1	Senate Bill No. 230
2	(By Senator Jenkins)
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4	[Introduced January 8, 2014; referred to the Committee on
5	Government Organization; and then to the Committee on the
6	Judiciary.]
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L1	A BILL to amend and reenact $\$30-3-14$ of the Code of West Virginia,
L2	1931, as amended; to amend and reenact §30-4-19 of said code;
L3	and to amend and reenact §30-14-12a of said code, all relating
L 4	to the Board of Medicine, Board of Dental Examiners and the
L 5	Board of Osteopathy; permitting the boards to independently
L 6	initiate disciplinary proceedings in certain circumstances;
L 7	permitting the Board of Medicine to approve certain decisions,
L 8	rather than deciding them directly as a whole; and increasing
L 9	the number of days within which the Board of Medicine can make
20	certain decisions.
21	Be it enacted by the Legislature of West Virginia:
22	That §30-3-14 of the Code of West Virginia, 1931, as amended,

- 1 be amended and reenacted; that §30-4-19 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; reporting of information to board pertaining to 6 7 medical professional liability and professional 8 incompetence required; penalties; grounds for license 9 denial and discipline of physicians and podiatrists; 10 investigations; physical and mental examinations; 11 hearings; sanctions; summary sanctions; reporting by 12 the board; reapplication; civil and criminal 1.3 immunity; voluntary limitation of license; probable cause determinations. 14
- 15 (a) The board may independently initiate disciplinary
 16 proceedings as well as initiate disciplinary proceedings based on
 17 information received from medical peer review committees,
 18 physicians, podiatrists, hospital administrators, professional
 19 societies and others.
- The board may initiate investigations as to professional incompetence or other reasons for which a licensed physician or professional professional are professional incompetence or other reasons for which a licensed physician or approximately professional profession

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 must be considered by the board.

The chief executive officer of every hospital shall, within 1 2 sixty days after the completion of the hospital's formal 3 disciplinary procedure and also within sixty days after the 4 commencement of and again after the conclusion of any resulting 5 legal action, report in writing to the board the name of any member 6 of the medical staff or any other physician or podiatrist 7 practicing in the hospital whose hospital privileges have been 8 revoked, restricted, reduced or terminated for any cause, including 9 resignation, together with all pertinent information relating to 10 such action. The chief executive officer shall also report any 11 other formal disciplinary action taken against any physician or 12 podiatrist by the hospital upon the recommendation of its medical 13 staff relating to professional ethics, medical incompetence, 14 medical professional liability, moral turpitude or drug or alcohol 15 abuse. Temporary suspension for failure to maintain records on a 16 timely basis or failure to attend staff or section meetings need 17 not be reported. Voluntary cessation of hospital privileges for 18 reasons unrelated to professional competence or ethics need not be 19 reported.

20 Any \underline{A} managed care organization operating in this state which 21 provides a formal peer review process shall report in writing to 22 the board, within sixty days after the completion of any formal

1 peer review process and also within sixty days after the 2 commencement of and again after the conclusion of any resulting 3 legal action, the name of any physician or podiatrist whose 4 credentialing has been revoked or not renewed by the managed care 5 organization. The managed care organization shall also report in 6 writing to the board any other disciplinary action taken against a 7 physician or podiatrist relating to professional 8 professional liability, moral turpitude or drug or alcohol abuse 9 within sixty days after completion of a formal peer review process 10 which results in the action taken by the managed care organization. 11 For purposes of this subsection, "managed care organization" means 12 a plan that establishes, operates or maintains a network of health 13 care providers who have entered into agreements with and been 14 credentialed by the plan to provide health care services to 15 enrollees or insureds to whom the plan has the ultimate obligation 16 to arrange for the provision of or payment for health care services 17 through organizational arrangements for ongoing quality assurance, 18 utilization review programs or dispute resolutions.

Any professional society in this state comprised primarily of 20 physicians or podiatrists which takes formal disciplinary action 21 against a member relating to professional ethics, professional 22 incompetence, medical professional liability, moral turpitude or

- 1 drug or alcohol abuse shall report in writing to the board within
- 2 sixty days of a final decision the name of the member, together
- 3 with all pertinent information relating to the action.
- 4 Every person, partnership, corporation, association, insurance
- 5 company, professional society or other organization providing
- 6 professional liability insurance to a physician or podiatrist in
- 7 this state, including the State Board of Risk and Insurance
- 8 Management, shall submit to the board the following information
- 9 within thirty days from $\frac{any}{a}$ judgment or settlement of a civil or
- 10 medical professional liability action excepting product liability
- 11 actions: The name of the insured; the date of any judgment or
- 12 settlement; whether any an appeal has been taken on the judgment
- 13 and, if so, by which party; the amount of any settlement or
- 14 judgment against the insured; and other information required by the
- 15 board.
- Within thirty days from the entry of an order by a court in a
- 17 medical professional liability action or other civil action in
- 18 which a physician or podiatrist licensed by the board is determined
- 19 to have rendered health care services below the applicable standard
- 20 of care, the clerk of the court in which the order was entered
- 21 shall forward a certified copy of the order to the board.
- 22 Within thirty days after a person known to be a physician or

1 podiatrist licensed or otherwise lawfully practicing medicine and 2 surgery or podiatry in this state or applying to be licensed is 3 convicted of a felony under the laws of this state or of any a 4 crime under the laws of this state involving alcohol or drugs in 5 any way, including any a controlled substance under state or 6 federal law, the clerk of the court of record in which the 7 conviction was entered shall forward to the board a certified true 8 and correct abstract of record of the convicting court. The 9 abstract shall include the name and address of the physician or 10 podiatrist or applicant, the nature of the offense committed and 11 the final judgment and sentence of the court.

Upon a determination of the board that there is probable cause to believe that any person, partnership, corporation, association, insurance company, professional society or other organization has failed or refused to make a report required by this subsection, the board shall provide written notice to the alleged violator stating the nature of the alleged violation and the time and place at which the alleged violator shall appear to show good cause why a civil penalty should not be imposed. The hearing shall be conducted in accordance with the provisions of article five, chapter twenty-nine-a of this code. After reviewing the record of the hearing, if the board determines that a violation of this

1 subsection has occurred, the board shall assess a civil penalty of 2 not less than \$1,000 nor more than \$10,000 against the violator. 3 The board shall notify any the person so assessed of the assessment 4 in writing and the notice shall specify the reasons for the If the violator fails to pay the amount of the 5 assessment. 6 assessment to the board within thirty days, the Attorney General 7 may institute a civil action in the circuit court of Kanawha County 8 to recover the amount of the assessment. In any a civil action, 9 the court's review of the board's action shall be conducted in 10 accordance with the provisions of section four, article five, 11 chapter twenty-nine-a of this code. Notwithstanding any other 12 provision of this article to the contrary, when there are 13 conflicting views by recognized experts as to whether any alleged 14 conduct breaches an applicable standard of care, the evidence must 15 be clear and convincing before the board may find that the 16 physician or podiatrist has demonstrated a lack of professional 17 competence to practice with a reasonable degree of skill and safety 18 for patients.

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

- The board shall provide forms for filing reports pursuant to 2 this section. Reports submitted in other forms shall be accepted
- 3 by the board.
- The filing of a report with the board pursuant to any a provision of this article, any an investigation by the board or any a disposition of a case by the board does not preclude any an action by a hospital, other health care facility or professional society comprised primarily of physicians or podiatrists to suspend, restrict or revoke the privileges or membership of the physician or podiatrist. Notwithstanding any provision of this code to the contrary, the board may independently initiate disciplinary proceedings based on a report or information from an agent or investigator of the Board of Pharmacy related to data from the Controlled Substances Monitoring Program.
- (c) The board may deny an application for license or other authorization to practice medicine and surgery or podiatry in this tate and may discipline a physician or podiatrist licensed or otherwise lawfully practicing in this state who, after a hearing, has been adjudged by the board as unqualified due to any of the following reasons:
- 21 (1) Attempting to obtain, obtaining, renewing or attempting to 22 renew a license to practice medicine and surgery or podiatry by

- 1 bribery, fraudulent misrepresentation or through known error of the 2 board:
- 3 (2) Being found guilty of a crime in any jurisdiction which 4 offense is a felony, involves moral turpitude or directly relates 5 to the practice of medicine. Any \underline{A} plea of nolo contendere is a 6 conviction for the purposes of this subdivision;
- 7 (3) False or deceptive advertising;
- 8 (4) Aiding, assisting, procuring or advising any an 9 unauthorized person to practice medicine and surgery or podiatry 10 contrary to law;
- 11 (5) Making or filing a report that the person knows to be
 12 false; intentionally or negligently failing to file a report or
 13 record required by state or federal law; willfully impeding or
 14 obstructing the filing of a report or record required by state or
 15 federal law; or inducing another person to do any of the foregoing.
 16 The reports and records covered in this subdivision mean only those
 17 that are signed in the capacity as a licensed physician or
 18 podiatrist;
- 19 (6) Requesting, receiving or paying directly or indirectly a 20 payment, rebate, refund, commission, credit or other form of profit 21 or valuable consideration for the referral of patients to any a 22 person or entity in connection with providing medical or other

- 1 health care services or clinical laboratory services, supplies of
- 2 any kind, drugs, medication or any other medical goods, services or
- 3 devices used in connection with medical or other health care
- 4 services;
- 5 (7) Unprofessional conduct by $\frac{any}{a}$ physician or podiatrist in
- 6 referring a patient to $\frac{any}{a}$ clinical laboratory or pharmacy in
- 7 which the physician or podiatrist has a proprietary interest unless
- 8 the physician or podiatrist discloses in writing such the interest
- 9 to the patient. The written disclosure shall indicate that the
- 10 patient may choose any clinical laboratory for purposes of having
- 11 any laboratory work or assignment performed or any pharmacy for
- 12 purposes of purchasing any a prescribed drug or any other medical
- 13 goods or devices used in connection with medical or other health
- 14 care services;
- 15 As used in this subdivision, "proprietary interest" does not
- 16 include an ownership interest in a building in which space is
- 17 leased to a clinical laboratory or pharmacy at the prevailing rate
- 18 under a lease arrangement that is not conditional upon the income
- 19 or gross receipts of the clinical laboratory or pharmacy;
- 20 (8) Exercising influence within a patient-physician
- 21 relationship for the purpose of engaging a patient in sexual
- 22 activity;

- 1 (9) Making a deceptive, untrue or fraudulent representation in 2 the practice of medicine and surgery or podiatry;
- 3 (10) Soliciting patients, either personally or by an agent,
- 4 through the use of fraud, intimidation or undue influence;
- 5 (11) Failing to keep written records justifying the course of 6 treatment of a patient including, but not limited to, patient 7 histories, examination and test results and treatment rendered, if 8 any;
- 9 (12) Exercising influence on a patient in such a way as to 10 exploit the patient for financial gain of the physician or 11 podiatrist or of a third party. Any influence includes, but is not 12 limited to, the promotion or sale of services, goods, appliances or 13 drugs;
- (13) Prescribing, dispensing, administering, mixing or otherwise preparing a prescription drug, including any a controlled substance under state or federal law, other than in good faith and in a therapeutic manner in accordance with accepted medical standards and in the course of the physician's or podiatrist's professional practice. *Provided*, That A physician who discharges his or her professional obligation to relieve the pain and suffering and promote the dignity and autonomy of dying patients in his or her care and, in so doing, exceeds the average dosage of a

- 1 pain relieving controlled substance, as defined in Schedules II and
- 2 III of the Uniform Controlled Substance Act, does not violate this
- 3 article:
- 4 (14) Performing any a procedure or prescribing any a therapy
- 5 that, by the accepted standards of medical practice in the
- 6 community, would constitute experimentation on human subjects
- 7 without first obtaining full, informed and written consent;
- 8 (15) Practicing or offering to practice beyond the scope
- 9 permitted by law or accepting and performing professional
- 10 responsibilities that the person knows or has reason to know he or
- 11 she is not competent to perform;
- 12 (16) Delegating professional responsibilities to a person when
- 13 the physician or podiatrist delegating the responsibilities knows
- 14 or has reason to know that the person is not qualified by training,
- 15 experience or licensure to perform them;
- 16 (17) Violating $\frac{any}{a}$ provision of this article or a rule or
- 17 order of the board or failing to comply with a subpoena or subpoena
- 18 duces tecum issued by the board;
- 19 (18) Conspiring with any other person to commit an act or
- 20 committing an act that would tend to coerce, intimidate or preclude
- 21 another physician or podiatrist from lawfully advertising his or
- 22 her services;

- 1 (19) Gross negligence in the use and control of prescription 2 forms;
- 3 (20) Professional incompetence; or
- 4 (21) The inability to practice medicine and surgery or 5 podiatry with reasonable skill and safety due to physical or mental 6 impairment, including deterioration through the aging process, loss 7 of motor skill or abuse of drugs or alcohol. A physician or 8 podiatrist adversely affected under this subdivision shall be 9 afforded an opportunity at reasonable intervals to demonstrate that 10 he or she may resume the competent practice of medicine and surgery 11 or podiatry with reasonable skill and safety to patients. In any 12 proceeding under this subdivision, neither the record of 13 proceedings nor any orders entered by the board shall be used 14 against the physician or podiatrist in any other proceeding.
- (d) The board shall deny <u>any an</u> application for a license or other authorization to practice medicine and surgery or podiatry in this state to any applicant who, and shall revoke the license of any <u>a</u> physician or podiatrist licensed or otherwise lawfully practicing within this state who is found guilty by <u>any a</u> court of competent jurisdiction of <u>any a</u> felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing any a prescription drug, including <u>any</u> a controlled substance under

1 state or federal law, for other than generally accepted therapeutic 2 purposes. Presentation to the board of a certified copy of the 3 guilty verdict or plea rendered in the court is sufficient proof 4 thereof for the purposes of this article. A plea of nolo 5 contendere has the same effect as a verdict or plea of quilt. Upon 6 application of a physician that has had his or her license revoked 7 because of a drug related felony conviction, upon completion of any 8 sentence of confinement, parole, probation or other court-ordered 9 supervision and full satisfaction of any fines, judgments or other 10 fees imposed by the sentencing court, the board may issue the 11 applicant a new license upon a finding that the physician is, 12 except for the underlying conviction, otherwise qualified to 13 practice medicine. *Provided*, That The board may place whatever 14 terms, conditions or limitations it deems appropriate upon a 15 physician licensed pursuant to this subsection.

(e) The board may refer any cases coming to its attention to 17 an appropriate committee of an appropriate professional 18 organization for investigation and report. Except for complaints 19 related to obtaining initial licensure to practice medicine and 20 surgery or podiatry in this state by bribery or fraudulent 21 misrepresentation, any a complaint filed more than two years after 22 the complainant knew or, in the exercise of reasonable diligence,

1 should have known of the existence of grounds for the complaint, 2 shall be dismissed. Provided, That In cases of conduct alleged to 3 be part of a pattern of similar misconduct or professional 4 incapacity that, if continued, would pose risks of a serious or 5 substantial nature to the physician's or podiatrist's current 6 patients, the investigating body may conduct limited 7 investigation related to the physician's or podiatrist's current 8 capacity and qualification to practice and may recommend 9 conditions, restrictions or limitations on the physician's or 10 podiatrist's license to practice that it considers necessary for 11 the protection of the public. Any report shall contain 12 recommendations for any necessary disciplinary measures and shall 13 be filed with the board within ninety days of any referral. 14 recommendations shall be considered by the board and the case may 15 be further investigated by the board. The board, after full 16 investigation, shall take whatever action it considers appropriate, 17 as provided in this section.

(f) The investigating body, as provided in subsection (e) of this section, may request and the board, under any circumstances, 20 may require a physician or podiatrist or person applying for 21 licensure or other authorization to practice medicine and surgery 22 or podiatry in this state to submit to a physical or mental

1 examination by a physician or physicians approved by the board. A 2 physician or podiatrist submitting to an examination has the right, 3 at his or her expense, to designate another physician to be present 4 at the examination and make an independent report to the 5 investigating body or the board. The expense of the examination 6 shall be paid by the board. Any An individual who applies for or 7 accepts the privilege of practicing medicine and surgery or 8 podiatry in this state is considered to have given his or her 9 consent to submit to all examinations when requested to do so in 10 writing by the board and to have waived all objections to the 11 admissibility of the testimony or examination report of any 12 examining physician on the ground that the testimony or report is 13 privileged communication. If a person fails or refuses to submit 14 to an examination under circumstances which the board finds are not 15 beyond his or her control, failure or refusal is prima facie 16 evidence of his or her inability to practice medicine and surgery 17 or podiatry competently and in compliance with the standards of 18 acceptable and prevailing medical practice.

- 19 (g) In addition to any other investigators it employs, the 20 board may appoint one or more licensed physicians to act for it in 21 investigating the conduct or competence of a physician.
- (h) In every disciplinary or licensure denial action, the

1 board shall furnish the physician or podiatrist or applicant with 2 written notice setting out with particularity the reasons for its 3 action. Disciplinary and licensure denial hearings shall be 4 conducted in accordance with the provisions of article five, 5 chapter twenty-nine-a of this code. However, hearings shall be 6 heard upon sworn testimony and the rules of evidence for trial 7 courts of record in this state shall apply to all hearings. 8 transcript of all hearings under this section shall be made and the 9 respondent may obtain a copy of the transcript at his or her 10 expense. The physician or podiatrist has the right to defend 11 against any a charge by the introduction of evidence, the right to 12 be represented by counsel, the right to present and cross-examine 13 witnesses and the right to have subpoenas and subpoenas duces tecum 14 issued on his or her behalf for the attendance of witnesses and the 15 production of documents. The board shall make all its final 16 actions public. The order shall contain the terms of all action 17 taken by the board.

(I) In disciplinary actions in which probable cause has been found by the board, the board shall, within twenty days of the date of service of the written notice of charges or sixty days prior to the date of the scheduled hearing, whichever is sooner, provide the respondent with the complete identity, address and telephone number

1 of any person known to the board with knowledge about the facts of 2 any of the charges; provide a copy of any statements in the 3 possession of or under the control of the board; provide a list of 4 proposed witnesses with addresses and telephone numbers, with a 5 brief summary of his or her anticipated testimony; provide 6 disclosure of any trial expert pursuant to the requirements of Rule 7 26(b)(4) of the West Virginia Rules of Civil Procedure; provide 8 inspection and copying of the results of any reports of physical 9 and mental examinations or scientific tests or experiments; and 10 provide a list and copy of any proposed exhibit to be used at the 11 hearing. Provided, That The board shall not be The board is not 12 required to furnish or produce any materials which contain opinion 13 work product information or would be a violation of the 14 attorney-client privilege. Within twenty days of the date of 15 service of the written notice of charges, the board shall disclose 16 any exculpatory evidence with a continuing duty to do so throughout 17 the disciplinary process. Within thirty days of receipt of the 18 board's mandatory discovery, the respondent shall provide the board 19 with the complete identity, address and telephone number of any 20 person known to the respondent with knowledge about the facts of 21 any of the charges; provide a list of proposed witnesses, with 22 addresses and telephone numbers, to be called at hearing, with a

- 1 brief summary of his or her anticipated testimony; provide 2 disclosure of any trial expert pursuant to the requirements of Rule 3 26(b)(4) of the West Virginia Rules of Civil Procedure; provide 4 inspection and copying of the results of any reports of physical 5 and mental examinations or scientific tests or experiments; and 6 provide a list and copy of any proposed exhibit to be used at the 7 hearing.
- 8 (j) Whenever it finds any <u>a</u> person unqualified because of any 9 of the grounds set forth in subsection (c) of this section, the 10 board may enter an order imposing one or more of the following:
- 11 (1) Deny his or her application for a license or other 12 authorization to practice medicine and surgery or podiatry;
- 13 (2) Administer a public reprimand;
- 14 (3) Suspend, limit or restrict his or her license or other
 15 authorization to practice medicine and surgery or podiatry for not
 16 more than five years, including limiting the practice of that
 17 person to, or by the exclusion of, one or more areas of practice,
 18 including limitations on practice privileges;
- 19 (4) Revoke his or her license or other authorization to 20 practice medicine and surgery or podiatry or to prescribe or 21 dispense controlled substances for a period not to exceed ten 22 years;

1 (5) Require him or her to submit to care, counseling or 2 treatment designated by the board as a condition for initial or 3 continued licensure or renewal of licensure or other authorization

4 to practice medicine and surgery or podiatry;

- 5 (6) Require him or her to participate in a program of 6 education prescribed by the board;
- 7 (7) Require him or her to practice under the direction of a 8 physician or podiatrist designated by the board for a specified 9 period of time; and
- 10 (8) Assess a civil fine of not less than \$1,000 nor more than 11 \$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 for a hearing before approved by the board are initiated simultaneously with the temporary action and begin within fifteen days of the action. The board shall render its decision within five ten days of the conclusion of a hearing under this subsection.

- 1 (1) Any A person against whom disciplinary action is taken 2 pursuant to the provisions of this article has the right to 3 judicial review as provided in articles five and six, chapter 4 twenty-nine-a of this code: *Provided*, That a circuit judge may 5 also remand the matter to the board if it appears from competent 6 evidence presented to it in support of a motion for remand that 7 there is newly discovered evidence of such a character as ought to 8 produce an opposite result at a second hearing on the merits before 9 the board and:
- 10 (1) The evidence appears to have been discovered since the 11 board hearing; and
- 12 (2) The physician or podiatrist exercised due diligence in 13 asserting his or her evidence and that due diligence would not have 14 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 any a disciplinary order revoking, suspending or limiting his or her license while any an appeal is pending. Within sixty days, the board shall report its final action regarding restriction, limitation, suspension or revocation of the license of a physician or podiatrist, limitation on practice privileges or other disciplinary action against any a physician or podiatrist to all appropriate state agencies,

- 1 appropriate licensed health facilities and hospitals, insurance
- 2 companies or associations writing medical malpractice insurance in
- 3 this state, the American Medical Association, the American Podiatry
- 4 Association, professional societies of physicians or podiatrists in
- 5 the state and any entity responsible for the fiscal administration
- 6 of Medicare and Medicaid.
- 7 (m) Any A person against whom disciplinary action has been
- 8 taken under the provisions of this article shall, at reasonable
- 9 intervals, be afforded an opportunity to demonstrate that he or she
- 10 can resume the practice of medicine and surgery or podiatry on a
- 11 general or limited basis. At the conclusion of a suspension,
- 12 limitation or restriction period, the physician or podiatrist may
- 13 resume practice if the board has so ordered.
- 14 (n) Any entity, organization or person, including the board,
- 15 any member of the board, its agents or employees and any entity or
- 16 organization or its members referred to in this article, any
- 17 insurer, its agents or employees, a medical peer review committee
- 18 and a hospital governing board, its members or any committee
- 19 appointed by it acting without malice and without gross negligence
- 20 in making any report or other information available to the board or
- 21 a medical peer review committee pursuant to law and any person
- 22 acting without malice and without gross negligence who assists in

- 1 the organization, investigation or preparation of any such report
- 2 or information or assists the board or a hospital governing body or
- 3 any committee in carrying out any of its duties or functions
- 4 provided by law is immune from civil or criminal liability, except
- 5 that the unlawful disclosure of confidential information possessed
- 6 by the board is a misdemeanor as provided in this article.
- 7 (o) A physician or podiatrist may request in writing to the
- 8 board a limitation on or the surrendering of his or her license to
- 9 practice medicine and surgery or podiatry or other appropriate
- 10 sanction as provided in this section. The board may grant the
- 11 request and, if it considers it appropriate, may waive the
- 12 commencement or continuation of other proceedings under this
- 13 section. A physician or podiatrist whose license is limited or
- 14 surrendered or against whom other action is taken under this
- 15 subsection may, at reasonable intervals, petition for removal of
- 16 any restriction or limitation on or for reinstatement of his or her
- 17 license to practice medicine and surgery or podiatry.
- 18 (p) In every case considered by the board under this article
- 19 regarding discipline or licensure, whether initiated by the board
- 20 or upon complaint or information from any a person or organization,
- 21 the board shall make a preliminary determination as to whether
- 22 probable cause exists to substantiate charges of disqualification

- 1 due to any reason set forth in subsection (c) of this section. If
 2 probable cause is found to exist, all proceedings on the charges
 3 shall be open to the public who are entitled to all reports,
 4 records and nondeliberative materials introduced at the hearing
 5 including the record of the final action taken: *Provided*, That any
 6 medical records, which were introduced at the hearing and which
 7 pertain to a person who has not expressly waived his or her right
 8 to the confidentiality of the records, may not be open to the
 9 public nor is the public entitled to the records.
- 10 (q) If the board receives notice that a physician or 11 podiatrist has been subjected to disciplinary action or has had his 12 or her credentials suspended or revoked by the board, a hospital or 13 a professional society, as defined in subsection (b) of this 14 section, for three or more incidents during a five-year period, the 15 board shall require the physician or podiatrist to practice under 16 the direction of a physician or podiatrist designated by the board 17 for a specified period of time to be established by the board.
- (r) Notwithstanding any other provisions of this article, the board may, at any time, on either on its own motion, or upon motion by the complainant, or upon motion by the physician or podiatrist or by stipulation of the parties, refer the matter to mediation.

 22 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. 11 mediator may not be subpoenaed or called to testify or otherwise be 12 subject to process requiring disclosure of confidential information 13 in any 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 result of mediation may be used in any proceedings 17 subsequently instituted to enforce the written agreement. 18 agreements may be used in other proceedings if the parties agree in 19 writing.
- 20 ARTICLE 4. WEST VIRGINIA DENTAL PRACTICE ACT.
- 21 §30-4-19. Complaints; investigations; due process procedure;
- grounds for disciplinary action.

- 1 (a) The board may initiate a complaint upon receipt of 2 credible information and shall, upon the receipt of a written 3 complaint of any person, cause an investigation to be made to 4 determine whether grounds exist for disciplinary action under this 5 article or the legislative rules promulgated pursuant to this 6 article.
- 7 (b) After reviewing any information obtained through an 8 investigation, the board shall determine if probable cause exists 9 that the licensee, certificate holder or permittee has violated 10 subsection (g) of this section or rules promulgated pursuant to 11 this article.
- (c) Upon a finding of probable cause to go forward with a complaint, the board shall provide a copy of the complaint to the licensee, certificate holder or permittee.
- (d) Upon a finding that probable cause exists that the licensee, certificate holder or permittee has violated subsection (g) of this section or rules promulgated pursuant to this article, the board may enter into a consent decree or hold a hearing for disciplinary action against the licensee, certificate holder or permittee. Any hearing shall be held in accordance with the provisions of this article and shall require a violation to be proven by a preponderance of the evidence.

- 1 (e) A member of the complaint committee or the executive
- 2 director of the board may issue subpoenas and subpoenas duces tecum
- 3 to obtain testimony and documents to aid in the investigation of
- 4 allegations against any person regulated by the article.
- 5 (f) Any member of the board or its executive director may sign
- 6 a consent decree or other legal document on behalf of the board.
- 7 (g) The board may, after notice and opportunity for hearing,
- 8 deny or refuse to renew, suspend, restrict or revoke the license,
- 9 certificate or permit of, or impose probationary conditions upon or
- 10 take disciplinary action against, any licensee, certificate holder
- 11 or permittee for any of the following reasons:
- 12 (1) Obtaining a board authorization by fraud,
- 13 misrepresentation or concealment of material facts;
- 14 (2) Being convicted of a felony or a misdemeanor crime of
- 15 moral turpitude;
- 16 (3) Being guilty of unprofessional conduct which placed the
- 17 public at risk, as defined by legislative rule of the board;
- 18 (4) Intentional violation of a lawful order or legislative
- 19 rule of the board;
- 20 (5) Having had a board authorization revoked or suspended,
- 21 other disciplinary action taken, or an application for a board
- 22 authorization denied by the proper authorities of another

- 1 jurisdiction;
- 2 (6) Aiding or abetting unlicensed practice;
- 3 (7) Engaging in an act while acting in a professional capacity
- 4 which has endangered or is likely to endanger the health, welfare
- 5 or safety of the public;
- 6 (8) Having an incapacity that prevents a licensee from
- 7 engaging in the practice of dentistry or dental hygiene, with
- 8 reasonable skill, competence and safety to the public;
- 9 (9) Committing fraud in connection with the practice of
- 10 dentistry or dental hygiene;
- 11 (10) Failing to report to the board one's surrender of a
- 12 license or authorization to practice dentistry or dental hygiene in
- 13 another jurisdiction while under disciplinary investigation by any
- 14 of those authorities or bodies for conduct that would constitute
- 15 grounds for action as defined in this section;
- 16 (11) Failing to report to the board any adverse judgment,
- 17 settlement or award arising from a malpractice claim arising
- 18 related to conduct that would constitute grounds for action as
- 19 defined in this section;
- 20 (12) Being guilty of unprofessional conduct as contained in
- 21 the American Dental Association principles of ethics and code of
- 22 professional conduct. The following acts are conclusively presumed

- 1 to be unprofessional conduct:
- 2 (A) Being guilty of any fraud or deception;
- 3 (B) Committing a criminal operation or being convicted of a
- 4 crime involving moral turpitude;
- 5 (C) Abusing alcohol or drugs;
- 6 (D) Violating any professional confidence or disclosing any 7 professional secret;
- 8 (E) Being grossly immoral;
- 9 (F) Harassing, abusing, intimidating, insulting, degrading or 10 humiliating a patient physically, verbally or through another form
- 11 of communication;
- 12 (G) Obtaining any fee by fraud or misrepresentation;
- 13 (H) Employing directly or indirectly, or directing or
- 14 permitting any suspended or unlicensed person so employed, to
- 15 perform operations of any kind or to treat lesions of the human
- 16 teeth or jaws or correct malimposed formations thereof;
- 17 (I) Practicing, or offering or undertaking to practice
- 18 dentistry under any firm name or trade name not approved by the
- 19 board;
- 20 (J) Having a professional connection or association with, or
- 21 lending his or her name to another, for the illegal practice of
- 22 dentistry, or professional connection or association with any

- 1 person, firm or corporation holding himself or herself, themselves
- 2 or itself out in any manner contrary to this article;
- 3 (K) Making use of any advertising relating to the use of any
- 4 drug or medicine of unknown formula;
- 5 (L) Advertising to practice dentistry or perform any operation
- 6 thereunder without causing pain;
- 7 (M) Advertising professional superiority or the performance of
- 8 professional services in a superior manner;
- 9 (N) Advertising to guarantee any dental service;
- 10 (0) Advertising in any manner that is false or misleading in 11 any material respect;
- 12 (P) Soliciting subscriptions from individuals within or
- 13 without the state for, or advertising or offering to individuals
- 14 within or without the state, a course or instruction or course
- 15 materials in any phase, part or branch of dentistry or dental
- 16 hygiene in any journal, newspaper, magazine or dental publication,
- 17 or by means of radio, television or United States mail, or in or by
- 18 any other means of contacting individuals: Provided, That the
- 19 provisions of this paragraph may not be construed so as to
- 20 prohibit:
- 21 (I) An individual dentist or dental hygienist from presenting
- 22 articles pertaining to procedures or technique to state or national

- 1 journals or accepted dental publications; or
- 2 (ii) Educational institutions approved by the board from
- 3 offering courses or instruction or course materials to individual
- 4 dentists and dental hygienists from within or without the state; or
- 5 (Q) Engaging in any action or conduct which would have 6 warranted the denial of the license.
- 7 (13) Knowing or suspecting that a licensee is incapable of
- 8 engaging in the practice of dentistry or dental hygiene, with
- 9 reasonable skill, competence and safety to the public, and failing
- 10 to report any relevant information to the board;
- 11 (14) Using or disclosing protected health information in an
- 12 unauthorized or unlawful manner;
- 13 (15) Engaging in any conduct that subverts or attempts to
- 14 subvert any licensing examination or the administration of any
- 15 licensing examination;
- 16 (16) Failing to furnish to the board or its representatives
- 17 any information legally requested by the board or failing to
- 18 cooperate with or engaging in any conduct which obstructs an
- 19 investigation being conducted by the board;
- 20 (17) Announcing or otherwise holding himself or herself out to
- 21 the public as a specialist or as being specially qualified in any
- 22 particular branch of dentistry or as giving special attention to

- 1 any branch of dentistry or as limiting his or her practice to any
- 2 branch of dentistry without first complying with the requirements
- 3 established by the board for the specialty and having been issued
- 4 a certificate of qualification in the specialty by the board;
- 5 (18) Failing to report to the board within seventy-two hours
- 6 of becoming aware thereof any life threatening occurrence, serious
- 7 injury or death of a patient resulting from dental treatment or
- 8 complications following a dental procedure;
- 9 (19) Failing to report to the board any driving under the
- 10 influence and/or driving while intoxicated offense; or
- 11 (20) Violation of any of the terms or conditions of any order
- 12 entered in any disciplinary action.
- (h) For the purposes of subsection (g) of this section,
- 14 effective July 1, 2013, disciplinary action may include:
- 15 (1) Reprimand;
- 16 (2) Probation;
- 17 (3) Restrictions;
- 18 (4) Suspension;
- 19 (5) Revocation;
- 20 (6) Administrative fine, not to exceed \$1,000 per day per
- 21 violation;
- 22 (7) Mandatory attendance at continuing education seminars or

- 1 other training;
- 2 (8) Practicing under supervision or other restriction; or
- 3 (9) Requiring the licensee or permittee to report to the board 4 for periodic interviews for a specified period of time.
- 5 (I) In addition to any other sanction imposed, the board may 6 require a licensee or permittee to pay the costs of the proceeding.
- (j) A person authorized to practice under this article who 8 reports or otherwise provides evidence of the negligence, 9 impairment or incompetence of another member of this profession to 10 the board or to any peer review organization is not liable to any 11 person for making the report if the report is made without actual 12 malice and in the reasonable belief that the report is warranted by 13 the facts known to him or her at the time.
- (k) Notwithstanding any provision of this code to the contrary, the board may independently initiate disciplinary proceedings based on a report or information from an agent or investigator of the Board of Pharmacy related to data from the Controlled Substance Monitoring Program.
- 19 ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.
- 20 §30-14-12a. Initiation of suspension or revocation proceedings
 21 allowed and required; reporting of information to
 22 board pertaining to professional malpractice and

- professional incompetence required; penalties;
- probable cause determinations.
- 3 (a) The board may independently initiate suspension or 4 revocation proceedings as well as initiate suspension or revocation 5 proceedings based on information received from any person.
- The board shall initiate investigations as to professional incompetence or other reasons for which a licensed osteopathic physician and surgeon may be adjudged unqualified if the board receives notice that three or more judgments or any combination of judgments and settlements resulting in five or more unfavorable outcomes arising from medical professional liability have been rendered or made against such osteopathic physician within a five-year period.
- (b) Upon request of the board, any a medical peer review committee in this state shall report any information that may relate to the practice or performance of any an osteopathic physician known to that medical peer review committee. Copies of such requests for information from a medical peer review committee may be provided to the subject osteopathic physician if, in the discretion of the board, the provision of such copies will not peopardize the board's investigation. In the event that copies are provided, the subject osteopathic physician has fifteen days to

1 comment on the requested information and $\frac{\text{the}}{\text{the}}$ comments must be 2 considered by the board.

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

Any professional society in this state comprised primarily of 19 osteopathic physicians or physicians and surgeons of other schools 20 of medicine which takes formal disciplinary action against a member 21 relating to professional ethics, professional incompetence, 22 professional malpractice, moral turpitude or drug or alcohol abuse, 1 shall report in writing to the board within sixty days of a final

2 decision the name of such member, together with all pertinent

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

Within thirty days after a person known to be an osteopathic physician licensed or otherwise lawfully practicing medicine and surgery in this state, or applying to be licensed, is convicted of a felony under the laws of this state or of any crime under the laws of this state involving alcohol or drugs in any way, including any a controlled substance under state or federal law, the clerk of the court of record in which the conviction was entered shall forward to the board a certified true and correct abstract of record of the convicting court. The abstract shall include the

- 1 name and address of such the osteopathic physician or applicant,
- 2 the nature of the offense committed and the final judgment and
- 3 sentence of the court.
- Upon a determination of the board that there is probable cause believe person, partnership, corporation, that any а 6 association, insurance company, professional society or other 7 organization has failed or refused to make a report required by 8 this subsection, the board shall provide written notice to the 9 alleged violator stating the nature of the alleged violation and 10 the time and place at which the alleged violator shall appear to 11 show good cause why a civil penalty should not be imposed. 12 hearing shall be conducted in accordance with the provisions of 13 article five, chapter twenty-nine-a of this code. After reviewing 14 the record of such hearing, if the board determines that a 15 violation of this subsection has occurred, the board shall assess 16 a civil penalty of not less than \$1,000 nor more than \$10,000 17 against such violator. The board shall notify anyone assessed of 18 the assessment in writing and the notice shall specify the reasons 19 for the assessment. If the violator fails to pay the amount of the 20 assessment to the board within thirty days, the Attorney General 21 may institute a civil action in the circuit court of Kanawha County 22 to recover the amount of the assessment. In any such civil action,

- 1 the court's review of the board's action shall be conducted in
- 2 accordance with the provisions of section four, article five,
- 3 chapter twenty-nine-a of this code.
- Any person may report to the board relevant facts about the
- 5 conduct of any osteopathic physician in this state which in the
- 6 opinion of such person amounts to professional malpractice or
- 7 professional incompetence.
- 8 The board shall provide forms for filing reports pursuant to
- 9 this section. Reports submitted in other forms shall be accepted
- 10 by the board.
- 11 The filing of a report with the board pursuant to any a
- 12 provision of this article, any an investigation by the board or any
- 13 a disposition of a case by the board does not preclude any action
- 14 by a hospital, other health care facility or professional society
- 15 comprised primarily of osteopathic physicians or physicians and
- 16 surgeons of other schools of medicine to suspend, restrict or
- 17 revoke the privileges or membership of such osteopathic physician.
- 18 Notwithstanding any provision of this code to the contrary, the
- 19 board may independently initiate disciplinary proceedings based on
- 20 a report or information from an agent or investigator of the Board
- 21 of Pharmacy related to data from the Controlled Substances
- 22 Monitoring Program.

- 1 (c) In every case considered by the board under this article 2 regarding suspension, revocation or issuance of a license, whether 3 initiated by the board or upon complaint or information from any 4 person or organization, the board shall make a preliminary 5 determination as to whether probable cause exists to substantiate 6 charges of cause to suspend, revoke or refuse to issue a license as 7 set forth in subsection (a), section eleven of this article. 8 such probable cause is found to exist, all proceedings on such the 9 charges shall be are open to the public who are entitled to all 10 reports, records and nondeliberative materials introduced at such 11 hearing, including the record of the final action taken: Provided, 12 That any medical records, which were introduced at such the hearing 13 and which pertain to a person who has not expressly waived his or 14 her right to the confidentiality of such the records, shall not be 15 open to the public nor is the public entitled to such records. 16 a finding is made that probable cause does not exist, the public 17 has a right of access to the complaint or other document setting 18 forth the charges <u>and</u> the findings of fact and conclusions 19 supporting such finding that probable cause does not exist, if the 20 finding so long as the subject osteopathic physician consents to 21 such access.
- 22 (d) If the board receives notice that an osteopathic physician

- 1 has been subjected to disciplinary action or has had his or her
- 2 credentials suspended or revoked by the board, a medical peer
- 3 review committee, a hospital or professional society, as defined in
- 4 subsection (b) of this section, for three or more incidents in a
- 5 five-year period, the board shall require the osteopathic physician
- 6 to practice under the direction of another osteopathic physician
- 7 for a specified period to be established by the board.

NOTE: The purpose of this bill is to permit the boards of medicine, dentistry and osteopathy to independently initiate disciplinary proceedings in certain circumstances; permit the Board of Medicine to approve certain decisions, rather than deciding them directly as a whole; and increase the number of days within which the Board of Medicine can make certain decisions.

Strike-throughs indicate language that would be stricken from the present law, and underscoring indicates new language that would be added.