1	ENGROSSED
2	Senate Bill No. 10
3	(By Senators Jenkins and Plymale)
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5	[Introduced February 13, 2013; referred to the Committee on
6	Government Organization; and then to the Committee on the
7	Judiciary.]
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12	A BILL to amend and reenact $\$30-3-14$ of the Code of West Virginia,
13	1931, as amended; to amend and reenact §30-4-21 of said code;
14	and to amend and reenact $\$30-14-12a$ of said code, all relating
15	to the Board of Medicine, Board of Dental Examiners and the
16	Board of Osteopathy; permitting the boards to independently
17	initiate disciplinary proceedings in certain circumstances;
18	permitting the Board of Medicine to approve certain decisions,
19	rather than deciding them directly as a whole; and increasing
20	the number of days within which the Board of Medicine can make
21	certain decisions.
22	Be it enacted by the Legislature of West Virginia:

23 That §30-3-14 of the Code of West Virginia, 1931, as amended,

1 be amended and reenacted; that \$30-4-21 of said code be amended and 2 reenacted; and that \$30-14-12a of said code be amended and 3 reenacted, all to read as follows:

4 ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.

5 §30-3-14. Professional discipline of physicians and podiatrists; 6 reporting of information to board pertaining to 7 medical professional liability and professional incompetence required; penalties; grounds for license 8 9 denial and discipline of physicians and podiatrists; investigations; physical and mental examinations; 10 11 hearings; sanctions; summary sanctions; reporting by 12 reapplication; civil the board; and criminal 13 immunity; voluntary limitation of license; probable cause determinations. 14

(a) The board may independently initiate disciplinary for proceedings as well as initiate disciplinary proceedings based on information received from medical peer review committees, physicians, podiatrists, hospital administrators, professional societies and others.

20 The board may initiate investigations as to professional 21 incompetence or other reasons for which a licensed physician or 22 podiatrist may be adjudged unqualified based upon criminal

1 convictions; complaints by citizens, pharmacists, physicians, 2 podiatrists, peer review committees, hospital administrators, 3 professional societies or others; or unfavorable outcomes arising 4 out of medical professional liability. The board shall initiate an 5 investigation if it receives notice that three or more judgments or 6 any combination of judgments and settlements resulting in five or 7 more unfavorable outcomes arising from medical professional 8 liability have been rendered or made against the physician or 9 podiatrist within a five-year period. The board may not consider 10 any judgments or settlements as conclusive evidence of professional 11 incompetence or conclusive lack of qualification to practice.

(b) Upon request of the board, any medical peer review committee in this state shall report any information that may relate to the practice or performance of any physician or podiatrist known to that medical peer review committee. Copies of the requests for information from a medical peer review committee may be provided to the subject physician or podiatrist if, in the discretion of the board, the provision of such copies will not jeopardize the board's investigation. In the event that copies are provided, the subject physician or podiatrist is allowed fifteen days to comment on the requested information and such the comments ze must be considered by the board.

23 The chief executive officer of every hospital shall, within

1 sixty days after the completion of the hospital's formal 2 disciplinary procedure and also within sixty days after the 3 commencement of and again after the conclusion of any resulting 4 legal action, report in writing to the board the name of any member 5 of the medical staff or any other physician or podiatrist 6 practicing in the hospital whose hospital privileges have been 7 revoked, restricted, reduced or terminated for any cause, including 8 resignation, together with all pertinent information relating to 9 such action. The chief executive officer shall also report any 10 other formal disciplinary action taken against any physician or 11 podiatrist by the hospital upon the recommendation of its medical 12 staff relating to professional ethics, medical incompetence, 13 medical professional liability, moral turpitude or drug or alcohol 14 abuse. Temporary suspension for failure to maintain records on a 15 timely basis or failure to attend staff or section meetings need 16 not be reported. Voluntary cessation of hospital privileges for 17 reasons unrelated to professional competence or ethics need not be 18 reported.

19 Any <u>A</u> managed care organization operating in this state which 20 provides a formal peer review process shall report in writing to 21 the board, within sixty days after the completion of any formal 22 peer review process and also within sixty days after the 23 commencement of and again after the conclusion of any resulting

1 legal action, the name of any physician or podiatrist whose 2 credentialing has been revoked or not renewed by the managed care 3 organization. The managed care organization shall also report in 4 writing to the board any other disciplinary action taken against a 5 physician podiatrist relating professional ethics. or to 6 professional liability, moral turpitude or drug or alcohol abuse 7 within sixty days after completion of a formal peer review process 8 which results in the action taken by the managed care organization. 9 For purposes of this subsection, "managed care organization" means 10 a plan that establishes, operates or maintains a network of health 11 care providers who have entered into agreements with and been 12 credentialed by the plan to provide health care services to 13 enrollees or insureds to whom the plan has the ultimate obligation 14 to arrange for the provision of or payment for health care services 15 through organizational arrangements for ongoing quality assurance, 16 utilization review programs or dispute resolutions.

Any professional society in this state comprised primarily of physicians or podiatrists which takes formal disciplinary action against a member relating to professional ethics, professional incompetence, medical professional liability, moral turpitude or drug or alcohol abuse shall report in writing to the board within sixty days of a final decision the name of the member, together with all pertinent information relating to the action.

Every person, partnership, corporation, association, insurance company, professional society or other organization providing professional liability insurance to a physician or podiatrist in this state, including the State Board of Risk and Insurance Management, shall submit to the board the following information within thirty days from any <u>a</u> judgment or settlement of a civil or medical professional liability action excepting product liability actions: The name of the insured; the date of any judgment or settlement; whether any <u>an</u> appeal has been taken on the judgment and, if so, by which party; the amount of <del>any</del> settlement or judgment against the insured; and other information required by the board.

13 Within thirty days from the entry of an order by a court in a 14 medical professional liability action or other civil action in 15 which a physician or podiatrist licensed by the board is determined 16 to have rendered health care services below the applicable standard 17 of care, the clerk of the court in which the order was entered 18 shall forward a certified copy of the order to the board.

Within thirty days after a person known to be a physician or podiatrist licensed or otherwise lawfully practicing medicine and surgery or podiatry in this state or applying to be licensed is convicted of a felony under the laws of this state or of any <u>a</u> crime under the laws of this state involving alcohol or drugs in

1 any way, including <del>any</del> <u>a</u> controlled substance under state or 2 federal law, the clerk of the court of record in which the 3 conviction was entered shall forward to the board a certified true 4 and correct abstract of record of the convicting court. The 5 abstract shall include the name and address of the physician or 6 podiatrist or applicant, the nature of the offense committed and 7 the final judgment and sentence of the court.

8 Upon a determination of the board that there is probable cause 9 to believe that any person, partnership, corporation, association, 10 insurance company, professional society or other organization has 11 failed or refused to make a report required by this subsection, the 12 board shall provide written notice to the alleged violator stating 13 the nature of the alleged violation and the time and place at which 14 the alleged violator shall appear to show good cause why a civil 15 penalty should not be imposed. The hearing shall be conducted in 16 accordance with the provisions of article five, chapter 17 twenty-nine-a of this code. After reviewing the record of the 18 hearing, if the board determines that a violation of this 19 subsection has occurred, the board shall assess a civil penalty of 20 not less than \$1,000 nor more than \$10,000 against the violator. 21 The board shall notify any the person so assessed of the assessment 22 in writing and the notice shall specify the reasons for the 23 assessment. If the violator fails to pay the amount of the

1 assessment to the board within thirty days, the Attorney General 2 may institute a civil action in the circuit court of Kanawha County 3 to recover the amount of the assessment. In any <u>a</u> civil action, 4 the court's review of the board's action shall be conducted in 5 accordance with the provisions of section four, article five, 6 chapter twenty-nine-a of this code. Notwithstanding any other 7 provision of this article to the contrary, when there are 8 conflicting views by recognized experts as to whether <del>any</del> alleged 9 conduct breaches an applicable standard of care, the evidence must 10 be clear and convincing before the board may find that the 11 physician or podiatrist has demonstrated a lack of professional 12 competence to practice with a reasonable degree of skill and safety 13 for patients.

Any person may report to the board relevant facts about the 15 conduct of any physician or podiatrist in this state which in the 16 opinion of that person amounts to medical professional liability or 17 professional incompetence.

18 The board shall provide forms for filing reports pursuant to 19 this section. Reports submitted in other forms shall be accepted 20 by the board.

The filing of a report with the board pursuant to  $\frac{any}{a}$ 22 provision of this article,  $\frac{any}{an}$  investigation by the board or  $\frac{any}{an}$ 23 <u>a</u> disposition of a case by the board does not preclude  $\frac{any}{an}$ 

1 action by a hospital, other health care facility or professional 2 society comprised primarily of physicians or podiatrists to 3 suspend, restrict or revoke the privileges or membership of the 4 physician or podiatrist. Notwithstanding any provision of this 5 code to the contrary, the board may independently initiate 6 disciplinary proceedings based on a report or information from an 7 agent or investigator of the Board of Pharmacy related to data from 8 the Controlled Substances Monitoring Program.

9 (c) The board may deny an application for license or other 10 authorization to practice medicine and surgery or podiatry in this 11 state and may discipline a physician or podiatrist licensed or 12 otherwise lawfully practicing in this state who, after a hearing, 13 has been adjudged by the board as unqualified due to any of the 14 following reasons:

(1) Attempting to obtain, obtaining, renewing or attempting to renew a license to practice medicine and surgery or podiatry by bribery, fraudulent misrepresentation or through known error of the board;

19 (2) Being found guilty of a crime in any jurisdiction which 20 offense is a felony, involves moral turpitude or directly relates 21 to the practice of medicine. Any <u>A</u> plea of nolo contendere is a 22 conviction for the purposes of this subdivision;

23 (3) False or deceptive advertising;

1 (4) Aiding, assisting, procuring or advising <u>any an</u> 2 unauthorized person to practice medicine and surgery or podiatry 3 contrary to law;

4 (5) Making or filing a report that the person knows to be 5 false; intentionally or negligently failing to file a report or 6 record required by state or federal law; willfully impeding or 7 obstructing the filing of a report or record required by state or 8 federal law; or inducing another person to do any of the foregoing. 9 The reports and records covered in this subdivision mean only those 10 that are signed in the capacity as a licensed physician or 11 podiatrist;

12 (6) Requesting, receiving or paying directly or indirectly a 13 payment, rebate, refund, commission, credit or other form of profit 14 or valuable consideration for the referral of patients to any <u>a</u> 15 person or entity in connection with providing medical or other 16 health care services or clinical laboratory services, supplies of 17 any kind, drugs, medication or <del>any</del> other medical goods, services or 18 devices used in connection with medical or other health care 19 services;

(7) Unprofessional conduct by any <u>a</u> physician or podiatrist in 21 referring a patient to any <u>a</u> clinical laboratory or pharmacy in 22 which the physician or podiatrist has a proprietary interest unless 23 the physician or podiatrist discloses in writing such the interest

1 to the patient. The written disclosure shall indicate that the 2 patient may choose any clinical laboratory for purposes of having 3 <del>any</del> laboratory work or assignment performed or any pharmacy for 4 purposes of purchasing <del>any</del> <u>a</u> prescribed drug or <del>any</del> other medical 5 goods or devices used in connection with medical or other health 6 care services;

As used in this subdivision, "proprietary interest" does not 8 include an ownership interest in a building in which space is 9 leased to a clinical laboratory or pharmacy at the prevailing rate 10 under a lease arrangement that is not conditional upon the income 11 or gross receipts of the clinical laboratory or pharmacy;

12 (8) Exercising influence within a patient-physician 13 relationship for the purpose of engaging a patient in sexual 14 activity;

(9) Making a deceptive, untrue or fraudulent representation in16 the practice of medicine and surgery or podiatry;

17 (10) Soliciting patients, either personally or by an agent,18 through the use of fraud, intimidation or undue influence;

(11) Failing to keep written records justifying the course of treatment of a patient including, but not limited to, patient histories, examination and test results and treatment rendered, if any;

23 (12) Exercising influence on a patient in such a way as to

1 exploit the patient for financial gain of the physician or 2 podiatrist or of a third party. Any influence includes, but is not 3 limited to, the promotion or sale of services, goods, appliances or 4 drugs;

5 (13) Prescribing, dispensing, administering, mixing or 6 otherwise preparing a prescription drug, including any <u>a</u> controlled 7 substance under state or federal law, other than in good faith and 8 in a therapeutic manner in accordance with accepted medical 9 standards and in the course of the physician's or podiatrist's 10 professional practice. *Provided*, That A physician who discharges 11 his or her professional obligation to relieve the pain and 2 suffering and promote the dignity and autonomy of dying patients in 13 his or her care and, in so doing, exceeds the average dosage of a 14 pain relieving controlled substance, as defined in Schedules II and 15 III of the Uniform Controlled Substance Act, does not violate this 16 article;

17 (14) Performing any <u>a</u> procedure or prescribing any <u>a</u> therapy 18 that, by the accepted standards of medical practice in the 19 community, would constitute experimentation on human subjects 20 without first obtaining full, informed and written consent;

(15) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities that the person knows or has reason to know he or

1 she is not competent to perform;

2 (16) Delegating professional responsibilities to a person when 3 the physician or podiatrist delegating the responsibilities knows 4 or has reason to know that the person is not qualified by training, 5 experience or licensure to perform them;

6 (17) Violating <u>any a</u> provision of this article or a rule or 7 order of the board or failing to comply with a subpoena or subpoena 8 duces tecum issued by the board;

9 (18) Conspiring with any other person to commit an act or 10 committing an act that would tend to coerce, intimidate or preclude 11 another physician or podiatrist from lawfully advertising his or 12 her services;

13 (19) Gross negligence in the use and control of prescription 14 forms;

15 (20) Professional incompetence; or

16 (21) The inability to practice medicine and surgery or 17 podiatry with reasonable skill and safety due to physical or mental 18 impairment, including deterioration through the aging process, loss 19 of motor skill or abuse of drugs or alcohol. A physician or 20 podiatrist adversely affected under this subdivision shall be 21 afforded an opportunity at reasonable intervals to demonstrate that 22 he or she may resume the competent practice of medicine and surgery 23 or podiatry with reasonable skill and safety to patients. In any

1 proceeding under this subdivision, neither the record of 2 proceedings nor any orders entered by the board shall be used 3 against the physician or podiatrist in any other proceeding.

(d) The board shall deny any an application for a license or 4 5 other authorization to practice medicine and surgery or podiatry in 6 this state to any applicant who, and shall revoke the license of 7 any a physician or podiatrist licensed or otherwise lawfully 8 practicing within this state who is found guilty by any a court of 9 competent jurisdiction of any a felony involving prescribing, 10 selling, administering, dispensing, mixing or otherwise preparing 11 any a prescription drug, including any a controlled substance under 12 state or federal law, for other than generally accepted therapeutic 13 purposes. Presentation to the board of a certified copy of the 14 guilty verdict or plea rendered in the court is sufficient proof 15 thereof for the purposes of this article. A plea of nolo 16 contendere has the same effect as a verdict or plea of quilt. Upon 17 application of a physician that has had his or her license revoked 18 because of a drug related felony conviction, upon completion of any 19 sentence of confinement, parole, probation or other court-ordered 20 supervision and full satisfaction of any fines, judgments or other 21 fees imposed by the sentencing court, the board may issue the 22 applicant a new license upon a finding that the physician is, 23 except for the underlying conviction, otherwise qualified to

1 practice medicine. *Provided*, That The board may place whatever 2 terms, conditions or limitations it deems appropriate upon a 3 physician licensed pursuant to this subsection.

(e) The board may refer any cases coming to its attention to 4 appropriate professional 5 an appropriate committee of an 6 organization for investigation and report. Except for complaints 7 related to obtaining initial licensure to practice medicine and 8 surgery or podiatry in this state by bribery or fraudulent 9 misrepresentation, any a complaint filed more than two years after 10 the complainant knew or, in the exercise of reasonable diligence, 11 should have known of the existence of grounds for the complaint, 12 shall be dismissed. *Provided*, That In cases of conduct alleged to 13 be part of a pattern of similar misconduct or professional 14 incapacity that, if continued, would pose risks of a serious or 15 substantial nature to the physician's or podiatrist's current conduct 16 patients, the investigating body may а limited 17 investigation related to the physician's or podiatrist's current 18 capacity and qualification to practice and may recommend 19 conditions, restrictions or limitations on the physician's or 20 podiatrist's license to practice that it considers necessary for Any report 21 the protection of the public. shall contain 22 recommendations for any necessary disciplinary measures and shall 23 be filed with the board within ninety days of any referral. The

1 recommendations shall be considered by the board and the case may 2 be further investigated by the board. The board, after full 3 investigation, shall take whatever action it considers appropriate, 4 as provided in this section.

(f) The investigating body, as provided in subsection (e) of 5 6 this section, may request and the board, under any circumstances, 7 may require a physician or podiatrist or person applying for 8 licensure or other authorization to practice medicine and surgery 9 or podiatry in this state to submit to a physical or mental 10 examination by a physician or physicians approved by the board. A 11 physician or podiatrist submitting to an examination has the right, 12 at his or her expense, to designate another physician to be present 13 at the examination and make an independent report to the 14 investigating body or the board. The expense of the examination 15 shall be paid by the board. Any An individual who applies for or 16 accepts the privilege of practicing medicine and surgery or 17 podiatry in this state is considered to have given his or her 18 consent to submit to all examinations when requested to do so in 19 writing by the board and to have waived all objections to the 20 admissibility of the testimony or examination report of any 21 examining physician on the ground that the testimony or report is 22 privileged communication. If a person fails or refuses to submit 23 to an examination under circumstances which the board finds are not

1 beyond his or her control, failure or refusal is prima facie 2 evidence of his or her inability to practice medicine and surgery 3 or podiatry competently and in compliance with the standards of 4 acceptable and prevailing medical practice.

5 (g) In addition to any other investigators it employs, the 6 board may appoint one or more licensed physicians to act for it in 7 investigating the conduct or competence of a physician.

8 (h) In every disciplinary or licensure denial action, the 9 board shall furnish the physician or podiatrist or applicant with 10 written notice setting out with particularity the reasons for its 11 action. Disciplinary and licensure denial hearings shall be 12 conducted in accordance with the provisions of article five, 13 chapter twenty-nine-a of this code. However, hearings shall be 14 heard upon sworn testimony and the rules of evidence for trial 15 courts of record in this state shall apply to all hearings. Α 16 transcript of all hearings under this section shall be made and the 17 respondent may obtain a copy of the transcript at his or her The physician or podiatrist has the right to defend 18 expense. 19 against any a charge by the introduction of evidence, the right to 20 be represented by counsel, the right to present and cross-examine 21 witnesses and the right to have subpoenas and subpoenas duces tecum 22 issued on his or her behalf for the attendance of witnesses and the 23 production of documents. The board shall make all its final

1 actions public. The order shall contain the terms of all action
2 taken by the board.

(i) In disciplinary actions in which probable cause has been 3 4 found by the board, the board shall, within twenty days of the date 5 of service of the written notice of charges or sixty days prior to 6 the date of the scheduled hearing, whichever is sooner, provide the 7 respondent with the complete identity, address and telephone number 8 of any person known to the board with knowledge about the facts of 9 any of the charges; provide a copy of any statements in the 10 possession of or under the control of the board; provide a list of 11 proposed witnesses with addresses and telephone numbers, with a 12 brief summary of his or her anticipated testimony; provide 13 disclosure of any trial expert pursuant to the requirements of Rule 14 26(b)(4) of the West Virginia Rules of Civil Procedure; provide 15 inspection and copying of the results of any reports of physical 16 and mental examinations or scientific tests or experiments; and 17 provide a list and copy of any proposed exhibit to be used at the 18 hearing. Provided, That The board shall not be The board is not 19 required to furnish or produce any materials which contain opinion 20 work product information or would be a violation of the 21 attorney-client privilege. Within twenty days of the date of 22 service of the written notice of charges, the board shall disclose 23 any exculpatory evidence with a continuing duty to do so throughout

1 the disciplinary process. Within thirty days of receipt of the 2 board's mandatory discovery, the respondent shall provide the board 3 with the complete identity, address and telephone number of any 4 person known to the respondent with knowledge about the facts of 5 any of the charges; provide a list of proposed witnesses, with 6 addresses and telephone numbers, to be called at hearing, with a 7 brief summary of his or her anticipated testimony; provide 8 disclosure of any trial expert pursuant to the requirements of Rule 9 26(b)(4) of the West Virginia Rules of Civil Procedure; provide 10 inspection and copying of the results of any reports of physical 11 and mental examinations or scientific tests or experiments; and 12 provide a list and copy of any proposed exhibit to be used at the 13 hearing.

(j) Whenever it finds any <u>a</u> person unqualified because of any 15 of the grounds set forth in subsection (c) of this section, the 16 board may enter an order imposing one or more of the following: (1) Deny his or her application for a license or other

18 authorization to practice medicine and surgery or podiatry;

19 (2) Administer a public reprimand;

(3) Suspend, limit or restrict his or her license or other 21 authorization to practice medicine and surgery or podiatry for not 22 more than five years, including limiting the practice of that 23 person to, or by the exclusion of, one or more areas of practice,

1 including limitations on practice privileges;

2 (4) Revoke his or her license or other authorization to 3 practice medicine and surgery or podiatry or to prescribe or 4 dispense controlled substances for a period not to exceed ten 5 years;

6 (5) Require him or her to submit to care, counseling or 7 treatment designated by the board as a condition for initial or 8 continued licensure or renewal of licensure or other authorization 9 to practice medicine and surgery or podiatry;

10 (6) Require him or her to participate in a program of 11 education prescribed by the board;

12 (7) Require him or her to practice under the direction of a 13 physician or podiatrist designated by the board for a specified 14 period of time; and

15 (8) Assess a civil fine of not less than \$1,000 nor more than 16 \$10,000.

(k) Notwithstanding the provisions of section eight, article one, chapter thirty of this code, if the board determines the evidence in its possession indicates that a physician's or podiatrist's continuation in practice or unrestricted practice constitutes an immediate danger to the public, the board may take any of the actions provided in subsection (j) of this section on a temporary basis and without a hearing if institution of proceedings

1 for a hearing before approved by the board are initiated 2 simultaneously with the temporary action and begin within fifteen 3 days of the action. The board shall render its decision within 4 five ten days of the conclusion of a hearing under this subsection. 5 (1) Any <u>A</u> person against whom disciplinary action is taken 6 pursuant to the provisions of this article has the right to 7 judicial review as provided in articles five and six, chapter 8 twenty-nine-a of this code: *Provided*, That a circuit judge may 9 also remand the matter to the board if it appears from competent 10 evidence presented to it in support of a motion for remand that 11 there is newly discovered evidence of such a character as ought to 12 produce an opposite result at a second hearing on the merits before 13 the board and:

14 (1) The evidence appears to have been discovered since the 15 board hearing; and

16 (2) The physician or podiatrist exercised due diligence in 17 asserting his or her evidence and that due diligence would not have 18 secured the newly discovered evidence prior to the appeal.

A person may not practice medicine and surgery or podiatry or deliver health care services in violation of <u>any a</u> disciplinary order revoking, suspending or limiting his or her license while <del>any</del> <u>an</u> appeal is pending. Within sixty days, the board shall report its final action regarding restriction, limitation, suspension or

1 revocation of the license of a physician or podiatrist, limitation
2 on practice privileges or other disciplinary action against any <u>a</u>
3 physician or podiatrist to all appropriate state agencies,
4 appropriate licensed health facilities and hospitals, insurance
5 companies or associations writing medical malpractice insurance in
6 this state, the American Medical Association, the American Podiatry
7 Association, professional societies of physicians or podiatrists in
8 the state and any entity responsible for the fiscal administration
9 of Medicare and Medicaid.

10 (m) Any <u>A</u> person against whom disciplinary action has been 11 taken under the provisions of this article shall, at reasonable 12 intervals, be afforded an opportunity to demonstrate that he or she 13 can resume the practice of medicine and surgery or podiatry on a 14 general or limited basis. At the conclusion of a suspension, 15 limitation or restriction period, the physician or podiatrist may 16 resume practice if the board has so ordered.

(n) Any entity, organization or person, including the board, any member of the board, its agents or employees and any entity or organization or its members referred to in this article, any insurer, its agents or employees, a medical peer review committee and a hospital governing board, its members or any committee appointed by it acting without malice and without gross negligence in making any report or other information available to the board or

1 a medical peer review committee pursuant to law and any person 2 acting without malice and without gross negligence who assists in 3 the organization, investigation or preparation of any such report 4 or information or assists the board or a hospital governing body or 5 any committee in carrying out any of its duties or functions 6 provided by law is immune from civil or criminal liability, except 7 that the unlawful disclosure of confidential information possessed 8 by the board is a misdemeanor as provided in this article.

9 (o) A physician or podiatrist may request in writing to the 10 board a limitation on or the surrendering of his or her license to 11 practice medicine and surgery or podiatry or other appropriate 12 sanction as provided in this section. The board may grant the 13 request and, if it considers it appropriate, may waive the 14 commencement or continuation of other proceedings under this 15 section. A physician or podiatrist whose license is limited or 16 surrendered or against whom other action is taken under this 17 subsection may, at reasonable intervals, petition for removal of 18 any restriction or limitation on or for reinstatement of his or her 19 license to practice medicine and surgery or podiatry.

(p) In every case considered by the board under this article regarding discipline or licensure, whether initiated by the board or upon complaint or information from <del>any</del> <u>a</u> person or organization, the board shall make a preliminary determination as to whether

1 probable cause exists to substantiate charges of disqualification 2 due to any reason set forth in subsection (c) of this section. If 3 probable cause is found to exist, all proceedings on the charges 4 shall be open to the public who are entitled to all reports, 5 records and nondeliberative materials introduced at the hearing 6 including the record of the final action taken: *Provided*, That any 7 medical records, which were introduced at the hearing and which 8 pertain to a person who has not expressly waived his or her right 9 to the confidentiality of the records, may not be open to the 10 public nor is the public entitled to the records.

11 (q) If the board receives notice that a physician or 12 podiatrist has been subjected to disciplinary action or has had his 13 or her credentials suspended or revoked by the board, a hospital or 14 a professional society, as defined in subsection (b) of this 15 section, for three or more incidents during a five-year period, the 16 board shall require the physician or podiatrist to practice under 17 the direction of a physician or podiatrist designated by the board 18 for a specified period of time to be established by the board.

(r) Notwithstanding any other provisions of this article, the 20 board may, at any time, on <u>either on</u> its own motion, or upon motion 21 by the complainant, or upon motion by the physician or podiatrist 22 or by stipulation of the parties, refer the matter to mediation. 23 The board shall obtain a list from the West Virginia State Bar's

1 mediator referral service of certified mediators with expertise in 2 professional disciplinary matters. The board and the physician or 3 podiatrist may choose a mediator from that list. If the board and 4 the physician or podiatrist are unable to agree on a mediator, the 5 board shall designate a mediator from the list by neutral rotation. 6 The mediation shall not be considered is not a proceeding open to 7 the public and any reports and records introduced at the mediation 8 shall do not become part of the public record. The mediator and 9 all participants in the mediation shall maintain and preserve the 10 confidentiality of all mediation proceedings and records. The 11 mediator may not be subpoenaed or called to testify or otherwise be 12 subject to process requiring disclosure of confidential information 13 in <del>any</del> a proceeding relating to or arising out of the disciplinary 14 or licensure matter mediated: *Provided*, That any confidentiality 15 agreement and any written agreement made and signed by the parties 16 as a result of mediation may be used in any proceedings 17 subsequently instituted to enforce the written agreement. The 18 agreements may be used in other proceedings if the parties agree in 19 writing.

20 ARTICLE 4. WEST VIRGINIA DENTAL PRACTICE ACT.

21 §30-4-21. Complaints; investigations.

22 (a) Upon receipt of a written complaint filed against  $\frac{any}{a}$ 23 dentist or dental hygienist, the board shall provide a copy of the

1 complaint to the dentist or dental hygienist as specified by 2 legislative rule promulgated by the board.

3 (b) The board may investigate the complaint. If the board 4 finds upon investigation that probable cause exists that the 5 dentist or dental hygienist has violated <del>any</del> <u>a</u> provision of this 6 article or the rules, the board shall serve the dentist or dental 7 hygienist with a written statement of charges and a notice 8 specifying the date, time and place of hearing. The hearing shall 9 be held in accordance with section twenty-two of this article.

10 <u>(c) Notwithstanding any provision of this code to the</u> 11 <u>contrary, the board may independently initiate disciplinary</u> 12 <u>proceedings based on a report or information from an agent or</u> 13 <u>investigator of the Board of Pharmacy related to data from the</u> 14 <u>Controlled Substance Monitoring Program.</u>

15 ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.

16 §30-14-12a. Initiation of suspension or revocation proceedings allowed and required; reporting of information to board pertaining to professional malpractice and professional incompetence required; penalties; probable cause determinations.

(a) The board may independently initiate suspension or22 revocation proceedings as well as initiate suspension or revocation

1 proceedings based on information received from any person.

2 The board shall initiate investigations as to professional 3 incompetence or other reasons for which a licensed osteopathic 4 physician and surgeon may be adjudged unqualified if the board 5 receives notice that three or more judgments or any combination of 6 judgments and settlements resulting in five or more unfavorable 7 outcomes arising from medical professional liability have been 8 rendered or made against such osteopathic physician within a 9 five-year period.

10 (b) Upon request of the board, any <u>a</u> medical peer review 11 committee in this state shall report any information that may 12 relate to the practice or performance of <u>any an</u> osteopathic 13 physician known to that medical peer review committee. Copies of 14 such requests for information from a medical peer review committee 15 may be provided to the subject osteopathic physician if, in the 16 discretion of the board, the provision of such copies will not 17 jeopardize the board's investigation. In the event that copies are 18 provided, the subject osteopathic physician has fifteen days to 19 comment on the requested information and <u>such the</u> comments must be 20 considered by the board.

After the completion of a hospital's formal disciplinary procedure and after any resulting legal action, the chief executive officer of such the hospital shall report in writing to the board

1 within sixty days the name of any member of the medical staff or 2 any other osteopathic physician practicing in the hospital whose 3 hospital privileges have been revoked, restricted, reduced or 4 terminated for any cause, including resignation, together with all 5 pertinent information relating to such action. The chief executive 6 officer shall also report any other formal disciplinary action 7 taken against any an osteopathic physician by the hospital upon the 8 recommendation of its medical staff relating to professional 9 ethics, medical incompetence, medical malpractice, moral turpitude 10 or drug or alcohol abuse. Temporary suspension for failure to 11 maintain records on a timely basis or failure to attend staff or 12 section meetings need not be reported.

Any professional society in this state comprised primarily of osteopathic physicians or physicians and surgeons of other schools of medicine which takes formal disciplinary action against a member relating to professional ethics, professional incompetence, professional malpractice, moral turpitude or drug or alcohol abuse, shall report in writing to the board within sixty days of a final decision the name of such member, together with all pertinent information relating to such action.

Every person, partnership, corporation, association, insurance company, professional society or other organization providing professional liability insurance to an osteopathic physician in

1 this state shall submit to the board the following information 2 within thirty days from any judgment, dismissal or settlement of a 3 civil action or of any claim involving the insured: The date of 4 any judgment, dismissal or settlement; whether any <u>an</u> appeal has 5 been taken on the judgment, and, if so, by which party; the amount 6 of any settlement or judgment against the insured; and <del>such</del> other 7 information required by the board.

8 Within thirty days after a person known to be an osteopathic 9 physician licensed or otherwise lawfully practicing medicine and 10 surgery in this state, or applying to be licensed, is convicted of 11 a felony under the laws of this state or of any crime under the 12 laws of this state involving alcohol or drugs in any way, including 13 any <u>a</u> controlled substance under state or federal law, the clerk of 14 the court of record in which the conviction was entered shall 15 forward to the board a certified true and correct abstract of 16 record of the convicting court. The abstract shall include the 17 name and address of <u>such the</u> osteopathic physician or applicant, 18 the nature of the offense committed and the final judgment and 19 sentence of the court.

20 Upon a determination of the board that there is probable cause 21 to believe that <del>any</del> <u>a</u> person, partnership, corporation, 22 association, insurance company, professional society or other 23 organization has failed or refused to make a report required by

1 this subsection, the board shall provide written notice to the 2 alleged violator stating the nature of the alleged violation and 3 the time and place at which the alleged violator shall appear to 4 show good cause why a civil penalty should not be imposed. The 5 hearing shall be conducted in accordance with the provisions of 6 article five, chapter twenty-nine-a of this code. After reviewing 7 the record of such hearing, if the board determines that a 8 violation of this subsection has occurred, the board shall assess 9 a civil penalty of not less than \$1,000 nor more than \$10,000 10 against such violator. The board shall notify anyone assessed of 11 the assessment in writing and the notice shall specify the reasons 12 for the assessment. If the violator fails to pay the amount of the 13 assessment to the board within thirty days, the Attorney General 14 may institute a civil action in the circuit court of Kanawha County 15 to recover the amount of the assessment. In any such civil action, 16 the court's review of the board's action shall be conducted in 17 accordance with the provisions of section four, article five, 18 chapter twenty-nine-a of this code.

Any person may report to the board relevant facts about the conduct of any osteopathic physician in this state which in the poinion of such person amounts to professional malpractice or professional incompetence.

23 The board shall provide forms for filing reports pursuant to

1 this section. Reports submitted in other forms shall be accepted
2 by the board.

3 The filing of a report with the board pursuant to any <u>a</u> 4 provision of this article, any <u>an</u> investigation by the board or any 5 <u>a</u> disposition of a case by the board does not preclude any action 6 by a hospital, other health care facility or professional society 7 comprised primarily of osteopathic physicians or physicians and 8 surgeons of other schools of medicine to suspend, restrict or 9 revoke the privileges or membership of such osteopathic physician. 10 <u>Notwithstanding any provision of this code to the contrary, the</u> 11 <u>board may independently initiate disciplinary proceedings based on</u> 12 <u>a report or information from an agent or investigator of the Board</u> 13 <u>of Pharmacy related to data from the Controlled Substances</u> 14 Monitoring Program.

(c) In every case considered by the board under this article regarding suspension, revocation or issuance of a license, whether initiated by the board or upon complaint or information from any person or organization, the board shall make a preliminary determination as to whether probable cause exists to substantiate charges of cause to suspend, revoke or refuse to issue a license as set forth in subsection (a), section eleven of this article. If <u>such</u> probable cause is found to exist, all proceedings on <del>such</del> <u>the</u> charges <del>shall be</del> <u>are</u> open to the public who are entitled to all 1 reports, records and nondeliberative materials introduced at such 2 hearing, including the record of the final action taken: Provided, 3 That any medical records, which were introduced at such the hearing 4 and which pertain to a person who has not expressly waived his or 5 <u>her</u> right to the confidentiality of such the records, shall not be 6 open to the public nor is the public entitled to such records. If 7 a finding is made that probable cause does not exist, the public 8 has a right of access to the complaint or other document setting 9 forth the charges <u>and</u> the findings of fact and conclusions 10 supporting such finding that probable cause does not exist, if <u>the</u> 11 <u>finding so long as</u> the subject osteopathic physician consents to 12 such access.

(d) If the board receives notice that an osteopathic physician 14 has been subjected to disciplinary action or has had his or her 15 credentials suspended or revoked by the board, a medical peer 16 review committee, a hospital or professional society, as defined in 17 subsection (b) of this section, for three or more incidents in a 18 five-year period, the board shall require the osteopathic physician 19 to practice under the direction of another osteopathic physician 20 for a specified period to be established by the board.