizing the practice of medicine limited to administrative medicine for physicians whose practice does not include the provision of clinical services to patients". N.H. Rev. Stat. § 329:14(VIII).

These provisions together establish that an "administrative physician" is a physician who holds a license to perform professional, managerial, or administrative activities related to medicine or health care delivery, but who does not engage in clinical medicine or provide clinical services to patients. N.H. Code Admin. R. Med 301.01(a), N.H. Rev. Stat. § 329:14(VIII).

Cases

State

New Hampshire courts have interpreted the statutes and regulations governing physician licensure, including those related to administrative physicians, by emphasizing the broad authority of the Board of Registration in Medicine to regulate and discipline licensees in order to protect the public and ensure high standards of medical care.

• In Appeal of Rowan, the court explained that the primary purposes of RSA chapter 329 are "to assure a high quality of medical care and to protect the public from persons unfit to practice medicine." The court recognized that these goals require the board to have "expansive authority regarding the licensure of medical practitioners and broad authority to discipline members of the profession." The court also noted that the board is authorized to take disciplinary action by suspension, limitation, or restriction of a license, and that a "showing of such evidence of professional competence as the board may reasonably require" is necessary for a lapsed license to be restored. Appeal of Rowan, 142 N.H. 67 (N.H. 1997).

• In Appeal of Dell, the court upheld the board's interpretation of the statutory scheme, finding it "reasonable and consistent with the underlying purposes of the statute as a whole and the heightened level of scrutiny which reinstatement entails." The court held that the board may consider a broad range of factors bearing on professional competence, including allegations of dishonesty and unprofessional conduct, when deciding whether to reinstate a physician's license. Appeal of Dell, 140 N.H. 484 (N.H. 1995).

• The courts have also recognized that a physician's license is a significant property interest, and that due process protections apply to disciplinary proceedings affecting that license. Appeal of Plantier, 126 N.H. 500 (N.H. 1985), Petition of Grimm, 138 N.H. 42 (N.H. 1993).

• While these cases do not specifically define "administrative physician," they interpret RSA chapter 329 and related regulations as granting the board discretion to issue, renew, limit, or discipline licenses —including those limited to administrative medicine—based on professional competence and conduct, consistent with the statutory definitions and purposes. Appeal of Rowan, 142 N.H. 67 (N.H. 1997), Appeal of Dell, 140 N.H. 484 (N.H. 1995).

In summary, New Hampshire courts have affirmed the board's broad discretion in licensing and regulating physicians, including those whose licenses are limited to administrative (non-clinical) roles, as set forth

in N.H. Rev. Stat. § 329:14(VIII) and N.H. Code Admin. R. Med 301.01(a). Appeal of Rowan, 142 N.H. 67 (N.H. 1997), Appeal of Dell, 140 N.H. 484 (N.H. 1995), Appeal of Plantier, 126 N.H. 500 (N.H. 1985).

New Jersey

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

However, the following may be relevant for context:

1. The regulation at N.J.A.C. 13:35–6.16 discusses the scope of "professional practice" for licensees of the Board of Medical Examiners, including the offering of professional opinions even if the licensee has not provided direct patient care. It states that "professional practice" includes offering opinions on matters of professional practice (including testimony and professional review organization service), whether or not the offeror has provided direct patient care, where holding a professional board license is a significant component or foundation for the offering of the professional opinion. This suggests that a licensed physician may engage in certain professional activities without direct clinical practice, but it does not specifically define or use the term "administrative physician". N.J.A.C. 13:35–6.16.

2. The statutes at N.J.S.A. 26:2S-2 and N.J.S.A. 26:2H-131 define "health care provider" and "physician," but do not address or define the concept of an "administrative physician" or a physician who is licensed but does not practice clinically. N.J.S.A. 26:2S-2, N.J.S.A. 26:2H-131.

In summary, there is no explicit statutory or regulatory definition of "administrative physician" or a physician who is licensed but does not practice clinically in the provided materials. The closest relevant provision is the inclusion of non-clinical professional activities within the definition of "professional practice" for licensed physicians. N.J.A.C. 13:35–6.16.

Cases

State

Although there are no statutes or regulations in New Jersey that specifically define "administrative physician" or a physician who is licensed but does not practice clinically, judicial decisions provide some interpretive guidance regarding the scope of professional practice for licensed physicians:

• In Allstate Insurance Company v. Northfield Medical Center, P.C, the court discussed the regulatory framework established by the State Board of Medical Examiners, particularly N.J.A.C. 13:35-6.16. The court noted that this regulation addresses the permissible forms of professional practice for licensed physicians, including the structure and control of medical practices. The opinion emphasized that the regulation "figures prominently" in matters concerning the employment and practice arrangements of physicians, and that the Board has issued guidance on the propriety of various practice structures. However, the court did not identify or define a category of "administrative physician," nor did it distinguish between clinical and non-clinical roles for licensed physicians. Instead, the focus was on ensuring

that licensed physicians maintain appropriate professional control and oversight within any practice arrangement. Allstate Insurance Company v. Northfield Medical Center, P.C, 228 N.J. 596 (N.J. 2017).

• The court in New Jersey Coalition of Health Care Professionals, Inc. v. New Jersey Dept. of Banking and Ins., Div. of Ins, recognized that regulations promulgated by professional licensing boards, including the State Board of Medical Examiners, list valid diagnostic tests and establish standards for reimbursable medical services. The opinion references "physicians licensed to practice medicine and surgery" as a defined group but does not further subdivide this group into clinical or administrative categories. The court clarified that these regulations are designed to ensure necessary medical care and do not interfere with a physician's ability to practice medicine, but again, no distinction is made for non-clinical or administrative roles. New Jersey Coalition of Health Care Professionals, Inc. v. New Jersey Dept. of Banking and Ins., Div. of Ins, 323 N.J.Super. 207 (N.J.Super.A.D. 1999).

• In New Jersey Guild of Hearing Aid Dispensers v. Long, the court addressed the regulatory authority of the State Board of Medical Examiners and the scope of its power to protect public health and welfare by ensuring that all licensed practitioners are qualified and competent. The opinion notes that licensed physicians are specifically exempted from certain regulatory requirements applicable to hearing aid dispensers, but it does not provide a definition or recognition of an "administrative physician" as a distinct category. New Jersey Guild of Hearing Aid Dispensers v. Long, 75 N.J. 544 (N.J. 1978).

In summary, while courts have interpreted regulations concerning the scope of professional practice and the authority of the Board of Medical Examiners, there is no judicially recognized definition of "administrative physician" or a specific distinction for physicians who are licensed but do not practice clinically. The case law instead focuses on the general requirements for licensure, permissible practice arrangements, and the maintenance of professional standards, without creating or acknowledging a separate category for non-clinical or administrative physicians. Allstate Insurance Company v. Northfield Medical Center, P.C, 228 N.J. 596 (N.J. 2017), New Jersey Coalition of Health Care Professionals, Inc. v. New Jersey Dept. of Banking and Ins., Div. of Ins, 323 N.J.Super. 207 (N.J.Super.A.D. 1999), New Jersey Guild of Hearing Aid Dispensers v. Long, 75 N.J. 544 (N.J. 1978).

New Mexico

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some insight into how courts interpret the scope of physician licensure and practice:

• Courts have recognized that the authority to license and regulate physicians, including the granting and revocation of licenses, is vested in the state medical board. The board's authority is comprehensive

and applies to all licensed physicians, regardless of their specific practice setting or whether they are engaged in clinical practice. Seidenberg v. New Mexico Bd. of Medical Examiners, 80 N.M. 135 (N.M. 1969). However, the case law does not distinguish between physicians who practice clinically and those who may serve in administrative or non-clinical roles.

• In State ex rel. Torrez v. Board of County Commissioners for Lea County, the court emphasized that the Medical Practice Act (MPA) establishes a pervasive regulatory scheme governing physician licensure and practice in New Mexico. The MPA vests the medical board with exclusive licensing and disciplinary authority for a physician's practice of medicine, but the case does not address or define categories such as "administrative physician" or non-clinical licensure. State ex rel. Torrez v. Board of County Commissioners for Lea County, 572 P.3d 837 (N.M. 2025).

• The definition of "physician" in related contexts, such as the Medical Malpractice Act, focuses on licensure to provide health care or professional services as a doctor of medicine, but does not specify whether active clinical practice is required. Baker v. Hedstrom, 309 P.3d 1047 (N.M. 2013).

• In Munroe v. Wall, the court discussed the rights and obligations of licensed osteopathic physicians and surgeons, noting that licensure confers the right to render medical services and participate in public health matters, but again, did not distinguish between clinical and non-clinical (administrative) roles. Munroe v. Wall, 66 N.M. 15 (N.M. 1959).

In summary, New Mexico case law recognizes the broad authority of the medical board to license and regulate physicians but does not provide a judicial definition of "administrative physician" or specifically address the status of licensed physicians who do not practice clinically. The focus remains on licensure and the authority to practice medicine, without further subdivision based on clinical or administrative roles.

New York

State statutes and regulations

There are no statutes or regulations in the provided context that define "administrative physician" or specifically include a definition for a physician who is licensed but does not practice clinically. The statutes and regulations reviewed define "physician" in the context of licensure and qualifications for clinical practice, but do not address or define the status of a licensed physician who does not engage in clinical practice or who serves in an administrative capacity. McKinney's Public Health Law § 4900, McKinney's Insurance Law § 4900, 18 NYCRR 505.2.

Cases

State

While there are no statutes or regulations in this jurisdiction that define "administrative physician" or specifically address the status of a licensed physician who does not practice clinically, case law provides some relevant judicial interpretation regarding the qualifications and roles of physicians in non-clinical or review capacities:

1. In Rosenblum v. New York State Workers' Compensation Bd, the court explained that statutes and regulations often distinguish between physicians who are "board certified" and those who are merely "authorized" by an administrative board to perform certain functions, such as independent medical examinations (IMEs). The court noted that the Legislature has, in some contexts, required that physicians performing medical review functions (such as reviewing health plan coverage denials) be board certified, referencing Public Health Law § 4900(2)(b)(i)(B) and Insurance Law § 4900(b)(2)(A)(ii). The court stated that in these settings, the Legislature considered only board certified physicians as possessing the requisite expertise to conduct external reviews, even if those physicians were not engaged in direct clinical practice. Rosenblum v. New York State Workers' Compensation Bd, 309 A.D.2d 120 (N.Y.A.D. 1 Dept. 2003).

2. Belmonte v. Snashall further clarified that for IMEs, a physician must be licensed and board certified, but the Workers' Compensation Board may also grant authorization to certain physicians based on experience or other criteria, even if they are not board certified by the recognized specialty boards. The court recognized that some physicians may be designated as consultants or given a special rating by the Board based on their competence, which may allow them to perform administrative or evaluative functions without engaging in clinical practice. Belmonte v. Snashall, 2 N.Y.3d 560 (N.Y. 2004).

3. Both cases emphasize that while statutes and regulations define "physician" primarily in the context of licensure and clinical qualifications, the courts have acknowledged that physicians may serve in administrative or evaluative roles (such as conducting IMEs or reviewing insurance coverage decisions) if they meet certain board certification or authorization requirements, even if they are not actively practicing clinically.

In summary, although there is no statutory or regulatory definition of "administrative physician," courts have recognized that licensed physicians may perform non-clinical, administrative, or evaluative functions if they satisfy applicable board certification or authorization standards. Rosenblum v. New York State Workers' Compensation Bd, 309 A.D.2d 120 (N.Y.A.D. 1 Dept. 2003), Belmonte v. Snashall, 2 N.Y.3d 560 (N.Y. 2004).

North Carolina

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant context regarding the regulation and classification of physicians:

• Courts have recognized that the primary statutory framework regulates the "practice of medicine and surgery" and that the Board of Medical Examiners is tasked with overseeing licensed physicians,

focusing on protecting the public from unprofessional conduct and ensuring adherence to the standards of acceptable and prevailing medical practice. In re Guess, 327 N.C. 46 (N.C. 1990), In re Guess, 95 N.C.App. 435 (N.C.App. 1989), State v. Gardner, 201 N.C. 123 (N.C. 1931).

• The case law does not distinguish between physicians based on whether they are engaged in clinical practice or administrative roles. Instead, the focus is on whether an individual is licensed to practice medicine and whether their conduct meets professional standards. For example, a licensed physician may practice in any specialty area, regardless of board certification, and there is no indication that a physician must be engaged in direct patient care to maintain licensure. FormyDuval v. Bunn, 138 N.C.App. 381 (N.C.App. 2000).

• The courts have also noted that the legislature has authorized the Board to issue licenses to practice medicine, and such licenses may be granted for a period of time and under conditions the Board deems advisable, but there is no judicial interpretation that creates a separate category for "administrative physicians" or for those who are licensed but not practicing clinically. Mebane v. Board of Medical Examiners of State, 55 N.C.App. 455 (N.C.App. 1982).

• In Powell v. Duke University, Inc, the court referenced a "qualified physician" as a medical doctor "who is duly licensed by this State to practice medicine," without reference to whether the physician is engaged in clinical or non-clinical (administrative) work. Powell v. Duke University, Inc, 18 N.C.App. 736 (N.C.App. 1973).

In summary, case law in North Carolina does not provide a definition for "administrative physician" or specifically address physicians who are licensed but do not practice clinically. The judicial focus remains on licensure status and adherence to professional standards, not on the clinical or administrative nature of a physician’s work. In re Guess, 327 N.C. 46 (N.C. 1990), FormyDuval v. Bunn, 138 N.C.App. 381 (N.C.App. 2000), Mebane v. Board of Medical Examiners of State, 55 N.C.App. 455 (N.C.App. 1982), Powell v. Duke University, Inc, 18 N.C.App. 736 (N.C.App. 1973).

North Dakota

State statutes and regulations

The definition of a physician who is licensed but does not practice clinically is addressed in the following regulation:

1. The board may issue a license that is limited to administrative medicine, which is defined as administration or management using the medical knowledge, skill, and judgment of a licensed physician that may affect the health of any member of the public. An administrative medical license does not permit the licensee to practice clinical medicine, which includes the provision of any patient diagnosis or treatment, the prescribing of any drug, or the delegation of medical authority to, or the supervision of, any health professional. The holder of an administrative medical license is subject to the same rules and regulations as those holding a regular medical license, including regulations governing license renewal, fees, continuing medical education, and discipline. Applicants for an administrative medical license must meet all eligibility requirements for a regular medical license, except they are not required to demonstrate the maintenance of an active clinical practice prior to applying. NDAC 50-02-02.1-01.

This regulation provides a clear definition of "administrative medicine" and establishes the framework for a physician who is licensed but does not engage in clinical practice.

Cases

State

Courts in North Dakota have recognized and interpreted the statutory and regulatory framework governing physician licensure, including distinctions between clinical and non-clinical (administrative) practice:

• The courts have affirmed that the Board of Medical Examiners is empowered to issue, regulate, and discipline medical licenses under Chapter 43-17 of the North Dakota Century Code. This includes the authority to issue licenses with specific limitations or conditions, such as those that may restrict a physician to non-clinical or administrative roles. North Dakota State Bd. of Medical Examiners-Investigative Panel B v. Hsu, 726 N.W.2d 216 (N.D. 2007), Sletten v. Briggs, 448 N.W.2d 607 (N.D. 1989), Singha v. North Dakota State Bd. of Medical Examiners, 574 N.W.2d 838 (N.D. 1998).

• The courts defer to the Board's expertise in determining the qualifications and scope of practice for licensed physicians, including whether a license permits clinical practice or is limited to administrative medicine. The Board's decisions regarding licensure and the imposition of conditions or limitations are entitled to appreciable deference, especially in technical matters involving medical expertise. North Dakota State Bd. of Medical Examiners-Investigative Panel B v. Hsu, 726 N.W.2d 216 (N.D. 2007), Singha v. North Dakota State Bd. of Medical Examiners, 574 N.W.2d 838 (N.D. 1998).

• The statutory framework, as interpreted by the courts, allows the Board to impose discipline or limitations on a physician's license for various reasons, including violations of board rules or stipulations, which could encompass restrictions to administrative (non-clinical) practice. Sletten v. Briggs, 448 N.W.2d 607 (N.D. 1989).

• In Jones v. North Dakota State Bd. of Medical Examiners-Investigative Panel B, the court described a physician whose practice included both clinical and non-clinical (administrative and consultative) roles, indicating that the Board recognizes and regulates a range of physician activities, not limited to direct patient care. Jones v. North Dakota State Bd. of Medical Examiners-Investigative Panel B, 691 N.W.2d 251 (N.D. 2005).

• The courts have also recognized that a medical license is a property right subject to regulation and limitation by the state, and that the Board's authority includes the ability to define and enforce the scope of practice for licensed physicians, including those who do not engage in clinical medicine. Bland v. Commission on Medical Competency, 557 N.W.2d 379 (N.D. 1996).

In summary, North Dakota courts have upheld the Board's authority to issue and regulate licenses that may be limited to administrative medicine, consistent with the regulatory definition of administrative medicine as non-clinical practice, and have deferred to the Board's expertise in distinguishing between clinical and administrative roles for licensed physicians. North Dakota State Bd. of Medical Examiners-Investigative Panel B v. Hsu, 726 N.W.2d 216 (N.D. 2007), Sletten v. Briggs, 448 N.W.2d 607 (N.D. 1989), Singha v. North Dakota State Bd. of Medical Examiners, 574 N.W.2d 838 (N.D. 1998), Jones v. North

Dakota State Bd. of Medical Examiners-Investigative Panel B, 691 N.W.2d 251 (N.D. 2005), Bland v. Commission on Medical Competency, 557 N.W.2d 379 (N.D. 1996).

Ohio

State statutes and regulations

None of the statutes provided include a definition for "administrative physician" or specifically define a physician who is licensed but does not practice clinically.

However, the following statutes provide definitions of "physician":

1. "Physician" is defined as a person authorized under Chapter 4731 of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery. R.C. § 3701.74, R.C. § 4729.39.

2. Under the Interstate Medical Licensure Compact, "physician" means any person who meets specific educational, examination, and licensure requirements and possesses a full and unrestricted license to engage in the practice of medicine issued by a member board. R.C. § 4731.11.

None of these statutes distinguish between clinical and non-clinical (administrative) practice or provide a definition for an "administrative physician" or a physician who is licensed but does not practice clinically. R.C. § 3701.74, R.C. § 4731.11, R.C. § 4729.39.

Therefore, there are no statutes or regulations in the provided materials that define "administrative physician" or specifically address a physician who is licensed but does not practice clinically.

Cases

State

Although the statutes and regulations do not define "administrative physician" or specifically address physicians who are licensed but do not practice clinically, Ohio case law provides some relevant judicial interpretation regarding the definition and scope of "physician" and the practice of medicine:

• Courts have consistently recognized that the practice of medicine is limited by law to licensed physicians, and licensure is based on meeting statutory education and proficiency requirements. Berdyck v. Shinde, 66 Ohio St.3d 573 (Ohio 1993). However, case law does not distinguish between clinical and non-clinical (administrative) roles for licensed physicians.

• In In the Matter Strausbaugh, 1985 WL 10498 (Ohio App. 1985), the court discussed the requirements for licensure to practice medicine or osteopathic medicine in Ohio, emphasizing that a license must be "current and in good standing and must be a full and unlimited license to practice all branches of osteopathic medicine and surgery." The case focused on the process and standards for licensure, not on the nature of the physician's practice (clinical or administrative).

• Case law interpreting statutes such as R.C. 3701.74 and R.C. 4731.11 has focused on the qualifications and scope of licensure, but has not addressed or created a separate category for physicians who are licensed but do not engage in clinical practice (Berdyck v. Shinde, 66 Ohio St.3d 573 (Ohio 1993), In the Matter Strausbaugh, 1985 WL 10498 (Ohio App. 1985)).

• In McRae v. State Med. Bd. of Ohio, 9 N.E.3d 398 (Ohio App. 10 Dist. 2014), the court referenced the statutory standard for a physician's ability to practice according to acceptable and prevailing standards of care, but did not distinguish between clinical and non-clinical practice.

In summary, Ohio courts have interpreted the term "physician" in accordance with statutory definitions that focus on licensure and qualifications, without distinguishing between clinical and administrative roles. There is no judicially recognized definition of "administrative physician" or a separate legal status for licensed physicians who do not practice clinically. Berdyck v. Shinde, 66 Ohio St.3d 573 (Ohio 1993), In the Matter Strausbaugh, 1985 WL 10498 (Ohio App. 1985), McRae v. State Med. Bd. of Ohio, 9 N.E.3d 398 (Ohio App. 10 Dist. 2014).

Oklahoma

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or that expressly include a definition for a physician who is licensed but does not practice clinically.

The statutes and regulations reviewed provide definitions and descriptions of "physician" and the "practice of medicine," but do not distinguish or define a category for physicians who are licensed but do not engage in clinical practice, nor do they define "administrative physician". 59 Okl.St.Ann. § 492, 59 Okl.St.Ann. § 538.3, Okla. Admin. Code 317:30-5-354.

Cases

State

Although there are no statutes or regulations in Oklahoma that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant judicial interpretation regarding the scope of who is considered to be practicing medicine and the use of physician titles:

1. Courts have consistently held that the statutory definition of practicing medicine is broad and includes not only the actual treatment of patients but also holding oneself out to the public as a physician. For example, in Reeves v. State, the court explained that "when a person shall append or prefix the letters M. B. or M. D. or the title Dr. or Doctor or any other sign or appellation in a medical sense to his or her name or shall profess publicly to be a physician or surgeon, (he or she) shall be regarded as practicing within the meaning of this act." The court emphasized that the legislative intent was to prevent unqualified individuals from assuming the role of a physician, and that merely holding oneself out as a physician—

even without clinical practice—can fall within the statutory definition of practicing medicine. Reeves v. State, 36 Okla.Crim. 186 (Okla.Crim.App. 1927).

2. Similarly, in Silman v. Whistler, the court cited the statutory language that "every person shall be regarded as practicing medicine... who shall append to his name the letters 'M.D.', 'Doctor', 'Professor', 'Specialist', 'Physician' or any other title, letters or designation which represent that such person is a physician, or who shall for a fee or compensation treat disease, injury or deformity of persons by any drugs, surgery, manual or mechanical treatment whatsoever." This reinforces that the use of physician titles alone, even without clinical activity, is significant under the law. Silman v. Whistler, 790 P.2d 1125 (Okla.App. Div. 1 1989).

3. In Rice v. State Bd. of Medical Examiners, the court enjoined an individual from holding himself out as a qualified medical doctor without a license, again underscoring that the act of representing oneself as a physician—regardless of whether clinical services are provided—falls within the scope of the medical practice statutes. Rice v. State Bd. of Medical Examiners, 208 Okla. 440 (Okla. 1953).

4. The case law does not distinguish or define a separate category for "administrative physician" or for physicians who are licensed but do not engage in clinical practice. The focus remains on whether the individual holds themselves out as a physician or engages in activities reserved for licensed physicians.

In summary, Oklahoma courts interpret the statutory definition of practicing medicine to include not only clinical practice but also the public representation of oneself as a physician. However, there is no judicially recognized definition or separate category for an "administrative physician" or for a licensed physician who does not practice clinically. Reeves v. State, 36 Okla.Crim. 186 (Okla.Crim.App. 1927), Silman v. Whistler, 790 P.2d 1125 (Okla.App. Div. 1 1989), Rice v. State Bd. of Medical Examiners, 208 Okla. 440 (Okla. 1953).

Oregon

State statutes and regulations

There are no statutes or regulations in the provided materials that define "administrative physician" or specifically include a definition for a physician who is licensed but does not practice clinically. The statutes and regulations referenced define "physician" as a person licensed to practice under ORS chapter 677 O.R.S. § 678.010, and provide definitions for related terms such as "medical licensee" and "management services," but do not address the concept of an "administrative physician" or a non-clinically practicing licensed physician. O.R.S. § 676.555, O.R.S. § 678.010, OAR 409-030-0130.

Cases

State

Although there are no statutes or regulations in Oregon that define "administrative physician" or specifically address a physician who is licensed but does not practice clinically, case law provides some interpretive guidance regarding the statutory definitions of "physician" and related roles:

• In Cook v. Workers' Compensation Dept, the Oregon Supreme Court examined the statutory definition of "physician" under ORS 656.005(12), which is described as a person "licensed to practice one or more of the healing arts." The court noted that the legislature had not provided a more specific definition of "healing arts" and that the term "physician" was used broadly to include any person licensed to practice in the relevant field. The court emphasized that the statutory framework focuses on licensure and the ability to assume responsibility for patient care, rather than on whether the physician is engaged in clinical practice at a given time. The court stated: "Those provisions appear to contemplate that a worker may select any doctor or physician in the state to be the attending physician. The legislature has not demonstrated any intent to impose higher professional standards on attending physicians than it imposes on doctors and physicians. Thus, to be eligible for designation as an attending physician, a practitioner must be: (1) a 'doctor or physician' under ORS 656.005(12); (2) capable of assuming primary responsibility for the treatment of the compensable condition; and (3) practicing in Oregon." Cook v. Workers' Compensation Dept, 306 Or. 134 (Or. 1988)

• In State v. Luster, the Oregon Court of Appeals interpreted the term "attending physician" in the context of the Oregon Medical Marijuana Act, referencing ORS 475.302(1), which defines an attending physician as a licensed physician "who has primary responsibility for the care and treatment of a person diagnosed with a debilitating medical condition." The court clarified that while the statute requires licensure and primary responsibility for care, it does not further distinguish between clinical and non-clinical practice for the purposes of statutory requirements. The court noted: "Although various OMMA provisions require a cardholder's attending physician to state or certify that the cardholder has been diagnosed with a debilitating medical condition, nothing requires that the attending physician have made that diagnosis himself or herself." State v. Luster, 271 Or.App. 425 (Or.App. 2015)

• The cases reviewed do not provide a definition for "administrative physician" or specifically address the status of a physician who is licensed but not engaged in clinical practice. Instead, the courts have focused on licensure and statutory roles (such as attending or consulting physician) without imposing additional requirements related to clinical activity.

In summary, Oregon courts interpret the statutory term "physician" primarily by reference to licensure status, not by whether the physician is actively practicing clinically. There is no judicially recognized definition of "administrative physician" or explicit distinction for licensed physicians who do not practice clinically. Cook v. Workers' Compensation Dept, 306 Or. 134 (Or. 1988), State v. Luster, 271 Or.App. 425 (Or.App. 2015).

Pennsylvania

State statutes and regulations

None of the statutes or regulations provided include a definition for "administrative physician" or specifically define a physician who is licensed but does not practice clinically.

The statutes and regulations reviewed define "physician" as follows:

1. Under the State Board of Osteopathic Medicine statute, "physician" is defined as a person who has received formal and recognized training in the art and science of osteopathic medicine qualified to seek or who has acquired a license to practice osteopathic medicine and surgery. 63 P.S. § 271.2.

2. Under the State Board of Medicine statute, "physician" is defined as a medical doctor or doctor of osteopathy. 63 P.S. § 422.2.

3. The regulation relating to mental health procedures defines "physician" as a person licensed to practice medicine or osteopathy in this Commonwealth. 55 Pa. Code § 5100.2.

None of these statutes or regulations provide a definition for "administrative physician" or specifically address a physician who is licensed but does not practice clinically. Therefore, there is no statutory or regulatory definition for "administrative physician" or for a non-clinically practicing licensed physician in the provided materials. 63 P.S. § 271.2, 63 P.S. § 422.2, 55 Pa. Code § 5100.2.

Cases

State

Although the statutes and regulations do not define "administrative physician" or specifically address a physician who is licensed but does not practice clinically, Pennsylvania courts have interpreted the statutory definitions of "physician" and related terms in several contexts:

• Courts consistently interpret "physician" to mean an individual who is licensed to practice medicine or osteopathy in Pennsylvania, without distinguishing between clinical and non-clinical (administrative) practice. For example, in Wexler v. Hecht, the court explained that the statutory definition of "physician" refers to a medical doctor or doctor of osteopathy licensed by the appropriate state board, and that the legislature draws clear distinctions between different types of health care providers, such as physicians, podiatrists, and chiropractors. Wexler v. Hecht, 593 Pa. 118 (Pa. 2007), Wexler v. Hecht, 847 A.2d 95 (Pa.Super. 2004), Bell v. Willis, 80 A.3d 476 (Pa.Super. 2013).

• In Gleeson v. State Bd. of Medicine, the court noted that the Medical Practice Act defines a "medical doctor" as an individual who has acquired a license to practice medicine and surgery issued by the Board, and that the Act does not distinguish between those who practice clinically and those who do not. The court also recognized that the Board, composed of practicing physicians, has expertise to determine the scope of medical practice, but did not address or create a separate category for administrative physicians. Gleeson v. State Bd. of Medicine, 900 A.2d 430 (Pa.Cmwlth. 2006).

• The courts have also recognized that the statutory definitions are broad and encompass anyone who is licensed, regardless of their current practice setting. For instance, in Solomon v. Presbyterian University Hosp, the court interpreted the definition of "physician" to include individuals qualified to seek or who have acquired a license to practice medicine or surgery, without reference to whether they are engaged in clinical practice. Solomon v. Presbyterian University Hosp, 365 Pa.Super. 447 (Pa.Super. 1987).

• In Commonwealth v. Cohen, the court explained that the term "licensed physicians" refers to those licensed by the Commonwealth through boards or agencies created by the legislature, and that the plain meaning of "physician" is not limited to those actively practicing clinically (Commonwealth v. Cohen, 142 Pa.Super. 199).

• Similarly, in Palmer v. O'Hara, the court distinguished between different types of licenses and practice areas but did not create or recognize a statutory or judicial definition for an "administrative physician" or a physician who is licensed but not practicing clinically. Palmer v. O'Hara, 359 Pa. 213 (Pa. 1948).

In summary, Pennsylvania courts interpret "physician" as anyone holding a valid license to practice medicine or osteopathy, regardless of whether the individual is engaged in clinical or administrative work. There is no judicially recognized definition of "administrative physician" or a separate category for licensed physicians who do not practice clinically. Wexler v. Hecht, 593 Pa. 118 (Pa. 2007), Gleeson v. State Bd. of Medicine, 900 A.2d 430 (Pa.Cmwlth. 2006), Solomon v. Presbyterian University Hosp, 365 Pa.Super. 447 (Pa.Super. 1987); Commonwealth v. Cohen, 142 Pa.Super. 199; Palmer v. O'Hara, 359 Pa. 213 (Pa. 1948).

Puerto Rico

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or that expressly include a definition for a physician who is licensed but does not practice clinically.

The statutes reviewed do define "physician" as a person authorized to practice medicine and surgery in Puerto Rico after obtaining a license 20 L.P.R.A. § 131, and they describe the requirements for licensure and practice, including regular, special, and provisional licenses. 20 L.P.R.A. § 133g. However, none of the statutes provide a definition or reference to an "administrative physician" or specifically address the status of a licensed physician who does not engage in clinical practice.

Therefore, there are no helpful results in this jurisdiction.

Cases

State

Although there are no statutes or regulations in this jurisdiction that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant judicial perspectives:

• Courts have consistently recognized that the statutory definition of "physician" refers to a person authorized to practice medicine and surgery after obtaining a license, but do not distinguish between clinical and non-clinical (administrative) roles. For example, in Santiago v. Trib. Exam. de Medicos, the court emphasized the broad authority of the Board of Medical Examiners to regulate the practice of medicine, including the standards and procedures for licensure, but did not address or distinguish between clinical and non-clinical practice. Santiago v. Trib. Exam. de Medicos, 1986 JTS 89 ( ).

• In Candal v. CT Radiology Offices, Inc, the court interpreted the term "health care professional" as "any person duly authorized under the laws of the Commonwealth of Puerto Rico who practices the profession of physician-surgeon, osteopath and odontologist." The court noted that the scope of the law is limited to

those who actually practice these professions, and declined to extend the definition to include other roles or entities not expressly covered by statute. Candal v. CT Radiology Offices, Inc, 1982 JTS 25 (P.R. 1982).

• The courts have also recognized that the legislature sometimes uses terms such as "associated physician" or "medical-surgical services" without providing explicit definitions, and in such cases, judicial interpretation focuses on legislative intent and administrative practice. For instance, in Asoc. Medica de P.R. v. Cruz Azul, the court deferred to the administrative interpretation of ambiguous statutory terms but did not address the distinction between clinical and administrative physicians. Asoc. Medica de P.R. v. Cruz Azul, 1987 JTS 33 ( ).

• There is no case law in this jurisdiction that specifically addresses or defines the status of a licensed physician who does not engage in clinical practice, nor is there judicial recognition of a separate category of "administrative physician."

In summary, Puerto Rico case law reflects the absence of a statutory or regulatory definition for "administrative physician" and does not provide a judicially recognized distinction for physicians who are licensed but do not practice clinically. The courts interpret "physician" in accordance with statutory language, focusing on licensure and authorization to practice, without further subdivision based on the nature of the physician's duties. Santiago v. Trib. Exam. de Medicos, 1986 JTS 89 ( ), Candal v. CT Radiology Offices, Inc, 1982 JTS 25 (P.R. 1982), Asoc. Medica de P.R. v. Cruz Azul, 1987 JTS 33 ( ).

Rhode Island

State statutes and regulations

Based on the provided statutes and regulations, there is no explicit definition of "administrative physician" or a specific definition for a physician who is licensed but does not practice clinically. However, the following relevant information is available:

1. The term "physician" is defined as a person with a license to practice allopathic or osteopathic medicine in Rhode Island. Gen.Laws 1956, § 5-37-1, 216-RICR- 40-05-1.2, 216-RICR- 40-10-17.3. There is no distinction made in these definitions between clinical and non-clinical (administrative) practice.

2. The regulations address the concept of an "inactive list" for physicians. A physician whose name is on the inactive list may not practice medicine as defined in the regulations, but the regulations do not specify whether non-clinical or administrative roles are permitted while on inactive status. 216-RICR- 40-05-1.5.

3. The regulations also provide for "academic faculty" and "limited registration" for certain non-traditional roles, but these are not defined as administrative physicians and still require licensure. 216-RICR-40-05-1.5.

4. The term "administrator" is defined in the context of home nursing care and home care providers as an individual who may be a licensed physician, but this is not specific to the concept of an "administrative physician" as a non-clinical, licensed physician. 216-RICR- 40-10-17.3.

In summary, Rhode Island statutes and regulations define "physician" broadly as a person licensed to practice medicine, without distinguishing between clinical and non-clinical (administrative) roles. There is no statutory or regulatory definition of "administrative physician" or a specific category for licensed

physicians who do not practice clinically. Gen.Laws 1956, § 5-37-1, 216-RICR- 40-05-1.2, 216-RICR-40-10-17.3.

Cases

State

Rhode Island statutes and regulations do not provide a specific definition for "administrative physician" or for a physician who is licensed but does not practice clinically. Judicial interpretations confirm this broad statutory approach:

• Courts have recognized that professional licensing statutes, such as those governing physicians, are primarily designed to protect the public from unqualified practitioners, rather than to create property rights or narrowly define the scope of practice for licensees. In Rhode Island Ophthalmological Soc. v. Cannon, the court explained that the primary goal of licensing statutes is "the protection of the public from the unqualified practitioner," and that such statutes "did not vest a property right in the licensee". Rhode Island Ophthalmological Soc. v. Cannon, 113 R.I. 16 (R.I. 1974).

• When statutory definitions are silent or ambiguous, courts look to legislative intent and practical construction rather than strictly adhering to the literal language. For example, in Town of Scituate v. O'Rourke, the court emphasized that "a practical construction of the legislative intent should prevail over the literal sense and precise letter of the act" when interpreting statutory definitions. Town of Scituate v. O'Rourke, 103 R.I. 499 (R.I. 1968).

• The judiciary has also recognized that administrative agencies cannot expand or modify statutory definitions unless the legislature has clearly delegated such authority. In Little v. Conflict of Interest Commission, the court stated that "an agency cannot modify the statutory provisions under which it acquired power, unless such an intent is clearly expressed in the statute". Little v. Conflict of Interest Commission, 121 R.I. 232 (R.I. 1979).

• In the context of other professions, the court has noted the difficulty of providing precise definitions for professional practice and has deferred to the broad regulatory authority of licensing bodies, as seen in Rhode Island Bar Ass'n v. Automobile Service Ass'n, where the court declined to provide a "simple, positive, hard and fast" definition of the practice of law, recognizing the complexity and breadth of professional roles. Rhode Island Bar Ass'n v. Automobile Service Ass'n, 55 R.I. 122 (R.I. 1935).

In summary, Rhode Island courts have not established a judicial definition of "administrative physician" or a distinct category for licensed physicians who do not practice clinically. The statutory definition of "physician" is interpreted broadly, and absent explicit legislative language, courts defer to the general regulatory framework and legislative intent rather than creating new subcategories of licensure or practice. Rhode Island Ophthalmological Soc. v. Cannon, 113 R.I. 16 (R.I. 1974), Town of Scituate v. O'Rourke, 103 R.I. 499 (R.I. 1968), Little v. Conflict of Interest Commission, 121 R.I. 232 (R.I. 1979), Rhode Island Bar Ass'n v. Automobile Service Ass'n, 55 R.I. 122 (R.I. 1935).

South Carolina

State statutes and regulations

Based on the available statutes and regulations:

1. The term "administrative physician" is not specifically defined in the provided statutes or regulations.

2. The statute defines "physician" as a doctor of medicine or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners. Code 1976 § 40-47-20.

3. The statute also defines "inactive license" as the official temporary retirement of a person's authorization to practice upon the person's notice to the board that the person does not wish to practice. Code 1976 § 40-47-20. However, this does not specifically address physicians who are licensed but do not practice clinically, except to indicate that an inactive license is for those who do not wish to practice.

4. The regulation allows the governing body of a facility to establish categories for membership in the medical staff, which must be identified and defined in the medical staff by-laws, rules, or regulations. S.C. Code of Regulations R. 60-16 § 504. This could potentially include categories for physicians who are licensed but do not practice clinically, but no explicit definition or requirement is provided in the regulation itself.

5. The statute defines "active license," "inactive license," "limited license," and "volunteer license," but none of these definitions specifically address a physician who is licensed but does not practice clinically in an administrative capacity. Code 1976 § 40-47-20.

In summary, there is no explicit statutory or regulatory definition of "administrative physician" or a specific definition for a physician who is licensed but does not practice clinically. The closest relevant provisions are the definitions of "physician," "inactive license," and the authority for facilities to define categories of medical staff in their bylaws. Code 1976 § 40-47-20, S.C. Code of Regulations R. 60-16 § 504.

Cases

State

South Carolina case law does not provide a judicial definition of "administrative physician" or specifically address the status of a physician who is licensed but does not practice clinically. However, courts have interpreted related statutory language and the scope of physician licensure in several contexts:

• In Browning v. Hartvigsen, the court referenced statutory language concerning "licensed physician ... acting within the scope of his profession," but did not distinguish between clinical and non-clinical (administrative) roles. The case focused on liability and coverage under the Tort Claims Act for government-employed physicians, without addressing whether administrative or non-clinical roles affect the definition of "physician". Browning v. Hartvigsen, 307 S.C. 122 (S.C. 1992).

• Baird v. Charleston County discussed the practice of medicine in the context of corporate entities and the unlawful practice of medicine, but did not define or distinguish administrative physicians from those engaged in clinical practice. The court recognized that a licensed physician could seek to enjoin the

unlawful practice of medicine, but again, the distinction was not made between clinical and administrative functions. Baird v. Charleston County, 333 S.C. 519 (S.C. 1999).

• Madison ex rel. Bryant v. Babcock Center, Inc. clarified that the standard of care for professionals, including physicians, may be established by statutes, regulations, industry standards, or internal policies, but did not address the definition or status of administrative physicians. The case supports the principle that statutory and regulatory definitions, as well as internal policies, may be relevant in determining the scope of a physician's duties, but does not provide a definition for non-clinical or administrative roles. Madison ex rel. Bryant v. Babcock Center, Inc, 371 S.C. 123 (S.C. 2006).

• No case law was found that directly defines "administrative physician" or specifically addresses a physician who is licensed but does not practice clinically.

In summary, South Carolina courts have not provided a judicial definition of "administrative physician" or specifically interpreted statutes to address the status of licensed physicians who do not engage in clinical practice. The statutory definition of "physician" as a licensed doctor of medicine or osteopathic medicine is generally applied without further distinction between clinical and administrative roles. Browning v. Hartvigsen, 307 S.C. 122 (S.C. 1992), Baird v. Charleston County, 333 S.C. 519 (S.C. 1999), Madison ex rel. Bryant v. Babcock Center, Inc, 371 S.C. 123 (S.C. 2006).

South Dakota

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant judicial interpretation regarding the scope of medical licensure and the practice of medicine:

• Courts have consistently recognized that the primary focus of medical licensing statutes is to regulate those who actively engage in the diagnosis or treatment of human illness. For example, in Nelson v. Palmquist, the court explained that "No person shall in any manner engage in, offer to engage in, or hold himself out as qualified to engage in the diagnosis or treatment of any human ill, unless such person is the holder of a legal and unrevoked license... and is practicing thereunder in the manner and subject to the limitations provided by the laws of the state". Nelson v. Palmquist, 363 N.W.2d 570 (S.D. 1985).

• The definition of "practitioner" in the context of the healing arts has been interpreted to mean a natural person who "engages in, or offers to engage in, or holds himself or herself out as qualified to engage in such an art, and holds a legal and unrevoked license or certificate, issued by the State of South Dakota, under which he or she practices". Sander v. Geib, Elston, Frost Professional Ass'n, 506 N.W.2d 107 (S.D. 1993).

• The courts have also distinguished between holding a license and actually practicing medicine. In Bartron v. Codington County, the court noted that the statutory definition of "practice" involves either "individual professions of qualification to treat, or actual treatment for gain," emphasizing that the act of practicing medicine is distinct from merely holding a license. Bartron v. Codington County, 68 S.D. 309 (S.D. 1942).

• In State v. Doran, the court discussed the statutory requirements for licensure and the distinction between different types of medical practice, such as itinerant physicians, but did not address non-clinical or administrative roles for licensed physicians. State v. Doran, 28 S.D. 486 (S.D. 1912).

• There is no case law in this jurisdiction that specifically defines or addresses the status of a physician who is licensed but does not engage in clinical practice, such as an "administrative physician." The focus remains on whether the individual is actively engaged in the practice of medicine as defined by statute and case law.

In summary, while the courts have interpreted the scope of medical licensure and the meaning of "practitioner," there is no judicial definition or recognition of an "administrative physician" or a specific category for licensed physicians not practicing clinically. The legal framework centers on whether the individual is actively practicing medicine or holding themselves out as qualified to do so. Sander v. Geib, Elston, Frost Professional Ass'n, 506 N.W.2d 107 (S.D. 1993), Bartron v. Codington County, 68 S.D. 309 (S.D. 1942), Nelson v. Palmquist, 363 N.W.2d 570 (S.D. 1985), State v. Doran, 28 S.D. 486 (S.D. 1912).

Tennessee

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

However, the following statutes and regulations contain language relevant to the distinction between clinical and nonclinical or administrative activities by physicians:

1. Tennessee Code Annotated § 63-6-204(a)(1) states that a person is regarded as practicing medicine if they treat, diagnose, operate on, or prescribe for physical ailments, or use clinical judgment to determine clinical appropriateness. Importantly, it clarifies that this does not apply to "a nonclinical ministerial or administrative task related to a determination of clinical appropriateness or to a decision made by a state employee acting in an official capacity during a contested case procedure". T. C. A. § 63-6-204.

2. Tennessee Code Annotated § 63-9-106(a) (regarding osteopathic medicine) similarly states that the practice of osteopathic medicine includes using clinical judgment to determine clinical appropriateness, but this does not apply to "a nonclinical ministerial or administrative task related to a determination of clinical appropriateness or to a decision made by a state employee acting in an official capacity during a contested case procedure". T. C. A. § 63-9-106.

Neither statute provides a definition for "administrative physician" or specifically addresses a physician who is licensed but does not practice clinically. The statutes do, however, distinguish between clinical practice and nonclinical administrative or ministerial tasks.

No other statutes or regulations in the provided materials define "administrative physician" or specifically address the status of a licensed physician who does not practice clinically.

Therefore, while the statutes recognize a distinction between clinical and nonclinical (administrative or ministerial) tasks, there is no statutory or regulatory definition of "administrative physician" or a physician who is licensed but does not practice clinically. T. C. A. § 63-6-204, T. C. A. § 63-9-106.

Cases

State

Although no statutes or regulations specifically define "administrative physician" or a physician who is licensed but does not practice clinically, Tennessee courts have addressed related distinctions and the scope of physician roles in several contexts:

• In Lee Medical, Inc. v. Beecher, the court interpreted statutes governing peer review and emphasized that the relevant statutes apply to licensed physicians and focus on their professional conduct, competence, or ability to practice medicine. The court noted that the statutory framework is "grouped with other statutes that govern only the practice of medicine and surgery," and that peer review proceedings are limited to matters involving a physician's professional conduct, competence, or ability to practice medicine. Lee Medical, Inc. v. Beecher, 312 S.W.3d 515 (Tenn. 2010).

• The court in Trau-Med of America, Inc. v. Allstate Ins. Co. recognized the existence of physician practice management companies that provide administrative services to licensed medical doctors. While the case does not define "administrative physician," it acknowledges that licensed physicians may engage in administrative roles, such as contracting with management companies for administrative support, rather than direct clinical practice (Trau-Med of America, Inc. v. Allstate Ins. Co., 71 S.W.3d 691).

• In Humphrey v. David Witherspoon, Inc., the court discussed the admissibility of medical reports and expert testimony, focusing on whether the individual is licensed and acting within the scope of their expertise and licensure. The court did not distinguish between clinical and nonclinical practice for purposes of licensure, but emphasized that testimony and reports must be within the scope of the professional's licensure (Humphrey v. David Witherspoon, Inc., 734 S.W.2d 315).

In summary, while Tennessee courts have not provided a direct definition of "administrative physician," they have recognized that licensed physicians may perform administrative or nonclinical roles, and that statutory and regulatory frameworks generally distinguish between clinical practice and nonclinical or administrative activities. The courts focus on whether the individual is licensed and whether their activities fall within the scope of their professional licensure and statutory authority. Lee Medical, Inc. v. Beecher, 312 S.W.3d 515 (Tenn. 2010); Trau-Med of America, Inc. v. Allstate Ins. Co., 71 S.W.3d 691; Humphrey v. David Witherspoon, Inc., 734 S.W.2d 315.

Texas

State statutes and regulations

There are no statutes or regulations in the provided materials that specifically define "administrative physician" or that expressly include a definition for a physician who is licensed but does not practice clinically.

The statutes and regulations reviewed do provide definitions for "physician" as a person licensed to practice medicine in Texas V.T.C.A., Occupations Code § 117.001, V.T.C.A., Human Resources Code § 32.201, 26 TAC § 554.101, but none distinguish between clinical and non-clinical (administrative) roles, nor do they define an "administrative physician" or address the status of a licensed physician who does not engage in clinical practice.

Therefore, there are no helpful results in this jurisdiction.

Cases

State

Although there are no statutes or regulations in this jurisdiction that specifically define "administrative physician" or expressly address the status of a licensed physician who does not practice clinically, case law provides insight into how courts interpret the terms "physician" and "practicing medicine":

• Courts consistently interpret "physician" as a person licensed to practice medicine in Texas, without distinguishing between clinical and non-clinical (administrative) roles. For example, in Texas Medical Bd. v. Abbott, the court noted that the statutory definition of "physician" clarifies that physicians are license holders, but does not distinguish between those engaged in clinical practice and those who are not. The court stated, "the definitional language clarifies that physicians are license holders," but did not address or create a separate category for administrative physicians. Texas Medical Bd. v. Abbott, 378 S.W.3d 681 (Tex.App. 2012).

• The definition of "practicing medicine" is broad and includes activities such as diagnosis, treatment, or offering to treat diseases or disorders, but courts have recognized that the statutory language "includes, but is not limited to" certain activities. In Benge v. Williams, the court explained that "practicing medicine" is not limited to direct patient care and may encompass other professional activities performed by licensed physicians, such as training residents, consulting with other physicians, or other tasks that involve the active use of medical knowledge. The court emphasized that "a statutory definition that specifies that it 'includes but is not limited to' certain activities will be read to allow within it other, non-enumerated activities as well". Benge v. Williams, 472 S.W.3d 684 (Tex.App. 2014).

• However, courts have not specifically addressed or defined the term "administrative physician" or provided a judicial definition for a physician who is licensed but does not practice clinically. The case law instead focuses on whether a person is licensed and whether their activities fall within the statutory definition of practicing medicine. Gonzalez v. Texas Medical Board, 716 S.W.3d 664 (Tex.App. 2023),

Sanchez v. Texas State Bd. of Medical Examiners, 229 S.W.3d 498 (Tex.App. 2007), Texas State Board of Examiners of Marriage and Family Therapists v. Texas Medical Association, 458 S.W.3d 552 (Tex.App. 2014).

• In summary, Texas courts interpret "physician" as a licensed individual, and "practicing medicine" as a broad set of activities involving the use of medical knowledge, but do not distinguish or define a separate category for administrative physicians or for licensed physicians not engaged in clinical practice.

. Cases cited: Texas Medical Bd. v. Abbott, 378 S.W.3d 681 (Tex.App. 2012), Benge v. Williams, 472 S.W.3d 684 (Tex.App. 2014), Gonzalez v. Texas Medical Board, 716 S.W.3d 664 (Tex.App. 2023), Sanchez v. Texas State Bd. of Medical Examiners, 229 S.W.3d 498 (Tex.App. 2007), Texas State Board of Examiners of Marriage and Family Therapists v. Texas Medical Association, 458 S.W.3d 552 (Tex.App. 2014)

Utah

State statutes and regulations

There are no statutes or regulations in the provided context that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically.

However, the following regulation describes roles for physicians in administrative or supervisory capacities within public health and home health agency settings:

1. U.A.C. R380-40-5 outlines the qualifications and duties of a "local health officer" who may function as the executive and administrative officer of a local health department. If the local health officer is not a physician, the department must contract with or employ a licensed physician to supervise and oversee clinical services, approve clinical protocols, and review policies and procedures. This regulation also requires that a physician or osteopath licensed in Utah supervise and be accountable for medical practice conducted by local health department employees, or that a medical director be appointed for this purpose if the health officer is not a physician (U.A.C. R380-40-5).

2. U.A.C. R432-700-4 defines several terms related to home health agencies, including "administrator" (the individual responsible for overall agency functions), "licensed health care professional" (which includes physicians), and "primary care provider." However, it does not specifically define "administrative physician" or address physicians who are licensed but do not practice clinically. U.A.C. R432-700-4.

In summary, while these regulations describe administrative and supervisory roles for physicians, they do not provide a specific definition for "administrative physician" or for a physician who is licensed but does not practice clinically. U.A.C. R380-40-5, U.A.C. R432-700-4.

Cases

State

Although the statutes and regulations do not specifically define "administrative physician" or a physician who is licensed but does not practice clinically, judicial decisions provide some relevant interpretation regarding the scope of physician licensure and non-clinical roles:

• In Edwards v. Tillery, the court addressed whether a physician who had left active clinical practice and was engaged in teaching and business representation was still considered qualified under statutory language referencing the "treatment of the disease or condition involved." The court held that the physician remained qualified, emphasizing that the statutory language did not require ongoing clinical treatment of patients. The court stated that the physician was "specializing in the treatment of the disease," regardless of whether he was treating patients on an individual appointment basis, and thus his professionalism and qualifications were not diminished by his non-clinical activities. Edwards v. Tillery, 671 P.2d 195 (Utah 1983).

• In Martinez-Ferrate v. Department of Commerce, Division of Occupational and Professional Licensing, the court discussed the responsibilities of licensed physicians in supervisory and administrative roles. The court noted that a physician's responsibilities may arise from statutory or regulatory requirements, such as ensuring proper training and supervision of staff, and that these duties are not limited to direct clinical practice. The court referenced the incorporation of the AMA's Code of Medical Ethics, which recognizes the ethical propriety of physicians working in consultation or supervisory capacities with allied health professionals, provided appropriate training and licensure are maintained. Martinez-Ferrate v. Department of Commerce, Division of Occupational and Professional Licensing, 379 P.3d 923 (Utah App. 2016).

• In Carbaugh v. Asbestos Corp. Ltd, the court interpreted the statutory definition of the "practice of medicine" to include certain representations and activities, but clarified that not all activities by a licensed physician constitute the practice of medicine as defined by statute. For example, providing expert testimony or conducting pretestimony medical evaluations does not necessarily equate to the clinical practice of medicine, even if performed by a licensed physician. Carbaugh v. Asbestos Corp. Ltd, 167 P.3d 1063 (Utah 2007).

Collectively, these cases indicate that Utah courts recognize the validity of non-clinical roles for licensed physicians, including administrative, supervisory, teaching, and consultative functions. A physician's licensure and professional status are not contingent upon active clinical practice, and courts have not required ongoing patient care for a physician to be considered qualified or to fulfill statutory or regulatory responsibilities. However, there is no judicially established definition of "administrative physician" distinct from the general category of licensed physicians.

Vermont

State statutes and regulations

The statutes provided do not define "administrative physician" or specifically address a physician who is licensed but does not practice clinically. The statute does define related terms:

1. "Practice of medicine" is defined broadly to include various activities such as using the title "Doctor" or "Physician," advertising as authorized to practice medicine, prescribing or administering

drugs, diagnosing or treating conditions, performing surgery, rendering medical opinions, and making determinations affecting diagnosis or treatment. 26 V.S.A. § 1311.

2. "Medical director" is defined as a physician who is Board-certified or Board-eligible and is responsible for overseeing all clinical activities of a health maintenance organization in the state. 26 V.S.A. § 1311.

However, there is no definition provided for "administrative physician" or for a physician who is licensed but does not practice clinically. 26 V.S.A. § 1311.

Cases

State

Although the statutes do not define "administrative physician" or specifically address physicians who are licensed but do not practice clinically, Vermont courts have interpreted the statutory framework for the practice of medicine to focus on activities related to the treatment, cure, or relief of injuries, diseases, and infirmities.

• In State v. Cantrell, the court examined 26 V.S.A. § 1311 and explained that the statute defines a practitioner of medicine as someone who engages in a broad range of activities, primarily those involving the treatment or cure of injuries, diseases, and infirmities. The court noted that the statutory scheme is "primarily directed at protecting the public health and welfare by limiting the practice of medicine to those persons who, having completed a required course of study, have been adjudged competent by their peers and are, accordingly, licensed to practice". State v. Cantrell, 151 Vt. 130 (Vt. 1989).

• The court in Cantrell also recognized that the definition of the practice of medicine is broad and may be "inartfully drafted," but it is not unconstitutionally vague as applied to those engaging in clinical activities. The statute covers a wide variety of conduct related to medical treatment, but does not specifically address non-clinical or purely administrative roles for licensed physicians. State v. Cantrell, 151 Vt. 130 (Vt. 1989).

• There is no case law in Vermont that provides a definition for "administrative physician" or directly addresses the status of a physician who is licensed but does not practice clinically.

In summary, Vermont courts have interpreted the statutory definition of the practice of medicine to encompass clinical activities related to patient care, but there is no judicial or statutory definition for an "administrative physician" or for a licensed physician who does not engage in clinical practice. State v. Cantrell, 151 Vt. 130 (Vt. 1989).

Virgin Islands

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

While no specific statutes or regulations in this jurisdiction define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant context regarding the licensing and categorization of physicians:

• Courts have recognized that the Virgin Islands Board of Medical Examiners is responsible for issuing licenses to physicians, and that such licensure is contingent upon meeting both administrative and clinical requirements. However, the cases do not distinguish between physicians who practice clinically and those who may serve in administrative roles without direct patient care. The focus is on whether the individual is qualified and meets the statutory requirements for licensure. Garcia v. Government of Virgin Islands, 1989 WL 1739515 (Terr.V.I. 1989).

• The statutory definition of "health care provider," as interpreted by courts, includes any person or entity licensed to provide health care or professional medical services, specifically listing medical, osteopathic, chiropractic, or naturopathic physicians, among others. The cases applying this definition do not differentiate between clinical and non-clinical (administrative) roles for licensed physicians; the key factor is the requirement of licensure to provide health care or professional medical services. Christopher v. Gov. Juan F. Luis Hospital & Medical Center, 2016 WL 6069496 (V.I.Super. 2016), Ference v. V.I. Family Sports & Fitness Center, Inc, 2004 WL 626280 (Terr.V.I. 2004), Thomas v. Blackwood, 2017 WL 1232830 (V.I.Super. 2017), Brady v. Cintron, 2011 WL 4543906 (V.I. 2011), Liverpool v. Sea View Nursing Home, 2024 WL 4591041 (V.I.Super. 2024).

• In the context of professional review actions and privileges, courts have referenced federal law (the Health Care Quality Improvement Act) and noted that such actions pertain to the competence or professional conduct of individual physicians, particularly regarding clinical privileges. However, there is no judicial discussion of a separate category for administrative physicians who do not practice clinically. Advanced Surgical Partners v. Cintron, 2017 WL 1397691 (V.I.Super. 2017).

• The cases reviewed do not provide a judicially recognized definition of "administrative physician" or address the status of a physician who is licensed but does not engage in clinical practice. The legal focus remains on licensure and the statutory requirements for practice, rather than the specific functions or roles (clinical vs. administrative) performed by the physician.

In summary, courts in this jurisdiction have not defined "administrative physician" nor have they addressed the distinction between clinically practicing and non-practicing (administrative) licensed physicians. The case law centers on licensure and statutory qualifications, without further categorization based on the nature of the physician's duties.

Virginia

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

While no statutes or regulations in this jurisdiction specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant judicial interpretation regarding the distinction between clinical and non-clinical practice for physicians:

1. Courts have recognized that the essential element of "clinical practice" is the treatment of patients. In Carper v. Minichan, the court noted that "the essential element of a 'clinical practice' was the treatment of patients," and referenced the definition of "clinical medicine" as "the study of disease and evaluation of the medical situation at the bedside of a patient." The court further explained that a professional who does not see or treat patients does not have the clinical experience required by Virginia law. Carper v. Minichan, 44 Va. Cir. 484 (Va.Cir.Ct. 1998).

2. In Jackson v. Qureshi, the Supreme Court of Virginia clarified that to be considered as having an "active clinical practice," a physician must provide direct patient care. The court distinguished between physicians who engage in direct patient care and those whose involvement is so minimal or non-existent (such as teaching or consulting without patient contact) that they do not meet the "active clinical practice" requirement. The court held that a teaching and consulting physician who did not provide any direct patient care did not satisfy the "active clinical practice" requirement. Jackson v. Qureshi, 277 Va. 114 (Va. 2009).

3. Similarly, in Hinkley v. Koehler (as cited in Jackson v. Qureshi), the court found that a physician engaged solely in teaching and consulting, without direct patient care, did not meet the statutory requirement for "active clinical practice."

4. The court in Family Redirection Institute, Inc. v. Commonwealth Dept. of Medical Assistance Services, while addressing a different context, also distinguished "clinical experience" as involving "practical experience in providing direct services to individuals," reinforcing the judicial understanding that clinical practice requires direct patient interaction. Family Redirection Institute, Inc. v. Commonwealth Dept. of Medical Assistance Services, 61 Va.App. 765 (Va.App. 2013).

In summary, Virginia courts have interpreted "clinical practice" to require direct patient care, and have distinguished this from non-clinical roles such as administration, teaching, or consulting without patient contact. However, there is no case law or statutory definition specifically addressing or defining an "administrative physician" or a physician who is licensed but does not practice clinically. The absence of direct patient care generally means the physician is not engaged in clinical practice under Virginia law. Carper v. Minichan, 44 Va. Cir. 484 (Va.Cir.Ct. 1998), Jackson v. Qureshi, 277 Va. 114 (Va. 2009), Family Redirection Institute, Inc. v. Commonwealth Dept. of Medical Assistance Services, 61 Va.App. 765 (Va.App. 2013).

Washington

State statutes and regulations

Sorry, there are no helpful results in this jurisdiction and we could not generate a substantive answer.

Cases

State

Although there are no statutes or regulations in this jurisdiction that specifically define "administrative physician" or provide a definition for a physician who is licensed but does not practice clinically, case law offers some relevant context regarding the licensing and practice status of physicians:

• Courts have consistently interpreted the term "licensed physician" to mean an individual who has met the qualifications set by Washington law and has received a license from the state, regardless of whether the physician is actively engaged in clinical practice. For example, in State v. Tracy, the court explained that "the term 'licensed' is not synonymous with 'permitted' or 'allowed.' Rather, physicians 'licensed' under chapter 18.71 RCW met the qualifications of our regulatory guidelines and received a license from the State of Washington". State v. Tracy, 128 Wash.App. 388 (Wash.App. Div. 2 2005).

• The Supreme Court further clarified that Washington's statutory scheme "licenses physicians to practice medicine in Washington," and that the definition of a qualifying physician under the law is one who is licensed under Washington law, not necessarily one who is actively practicing clinically. State v. Tracy, 158 Wash.2d 683 (Wash. 2006).

• Case law also distinguishes between the scope of practice and the status of licensure. In State v. Maxfield, the court noted that "only physicians and surgeons, commonly called 'doctors of medicine', have unlimited licenses to practice medicine and surgery," while other licenses for the healing arts are limited in scope. State v. Maxfield, 46 Wash.2d 822 (WASH. 1955).

• There is no judicial definition of "administrative physician" or explicit reference to physicians who are licensed but do not practice clinically. However, the cases indicate that licensure is a status conferred by meeting statutory requirements, not by the nature of the physician's current activities. State v. Tracy, 128 Wash.App. 388 (Wash.App. Div. 2 2005), State v. Tracy, 158 Wash.2d 683 (Wash. 2006).

In summary, while case law does not define "administrative physician," it establishes that a physician's licensure status is independent of whether the physician is engaged in clinical practice. The courts focus on whether the individual holds a valid license under Washington law, not on the specific functions or roles the physician performs.

West Virginia

State statutes and regulations

The following statutes and regulations define or address the concept of an "administrative physician" or a physician who is licensed but does not practice clinically in West Virginia:

1. "Administrative medicine" is defined as administration or management related to the practice of medicine or the delivery of health care services using the medical knowledge, skill, and judgment of a

licensed physician that may affect the health of the public or medical research, but specifically excludes the authority to practice clinical medicine, examine, care for, or treat patients, prescribe medications, or direct or delegate medical acts or prescriptive authority to others. W. Va. Code, § 30-3-4, W. Va. Code St. R. § 11-1A-2.

2. An "administrative medicine license" is a medical license restricted to the practice of administrative medicine. A physician with this license may manage the integration of clinical medicine, strategy, operations, and other business activities related to health care delivery, advise organizations on health care matters, authorize or deny financial payments for care, organize and direct research programs, review care for quality, and perform other similar duties that do not require or involve direct patient care. W. Va. Code, § 30-3-4, W. Va. Code St. R. § 11-1A-2.

3. A physician holding an administrative medicine license is prohibited from practicing clinical medicine and surgery, prescribing, administering, or dispensing any medication, delegating medical acts or prescriptive authority, or supervising the practice of clinical providers. W. Va. Code St. R. § 11-1A-5.

4. The process for obtaining an administrative medicine license does not require demonstration of active clinical practice in the two years preceding application, but does require evidence of competency to practice administrative medicine and a notarized declaration that the applicant will not practice clinical medicine and surgery while holding the administrative medicine license. W. Va. Code St. R. § 11-1A-5.

5. A physician with an unrestricted medical license may petition for conversion to an administrative medicine license if they choose to self-limit their practice to administrative medicine or if their license is restricted to administrative medicine due to voluntary self-limitation or absence from recent clinical practice. W. Va. Code St. R. § 11-1A-5.

6. The statutes and regulations also define "clinical medicine" as including direct involvement in patient evaluation, diagnosis, and treatment; prescribing, administering, or dispensing medication; delegating medical acts or prescriptive authority; and supervision of those practicing clinical medicine. W. Va. Code, § 30-3-4, W. Va. Code St. R. § 11-1A-2.

In summary, West Virginia law provides for an "administrative medicine license" for physicians who are licensed but do not practice clinically, and sets forth the scope, limitations, and requirements for such licensure. W. Va. Code, § 30-3-4, W. Va. Code St. R. § 11-1A-2, W. Va. Code St. R. § 11-1A-5.

Cases

State

West Virginia courts have addressed the interpretation and application of statutes and regulations defining the scope and authority of administrative agencies, including those regulating the practice of medicine and licensure distinctions such as "administrative physician" or physicians who are licensed but do not practice clinically. The following judicial principles are relevant:

• Courts recognize that administrative agencies, such as the Board of Medicine, are creatures of statute and may only exercise the authority expressly granted by the Legislature. Any powers or definitions,

including those relating to licensure categories like administrative medicine, must be grounded in statutory language. State ex rel. Hoover v. Berger, 199 W.Va. 12 (W.Va. 1996).

• When interpreting statutes or administrative rules, courts apply a de novo standard of review to questions of law and statutory construction. If a statute or regulation is ambiguous, courts seek to ascertain and give effect to legislative intent, ensuring that agency rules do not enlarge, amend, or repeal substantive rights created by statute. Davies v. West Virginia Office of Ins. Com'r, 227 W.Va. 330 (W.Va. 2011).

• The Legislature is presumed to be aware of existing law and judicial interpretations when enacting new statutes or regulations. Thus, when the Legislature adopts or amends statutes defining terms such as "administrative medicine" or "clinical medicine," courts presume an intent to incorporate prior judicial interpretations unless a contrary intent is clearly expressed. Duff v. Kanawha County Commission, 250 W.Va. 510 (W.Va. 2024).

• Agencies must act consistently with their own regulations and statutory mandates. If an agency, such as the Board of Medicine, adopts policies or definitions (e.g., for administrative medicine licensure) that depart from established precedent, it must provide a reasonable explanation for the change. Courts will not permit agencies to act arbitrarily or inconsistently in applying statutory definitions or regulatory requirements. State ex rel. Hoover v. Berger, 199 W.Va. 12 (W.Va. 1996).

• In the context of professional licensure, courts have emphasized that the requirements for a particular license or classification (such as administrative medicine) must be determined by the statutory scheme, and the inquiry focuses on the requirements for the position or license, not merely the qualifications of the individual applicant. Martin v. Randolph County Bd. of Educ, 195 W.Va. 297 (W.Va. 1995).

In summary, West Virginia courts interpret and enforce statutory and regulatory definitions of "administrative physician" or similar licensure categories by strictly adhering to legislative intent, requiring agencies to act within the scope of their statutory authority, and ensuring that any agency rules or definitions are reasonable, consistent, and not arbitrary. State ex rel. Hoover v. Berger, 199 W.Va. 12 (W.Va. 1996), Davies v. West Virginia Office of Ins. Com'r, 227 W.Va. 330 (W.Va. 2011), Duff v. Kanawha County Commission, 250 W.Va. 510 (W.Va. 2024), Martin v. Randolph County Bd. of Educ, 195 W.Va. 297 (W.Va. 1995).

Wisconsin

State statutes and regulations

The following regulation defines and addresses the concept of an "administrative physician" and provides information relevant to a physician who is licensed but does not practice clinically:

1. An "administrative physician license" may be issued to an applicant whose primary responsibilities are administrative or academic in nature, such as professional managerial, administrative, or supervisory activities. The holder of an administrative physician license may not examine, care for, or treat patients, and does not have authority to prescribe drugs or controlled substances, delegate medical acts, issue opinions regarding medical necessity, or conduct clinical trials on humans. Wis. Adm. Code § Med 23.04.

This regulation establishes that an administrative physician is a licensed physician whose work is limited to non-clinical roles and who is expressly prohibited from engaging in clinical practice or related activities.

No other statutes or regulations in the provided materials specifically define a physician who is licensed but does not practice clinically, nor do they provide an alternative definition for "administrative physician."

Citation: Wis. Adm. Code § Med 23.04

Cases

State

Wisconsin courts have interpreted statutes governing physician licensure and the scope of medical practice in a manner consistent with the regulatory definition of an administrative physician as a licensed individual whose activities are limited to non-clinical roles.

• In Gilbert v. State, Medical Examining Bd, the court emphasized that the purpose of physician licensing statutes is to protect the public by ensuring that only competent individuals are authorized to practice medicine. The court noted that the Medical Examining Board is empowered to grant licenses for specific classes and to set qualifications for each class of license, stating: "Meet the specific requirements as set out in this section for that class of license or certificate for which applying." The court further explained that the Board's authority includes defining and enforcing professional conduct and that licensure is a privilege, not a right, grounded in the state's police power to protect public welfare. Gilbert v. State, Medical Examining Bd, 119 Wis.2d 168 (Wis. 1984).

• In Phelps v. Physicians Ins. Co. of Wisconsin, Inc, the court clarified that a "physician" is defined as a person holding a license granted by the medical examining board. The court distinguished between licensed physicians and those who may have medical degrees but are not licensed, underscoring that only those with the appropriate license are recognized as physicians under the law. Phelps v. Physicians Ins. Co. of Wisconsin, Inc, 273 Wis.2d 667 (Wis.App. 2004).

• Department of Regulation & Licensing v. State Medical Examining Bd further supports the principle that the Medical Examining Board's interpretation of licensure requirements and the scope of practice is entitled to great weight due to its technical expertise and specialized knowledge. Department of Regulation & Licensing v. State Medical Examining Bd, 215 Wis.2d 188 (Wis.App. 1997).

• State Medical Soc. v. Manson addressed the definition of "physician" and concluded that the term refers to individuals holding an unlimited license to practice medicine and surgery, to the exclusion of other health practitioners. The court relied on statutory language and the ordinary meaning of the term, reinforcing that only those with the appropriate license are considered physicians for regulatory purposes. State Medical Soc. v. Manson, 24 Wis.2d 402 (Wis. 1964).

Collectively, these cases confirm that Wisconsin law recognizes distinctions among classes of physician licenses and that the Medical Examining Board has authority to issue licenses for non-clinical roles, such as administrative physicians, who are expressly prohibited from engaging in clinical practice. The courts defer to the Board's expertise in defining the qualifications and permissible activities for each class of license, consistent with the regulatory framework outlined in Wis. Adm. Code § Med 23.04. Gilbert v.

State, Medical Examining Bd, 119 Wis.2d 168 (Wis. 1984), Phelps v. Physicians Ins. Co. of Wisconsin, Inc, 273 Wis.2d 667 (Wis.App. 2004), Department of Regulation & Licensing v. State Medical Examining Bd, 215 Wis.2d 188 (Wis.App. 1997), State Medical Soc. v. Manson, 24 Wis.2d 402 (Wis. 1964).

Wyoming

State statutes and regulations

Wyoming statutes and regulations do not provide a specific definition for "administrative physician," but the regulations do address the concept of an "administrative medicine license" and other license types for physicians who are licensed but do not practice clinically:

1. Administrative Medicine License:

• The board may issue an administrative medicine license to a physician who meets all qualifications for licensure in Wyoming but does not intend to provide medical or clinical services to or for patients while holding the administrative medicine license. This license is subject to annual renewal. WY Rules and Regulations 052.0001.1 § 5.

• The regulation does not use the term "administrative physician" but refers to the "administrative medicine license" as the relevant status for a physician who is licensed but does not practice clinically.

2. Inactive License:

• An inactive license is available for physicians currently licensed in Wyoming who do not intend to practice medicine, write prescriptions, or engage in clinical activity. The holder of an inactive license may not practice medicine or prescribe medications. WY Rules and Regulations 052.0001.1 § 5.

• Effective July 1, 2024, the board will no longer issue inactive licenses, but existing inactive licenses may continue to be renewed.

3. Emeritus License:

• An emeritus license is available for retired physicians who wish to provide clinical care in Wyoming without remuneration or for nominal remuneration in a non-profit facility. These physicians are not engaged in active clinical practice but may provide limited clinical care under specific conditions. WY Rules and Regulations 052.0001.1 § 5.

4. Conversion of License Status:

• A licensee holding an administrative, emeritus, or inactive license may apply to convert it to active, full, unrestricted status by meeting certain requirements, including continuing medical education. WY Rules and Regulations 052.0001.1 § 11.

5. Definition of "Active Practice of Medicine":

• "Active practice of medicine" is defined as the practice of medicine and provision of clinical or population-based care for an average of not less than twenty (20) hours per week in any consecutive twelve (12) month period. WY Rules and Regulations 052.0001.1 § 3.

• This definition helps distinguish between those who are actively practicing clinically and those who are not.

In summary, while there is no statutory or regulatory definition of "administrative physician," Wyoming regulations recognize an "administrative medicine license" for physicians who are licensed but do not provide medical or clinical services to patients. WY Rules and Regulations 052.0001.1 § 5, WY Rules and Regulations 052.0001.1 § 11, WY Rules and Regulations 052.0001.1 § 3.

Cases

State

Wyoming courts have interpreted the statutory and regulatory framework governing physician licensure and practice to clarify the distinction between holding a medical license and engaging in clinical practice:

• In Guier v. Teton County Hosp. Dist, the court emphasized that a medical license confers a general right to practice medicine within the state, while hospital privileges are distinct and pertain to the use of specific hospital facilities. The court noted, "A medical license... confers a general right to practice medicine within the boundaries of a particular jurisdiction," and distinguished this from staff privileges, which are "in the nature of a license" but not equivalent to a medical license. The court also referenced the Medical Practice Act, which defines a "license" as "a license to practice medicine in this state issued by the board" and recognizes that licensing and privileging decisions are made by different administrative bodies. Guier v. Teton County Hosp. Dist, 248 P.3d 623 (Wyo. 2011).

• The court in Paravecchio v. Memorial Hosp. of Laramie County reinforced that the right to practice medicine is a conditional property right, subject to the police power of the state. The state may impose requirements and limitations on who may practice medicine, and only those properly licensed as physicians under the Medical Practice Act may engage in the full scope of medical practice. The court stated, "The state has an obvious legitimate interest in insuring that persons practicing general medicine be licensed in the interest of the health, safety and welfare of its citizens". Paravecchio v. Memorial Hosp. of Laramie County, 742 P.2d 1276 (Wyo. 1987).

• In Kirbens v. Wyoming State Bd. of Medicine, the court discussed the statutory definition of an "impaired" physician as one who cannot practice medicine with reasonable skill and safety due to illness or disability. The case illustrates that the status of a physician's license (active, impaired, voluntarily relinquished, etc.) is governed by the Medical Practice Act and related regulations, and that the Board of Medicine is responsible for overseeing these distinctions. Kirbens v. Wyoming State Bd. of Medicine, 992 P.2d 1056 (Wyo. 1999).

• Taylor v. Wyoming Bd. of Medicine further clarifies that no person may practice medicine in Wyoming without a license from the Board of Medicine, and that the Board has authority to set requirements for licensure and reinstatement, including assessing an applicant's intentions for clinical practice. Taylor v. Wyoming Bd. of Medicine, 930 P.2d 973 (Wyo. 1997).

Collectively, these cases confirm that Wyoming law distinguishes between holding a medical license and engaging in clinical practice. The courts recognize that a physician may hold a license without actively practicing clinically, and that the Board of Medicine has authority to issue, restrict, or renew licenses according to statutory and regulatory criteria. The concept of an "administrative medicine license" for physicians who do not provide clinical care aligns with this judicial interpretation, even though the term "administrative physician" is not specifically defined in case law.

. Guier v. Teton County Hosp. Dist, 248 P.3d 623 (Wyo. 2011), Paravecchio v. Memorial Hosp. of Laramie County, 742 P.2d 1276 (Wyo. 1987), Kirbens v. Wyoming State Bd. of Medicine, 992 P.2d 1056 (Wyo. 1999), Taylor v. Wyoming Bd. of Medicine, 930 P.2d 973 (Wyo. 1997)

Generated by AI and may contain mistakes. Not legal advice. A qualified professional must verify accuracy and legal compliance.