

# WEST VIRGINIA LEGISLATURE

## 2017 REGULAR SESSION

### ENROLLED

### House Bill 2628

BY DELEGATES HOWELL, HAMRICK, SUMMERS,  
ELLINGTON, ARVON, ROHRBACH, SHOTT, C. MILLER,  
STORCH, LEWIS AND MAYNARD

[Passed April 7, 2017; in effect ninety days from passage.]

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SECRETARY OF STATE

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1 AN ACT to amend and reenact §30-3-12 and §30-3-14 of the Code of West Virginia, 1931, as  
2 amended; and to amend and reenact §30-14-11 and §30-14-12a of said code, all relating  
3 generally to the regulation and licensing of medical professionals; modifying powers and  
4 duties of the Board of Medicine and the Board of Osteopathic Medicine with regard to  
5 evidence of serious misconduct of individuals subject to the boards' jurisdictions;  
6 authorizing the Board of Medicine to deny or refuse to reissue a license to any person  
7 convicted of a felony; authorizing the Board of Medicine to take disciplinary action against  
8 a licensee or applicant for licensure who knowingly fails to report any act of gross  
9 misconduct committed by another licensee; authorizing the Board of Medicine to revoke  
10 a license or other authorization to practice or prescribe or dispense controlled substances  
11 for any period of time, including for the life of the licensee; authorizing the Board of  
12 Osteopathic Medicine to refuse to issue a license, suspend or revoke a license, fine a  
13 licensee, or order restitution or rehabilitative action by a licensee for certain causes;  
14 requiring the Board of Osteopathic Medicine to revoke or refuse to reissue the license of  
15 a physician or physician's assistant convicted of a felony involving prescription drugs;  
16 authorizing the Board of Osteopathic Medicine to take disciplinary action against a  
17 licensee or applicant for licensure who knowingly fails to report any act of gross  
18 misconduct committed by another licensee; and requiring the Board of Medicine and the  
19 Board of Osteopathic Medicine to report certain credible information received to  
20 appropriate authorities.

*Be it enacted by the Legislature of West Virginia:*

1 That §30-3-12 and §30-3-14 of the Code of West Virginia, 1931, as amended, be amended  
2 and reenacted; and that §30-14-11 and §30-14-12a of said code be amended and reenacted, all  
3 to read as follows:

**ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.**

**§30-3-12. Biennial renewal of license to practice medicine and surgery or podiatry; continuing education; rules; fee; inactive license; denial for conviction of felony offense.**

1 (a) A license to practice medicine and surgery or podiatry in this state is valid for a term of  
2 two years.

3 (b) The license shall be renewed:

4 (1) Upon receipt of a reasonable fee, as set by the board;

5 (2) Submission of an application on forms provided by the board; and

6 (3) A certification of participation in and successful completion of a minimum of fifty hours  
7 of continuing medical or podiatric education satisfactory to the board, as appropriate to the  
8 particular license, during the preceding two-year period.

9 (c) The application may not require disclosure of a voluntary agreement entered into  
10 pursuant to subsection (h), section nine of this article.

11 (d) Continuing medical education satisfactory to the board is continuing medical education  
12 designated as Category I by the American Medical Association or the Academy of Family  
13 Physicians and alternate categories approved by the board.

14 (e) Continuing podiatric education satisfactory to the board is continuing podiatric  
15 education approved by the Council on Podiatric Education and alternate categories approved by  
16 the board.

17 (f) Notwithstanding any provision of this chapter to the contrary, beginning July 1, 2007,  
18 failure to timely submit to the board a certification of successful completion of a minimum of fifty  
19 hours of continuing medical or podiatric education satisfactory to the board, as appropriate to the  
20 particular license, shall result in the automatic expiration of any license to practice medicine and  
21 surgery or podiatry until such time as the certification, with all supporting written documentation,  
22 is submitted to and approved by the board.

23 (g) If a license is automatically expired and reinstatement is sought within one year of the  
24 automatic expiration, the former licensee shall:

25 (1) Provide certification with supporting written documentation of the successful  
26 completion of the required continuing education;

27 (2) Pay a renewal fee; and

28 (3) Pay a reinstatement fee equal to fifty percent of the renewal fee.

29 (h) If a license is automatically expired and more than one year has passed since the  
30 automatic expiration, the former licensee shall:

31 (1) Apply for a new license;

32 (2) Provide certification with supporting written documentation of the successful  
33 completion of the required continuing education; and

34 (3) Pay such fees as determined by the board.

35 (i) Any individual who accepts the privilege of practicing medicine and surgery or podiatry  
36 in this state is required to provide supporting written documentation of the continuing education  
37 represented as received within thirty days of receipt of a written request to do so by the board. If  
38 a licensee fails or refuses to provide supporting written documentation of the continuing education  
39 represented as received as required in this section, such failure or refusal to provide supporting  
40 written documentation is prima facie evidence of renewing a license to practice medicine and  
41 surgery or podiatry by fraudulent misrepresentation.

42 (j) The board may renew, on an inactive basis, the license of a physician or podiatrist who  
43 is currently licensed to practice medicine and surgery or podiatry in, but is not actually practicing,  
44 medicine and surgery or podiatry in this state. A physician or podiatrist holding an inactive license  
45 shall not practice medicine and surgery or podiatry in this state.

46 (k) An inactive license may be converted by the board to an active license upon a written  
47 request by the licensee to the board that:

48 (1) Accounts for his or her period of inactivity to the satisfaction of the board; and

49 (2) Submits written documentation of participation in and successful completion of a  
50 minimum of fifty hours of continuing medical or podiatric education satisfactory to the board, as  
51 appropriate to the particular license, during each preceding two-year period.

52 (l) An inactive license may be obtained upon receipt of a reasonable fee, as set by the  
53 board, and submission of an application on forms provided by the board on a biennial basis.

54 (m) The board may not require any physician or podiatrist who is retired or retiring from  
55 the active practice of medicine and surgery or the practice of podiatry and who is voluntarily  
56 surrendering their license to return to the board the license certificate issued to them by the board.

57 (n) The board may deny or refuse to reissue a license to any person who has been  
58 convicted of a felony under the laws of this state, any other state, the United States or the laws of  
59 any other country or state outside of the United States.

**§30-3-14. Professional discipline of physicians and podiatrists; reporting of information to  
board pertaining to medical professional liability and professional incompetence  
required; penalties; grounds for license denial and discipline of physicians and  
podiatrists; investigations; physical and mental examinations; hearings; sanctions;  
summary sanctions; reporting by the board; reapplication; civil and criminal  
immunity; voluntary limitation of license; probable cause determinations; referral  
to law enforcement authorities.**

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

4 The board may initiate investigations as to professional incompetence or other reasons  
5 for which a licensed physician or podiatrist may be adjudged unqualified based upon criminal  
6 convictions; complaints by citizens, pharmacists, physicians, podiatrists, peer review committees,  
7 hospital administrators, professional societies or others; or unfavorable outcomes arising out of  
8 medical professional liability. The board shall initiate an investigation if it receives notice that three

9 or more judgments, or any combination of judgments and settlements resulting in five or more  
10 unfavorable outcomes arising from medical professional liability have been rendered or made  
11 against the physician or podiatrist within a five-year period. The board may not consider any  
12 judgments or settlements as conclusive evidence of professional incompetence or conclusive lack  
13 of qualification to practice.

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

21 The chief executive officer of every hospital shall, within sixty days after the completion of  
22 the hospital's formal disciplinary procedure and also within sixty days after the commencement of  
23 and again after the conclusion of any resulting legal action, report in writing to the board the name  
24 of any member of the medical staff or any other physician or podiatrist practicing in the hospital  
25 whose hospital privileges have been revoked, restricted, reduced or terminated for any cause,  
26 including resignation, together with all pertinent information relating to such action. The chief  
27 executive officer shall also report any other formal disciplinary action taken against any physician  
28 or podiatrist by the hospital upon the recommendation of its medical staff relating to professional  
29 ethics, medical incompetence, medical professional liability, moral turpitude or drug or alcohol  
30 abuse. Temporary suspension for failure to maintain records on a timely basis or failure to attend  
31 staff or section meetings need not be reported. Voluntary cessation of hospital privileges for  
32 reasons unrelated to professional competence or ethics need not be reported.

33 Any managed care organization operating in this state which provides a formal peer review  
34 process shall report in writing to the board, within sixty days after the completion of any formal

35 peer review process and also within sixty days after the commencement of and again after the  
36 conclusion of any resulting legal action, the name of any physician or podiatrist whose  
37 credentialing has been revoked or not renewed by the managed care organization. The managed  
38 care organization shall also report in writing to the board any other disciplinary action taken  
39 against a physician or podiatrist relating to professional ethics, professional liability, moral  
40 turpitude or drug or alcohol abuse within sixty days after completion of a formal peer review  
41 process which results in the action taken by the managed care organization. For purposes of this  
42 subsection, "managed care organization" means a plan that establishes, operates or maintains a  
43 network of health care providers who have entered into agreements with and been credentialed  
44 by the plan to provide health care services to enrollees or insureds to whom the plan has the  
45 ultimate obligation to arrange for the provision of or payment for health care services through  
46 organizational arrangements for ongoing quality assurance, utilization review programs or dispute  
47 resolutions.

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

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



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

65           Within thirty days after a person known to be a physician or podiatrist licensed or otherwise  
66 lawfully practicing medicine and surgery or podiatry in this state or applying to be licensed is  
67 convicted of a felony under the laws of this state or of any crime under the laws of this state  
68 involving alcohol or drugs in any way, including any controlled substance under state or federal  
69 law, the clerk of the court of record in which the conviction was entered shall forward to the board  
70 a certified true and correct abstract of record of the convicting court. The abstract shall include  
71 the name and address of the physician or podiatrist or applicant, the nature of the offense  
72 committed and the final judgment and sentence of the court.

73           Upon a determination of the board that there is probable cause to believe that any person,  
74 partnership, corporation, association, insurance company, professional society or other  
75 organization has failed or refused to make a report required by this subsection, the board shall  
76 provide written notice to the alleged violator stating the nature of the alleged violation and the time  
77 and place at which the alleged violator shall appear to show good cause why a civil penalty should  
78 not be imposed. The hearing shall be conducted in accordance with article five, chapter twenty-  
79 nine-a of this code. After reviewing the record of the hearing, if the board determines that a  
80 violation of this subsection has occurred, the board shall assess a civil penalty of not less than  
81 \$1,000 nor more than \$10,000 against the violator. The board shall notify any person so assessed  
82 of the assessment in writing and the notice shall specify the reasons for the assessment. If the  
83 violator fails to pay the amount of the assessment to the board within thirty days, the Attorney  
84 General may institute a civil action in the circuit court of Kanawha County to recover the amount  
85 of the assessment. In any civil action, the court's review of the board's action shall be conducted  
86 in accordance with section four, article five, chapter twenty-nine-a of this code. Notwithstanding

87 any other provision of this article to the contrary, when there are conflicting views by recognized  
88 experts as to whether any alleged conduct breaches an applicable standard of care, the evidence  
89 must be clear and convincing before the board may find that the physician or podiatrist has  
90 demonstrated a lack of professional competence to practice with a reasonable degree of skill and  
91 safety for patients.

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

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

97 The filing of a report with the board pursuant to any provision of this article, any  
98 investigation by the board or any disposition of a case by the board does not preclude any action  
99 by a hospital, other health care facility or professional society comprised primarily of physicians  
100 or podiatrists to suspend, restrict or revoke the privileges or membership of the physician or  
101 podiatrist.

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

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

109 (2) Being found guilty of a crime in any jurisdiction, which offense is a felony, involves  
110 moral turpitude or directly relates to the practice of medicine. Any plea of nolo contendere is a  
111 conviction for the purposes of this subdivision;

112 (3) False or deceptive advertising;

113 (4) Aiding, assisting, procuring or advising any unauthorized person to practice medicine  
114 and surgery or podiatry contrary to law;

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

120 (6) Requesting, receiving or paying directly or indirectly a payment, rebate, refund,  
121 commission, credit or other form of profit or valuable consideration for the referral of patients to  
122 any person or entity in connection with providing medical or other health care services or clinical  
123 laboratory services, supplies of any kind, drugs, medication or any other medical goods, services  
124 or devices used in connection with medical or other health care services;

125 (7) Unprofessional conduct by any physician or podiatrist in referring a patient to any  
126 clinical laboratory or pharmacy in which the physician or podiatrist has a proprietary interest  
127 unless the physician or podiatrist discloses in writing such interest to the patient. The written  
128 disclosure shall indicate that the patient may choose any clinical laboratory for purposes of having  
129 any laboratory work or assignment performed or any pharmacy for purposes of purchasing any  
130 prescribed drug or any other medical goods or devices used in connection with medical or other  
131 health care services;

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

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

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

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

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

144 (12) Exercising influence on a patient in such a way as to exploit the patient for financial  
145 gain of the physician or podiatrist or of a third party. Any influence includes, but is not limited to,  
146 the promotion or sale of services, goods, appliances or drugs;

147 (13) Prescribing, dispensing, administering, mixing or otherwise preparing a prescription  
148 drug, including any controlled substance under state or federal law, other than in good faith and  
149 in a therapeutic manner in accordance with accepted medical standards and in the course of the  
150 physician's or podiatrist's professional practice. A physician who discharges his or her  
151 professional obligation to relieve the pain and suffering and promote the dignity and autonomy of  
152 dying patients in his or her care and, in so doing, exceeds the average dosage of a pain relieving  
153 controlled substance, as defined in Schedules II and III of the Uniform Controlled Substance Act,  
154 does not violate this article;

155 (14) Performing any procedure or prescribing any therapy that, by the accepted standards  
156 of medical practice in the community, would constitute experimentation on human subjects  
157 without first obtaining full, informed and written consent;

158 (15) Practicing or offering to practice beyond the scope permitted by law or accepting and  
159 performing professional responsibilities that the person knows or has reason to know he or she  
160 is not competent to perform;

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

164 (17) Violating any provision of this article or a rule or order of the board or failing to comply  
165 with a subpoena or subpoena duces tecum issued by the board;

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

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

170 (20) Professional incompetence;

171 (21) The inability to practice medicine and surgery or podiatry with reasonable skill and  
172 safety due to physical or mental impairment, including deterioration through the aging process,  
173 loss of motor skill or abuse of drugs or alcohol. A physician or podiatrist adversely affected under  
174 this subdivision shall be afforded an opportunity at reasonable intervals to demonstrate that he or  
175 she may resume the competent practice of medicine and surgery or podiatry with reasonable skill  
176 and safety to patients. In any proceeding under this subdivision, neither the record of proceedings  
177 nor any orders entered by the board shall be used against the physician or podiatrist in any other  
178 proceeding; or

179 (22) Knowingly failing to report to the board any act of gross misconduct committed by  
180 another licensee of the board.

181 (d) The board shall deny any application for a license or other authorization to practice  
182 medicine and surgery or podiatry in this state to any applicant who, and shall revoke the license  
183 of any physician or podiatrist licensed or otherwise lawfully practicing within this state who, is  
184 found guilty by any court of competent jurisdiction of any felony involving prescribing, selling,  
185 administering, dispensing, mixing or otherwise preparing any prescription drug, including any  
186 controlled substance under state or federal law, for other than generally accepted therapeutic  
187 purposes. Presentation to the board of a certified copy of the guilty verdict or plea rendered in the  
188 court is sufficient proof thereof for the purposes of this article. A plea of nolo contendere has the  
189 same effect as a verdict or plea of guilt. Upon application of a physician that has had his or her

190 license revoked because of a drug related felony conviction, upon completion of any sentence of  
191 confinement, parole, probation or other court-ordered supervision and full satisfaction of any fines,  
192 judgments or other fees imposed by the sentencing court, the board may issue the applicant a  
193 new license upon a finding that the physician is, except for the underlying conviction, otherwise  
194 qualified to practice medicine: *Provided*, That the board may place whatever terms, conditions or  
195 limitations it deems appropriate upon a physician licensed pursuant to this subsection.

196 (e) The board may refer any cases coming to its attention to an appropriate committee of  
197 an appropriate professional organization for investigation and report. Except for complaints  
198 related to obtaining initial licensure to practice medicine and surgery or podiatry in this state by  
199 bribery or fraudulent misrepresentation, any complaint filed more than two years after the  
200 complainant knew, or in the exercise of reasonable diligence should have known, of the existence  
201 of grounds for the complaint shall be dismissed: *Provided*, That in cases of conduct alleged to be  
202 part of a pattern of similar misconduct or professional incapacity that, if continued, would pose  
203 risks of a serious or substantial nature to the physician's or podiatrist's current patients, the  
204 investigating body may conduct a limited investigation related to the physician's or podiatrist's  
205 current capacity and qualification to practice and may recommend conditions, restrictions or  
206 limitations on the physician's or podiatrist's license to practice that it considers necessary for the  
207 protection of the public. Any report shall contain recommendations for any necessary disciplinary  
208 measures and shall be filed with the board within ninety days of any referral. The  
209 recommendations shall be considered by the board and the case may be further investigated by  
210 the board. The board after full investigation shall take whatever action it considers appropriate,  
211 as provided in this section.

212 (f) The investigating body, as provided in subsection (e) of this section, may request and  
213 the board under any circumstances may require a physician or podiatrist or person applying for  
214 licensure or other authorization to practice medicine and surgery or podiatry in this state to submit  
215 to a physical or mental examination by a physician or physicians approved by the board. A

216 physician or podiatrist submitting to an examination has the right, at his or her expense, to  
217 designate another physician to be present at the examination and make an independent report to  
218 the investigating body or the board. The expense of the examination shall be paid by the board.  
219 Any individual who applies for or accepts the privilege of practicing medicine and surgery or  
220 podiatry in this state is considered to have given his or her consent to submit to all examinations  
221 when requested to do so in writing by the board and to have waived all objections to the  
222 admissibility of the testimony or examination report of any examining physician on the ground that  
223 the testimony or report is privileged communication. If a person fails or refuses to submit to an  
224 examination under circumstances which the board finds are not beyond his or her control, failure  
225 or refusal is prima facie evidence of his or her inability to practice medicine and surgery or podiatry  
226 competently and in compliance with the standards of acceptable and prevailing medical practice.

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

229 (h) In every disciplinary or licensure denial action, the board shall furnish the physician or  
230 podiatrist or applicant with written notice setting out with particularity the reasons for its action.  
231 Disciplinary and licensure denial hearings shall be conducted in accordance with article five,  
232 chapter twenty-nine-a of this code. However, hearings shall be heard upon sworn testimony and  
233 the rules of evidence for trial courts of record in this state shall apply to all hearings. A transcript  
234 of all hearings under this section shall be made, and the respondent may obtain a copy of the  
235 transcript at his or her expense. The physician or podiatrist has the right to defend against any  
236 charge by the introduction of evidence, the right to be represented by counsel, the right to present  
237 and cross-examine witnesses and the right to have subpoenas and subpoenas duces tecum  
238 issued on his or her behalf for the attendance of witnesses and the production of documents. The  
239 board shall make all its final actions public. The order shall contain the terms of all action taken  
240 by the board.

241 (i) In disciplinary actions in which probable cause has been found by the board, the board  
242 shall, within twenty days of the date of service of the written notice of charges or sixty days prior  
243 to the date of the scheduled hearing, whichever is sooner, provide the respondent with the  
244 complete identity, address and telephone number of any person known to the board with  
245 knowledge about the facts of any of the charges; provide a copy of any statements in the  
246 possession of or under the control of the board; provide a list of proposed witnesses with  
247 addresses and telephone numbers, with a brief summary of his or her anticipated testimony;  
248 provide disclosure of any trial expert pursuant to the requirements of Rule 26(b)(4) of the West  
249 Virginia Rules of Civil Procedure; provide inspection and copying of the results of any reports of  
250 physical and mental examinations or scientific tests or experiments; and provide a list and copy  
251 of any proposed exhibit to be used at the hearing: *Provided*, That the board shall not be required  
252 to furnish or produce any materials which contain opinion work product information or would be a  
253 violation of the attorney-client privilege. Within twenty days of the date of service of the written  
254 notice of charges, the board shall disclose any exculpatory evidence with a continuing duty to do  
255 so throughout the disciplinary process. Within thirty days of receipt of the board's mandatory  
256 discovery, the respondent shall provide the board with the complete identity, address and  
257 telephone number of any person known to the respondent with knowledge about the facts of any  
258 of the charges; provide a list of proposed witnesses with addresses and telephone numbers, to  
259 be called at hearing, with a brief summary of his or her anticipated testimony; provide disclosure  
260 of any trial expert pursuant to the requirements of Rule 26(b)(4) of the West Virginia Rules of Civil  
261 Procedure; provide inspection and copying of the results of any reports of physical and mental  
262 examinations or scientific tests or experiments; and provide a list and copy of any proposed exhibit  
263 to be used at the hearing.

264 (j) Whenever it finds any person unqualified because of any of the grounds set forth in  
265 subsection (c) of this section, the board may enter an order imposing one or more of the following:



266 (1) Deny his or her application for a license or other authorization to practice medicine and  
267 surgery or podiatry;

268 (2) Administer a public reprimand;

269 (3) Suspend, limit or restrict his or her license or other authorization to practice medicine  
270 and surgery or podiatry for not more than five years, including limiting the practice of that person  
271 to, or by the exclusion of, one or more areas of practice, including limitations on practice privileges;

272 (4) Revoke his or her license or other authorization to practice medicine and surgery or  
273 podiatry or to prescribe or dispense controlled substances for any period of time, including for the  
274 life of the licensee, that the board may find to be reasonable and necessary according to evidence  
275 presented in a hearing before the board or its designee;

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

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

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

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

283 (k) Notwithstanding the provisions of section eight, article one of this chapter, if the board  
284 determines the evidence in its possession indicates that a physician's or podiatrist's continuation  
285 in practice or unrestricted practice constitutes an immediate danger to the public, the board may  
286 take any of the actions provided in subsection (j) of this section on a temporary basis and without  
287 a hearing if institution of proceedings for a hearing before the board are initiated simultaneously  
288 with the temporary action and begin within fifteen days of the action. The board shall render its  
289 decision within five days of the conclusion of a hearing under this subsection.

290 (l) Any person against whom disciplinary action is taken pursuant to this article has the  
291 right to judicial review as provided in articles five and six, chapter twenty-nine-a of this code:

292 *Provided*, That a circuit judge may also remand the matter to the board if it appears from  
293 competent evidence presented to it in support of a motion for remand that there is newly  
294 discovered evidence of such a character as ought to produce an opposite result at a second  
295 hearing on the merits before the board and:

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

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

299 A person may not practice medicine and surgery or podiatry or deliver health care services  
300 in violation of any disciplinary order revoking, suspending or limiting his or her license while any  
301 appeal is pending. Within sixty days, the board shall report its final action regarding restriction,  
302 limitation, suspension or revocation of the license of a physician or podiatrist, limitation on practice  
303 privileges or other disciplinary action against any physician or podiatrist to all appropriate state  
304 agencies, appropriate licensed health facilities and hospitals, insurance companies or  
305 associations writing medical malpractice insurance in this state, the American Medical  
306 Association, the American Podiatry Association, professional societies of physicians or podiatrists  
307 in the state and any entity responsible for the fiscal administration of Medicare and Medicaid.

308 (m) Any person against whom disciplinary action has been taken under this article shall,  
309 at reasonable intervals, be afforded an opportunity to demonstrate that he or she can resume the  
310 practice of medicine and surgery or podiatry on a general or limited basis. At the conclusion of a  
311 suspension, limitation or restriction period the physician or podiatrist may resume practice if the  
312 board has so ordered.

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

318 review committee pursuant to law and any person acting without malice and without gross  
319 negligence who assists in the organization, investigation or preparation of any such report or  
320 information or assists the board or a hospital governing body or any committee in carrying out any  
321 of its duties or functions provided by law is immune from civil or criminal liability, except that the  
322 unlawful disclosure of confidential information possessed by the board is a misdemeanor as  
323 provided in this article.

324 (o) A physician or podiatrist may request in writing to the board a limitation on or the  
325 surrendering of his or her license to practice medicine and surgery or podiatry or other appropriate  
326 sanction as provided in this section. The board may grant the request and, if it considers it  
327 appropriate, may waive the commencement or continuation of other proceedings under this  
328 section. A physician or podiatrist whose license is limited or surrendered or against whom other  
329 action is taken under this subsection may, at reasonable intervals, petition for removal of any  
330 restriction or limitation on or for reinstatement of his or her license to practice medicine and  
331 surgery or podiatry.

332 (p) In every case considered by the board under this article regarding discipline or  
333 licensure, whether initiated by the board or upon complaint or information from any person or  
334 organization, the board shall make a preliminary determination as to whether probable cause  
335 exists to substantiate charges of disqualification due to any reason set forth in subsection (c) of  
336 this section. If probable cause is found to exist, all proceedings on the charges shall be open to  
337 the public who are entitled to all reports, records and nondeliberative materials introduced at the  
338 hearing, including the record of the final action taken: *Provided*, That any medical records, which  
339 were introduced at the hearing and which pertain to a person who has not expressly waived his  
340 or her right to the confidentiality of the records, may not be open to the public nor is the public  
341 entitled to the records.

342 (q) If the board receives notice that a physician or podiatrist has been subjected to  
343 disciplinary action or has had his or her credentials suspended or revoked by the board, a hospital

344 or a professional society, as defined in subsection (b) of this section, for three or more incidents  
345 during a five-year period, the board shall require the physician or podiatrist to practice under the  
346 direction of a physician or podiatrist designated by the board for a specified period of time to be  
347 established by the board.

348 (r) Notwithstanding any other provisions of this article, the board may, at any time, on its  
349 own motion, or upon motion by the complainant, or upon motion by the physician or podiatrist, or  
350 by stipulation of the parties, refer the matter to mediation. The board shall obtain a list from the  
351 West Virginia State Bar's mediator referral service of certified mediators with expertise in  
352 professional disciplinary matters. The board and the physician or podiatrist may choose a  
353 mediator from that list. If the board and the physician or podiatrist are unable to agree on a  
354 mediator, the board shall designate a mediator from the list by neutral rotation. The mediation  
355 shall not be considered a proceeding open to the public and any reports and records introduced  
356 at the mediation shall not become part of the public record. The mediator and all participants in  
357 the mediation shall maintain and preserve the confidentiality of all mediation proceedings and  
358 records. The mediator may not be subpoenaed or called to testify or otherwise be subject to  
359 process requiring disclosure of confidential information in any proceeding relating to or arising out  
360 of the disciplinary or licensure matter mediated: *Provided*, That any confidentiality agreement and  
361 any written agreement made and signed by the parties as a result of mediation may be used in  
362 any proceedings subsequently instituted to enforce the written agreement. The agreements may  
363 be used in other proceedings if the parties agree in writing.

364 (s) A physician licensed under this article may not be disciplined for providing expedited  
365 partner therapy in accordance with article four-f, chapter sixteen of this code.

366 (t) Whenever the board receives credible information that a licensee of the board is  
367 engaging or has engaged in criminal activity or the commitment of a crime under state or federal  
368 law, the board shall report the information, to the extent that sensitive or confidential information  
369 may be publicly disclosed under law, to the appropriate state or federal law-enforcement authority

370 and/or prosecuting authority. This duty exists in addition to and is distinct from the reporting  
371 required under federal law for reporting actions relating to health care providers to the United  
372 States Department of Health and Human Services.

**ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.**

**§30-14-11. Refusal, suspension or revocation of license; suspension or revocation of  
certificate of authorization.**

1 (a) The board may refuse to issue a license, suspend or revoke a license, fine a licensee,  
2 order restitution or rehabilitative action by a licensee, or order a combination thereof for any one  
3 or more of the following causes:

4 (1) Conviction of a felony, as shown by a certified copy of the record of the trial court:  
5 *Provided*, That if the conviction is for an offense that involves the transfer, delivery or illicit  
6 possession of a prescription drug, then the board shall revoke or refuse to issue the license of the  
7 convicted physician or physician's assistant for a period of time until the physician or physician's  
8 assistant demonstrates a record of rehabilitation and that he or she has the integrity, moral  
9 character and professional competence to practice in this state;

10 (2) Conviction of a misdemeanor involving moral turpitude;

11 (3) Violation of any provision of this article regulating the practice of osteopathic physicians  
12 and surgeons;

13 (4) Fraud, misrepresentation or deceit in procuring or attempting to procure admission to  
14 practice;

15 (5) Gross malpractice;

16 (6) Advertising by means of knowingly false or deceptive statements;

17 (7) Advertising, practicing or attempting to practice under a name other than one's own;

18 (8) Habitual drunkenness, or habitual addiction to the use of morphine, cocaine or other  
19 habit-forming drugs; or

20 (9) Knowingly failing to report to the board any act of gross misconduct committed by  
21 another licensee of the board.

22 (b) The board shall also have the power to suspend or revoke for cause any certificate of  
23 authorization issued by it. It shall have the power to reinstate any certificate of authorization  
24 suspended or revoked by it.

25 (c) An osteopathic physician licensed under this article may not be disciplined for providing  
26 expedited partner therapy in accordance with article four-f, chapter sixteen of this code.

**§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; referrals to law enforcement authorities.**

1 (a) The board may independently initiate suspension or revocation proceedings as well as  
2 initiate suspension or revocation proceedings based on information received from any person.

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

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

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

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

31           Every person, partnership, corporation, association, insurance company, professional  
32 society or other organization providing professional liability insurance to an osteopathic physician  
33 in this state shall submit to the board the following information within thirty days from any  
34 judgment, dismissal or settlement of a civil action or of any claim involving the insured: The date  
35 of any judgment, dismissal or settlement; whether any appeal has been taken on the judgment,  
36 and, if so, by which party; the amount of any settlement or judgment against the insured; and such  
37 other information required by the board.

38           Within thirty days after a person known to be an osteopathic physician licensed or  
39 otherwise lawfully practicing medicine and surgery in this state or applying to be licensed is  
40 convicted of a felony under the laws of this state, or of any crime under the laws of this state

41 involving alcohol or drugs in any way, including any controlled substance under state or federal  
42 law, the clerk of the court of record in which the conviction was entered shall forward to the board  
43 a certified true and correct abstract of record of the convicting court. The abstract shall include  
44 the name and address of such osteopathic physician or applicant, the nature of the offense  
45 committed and the final judgment and sentence of the court.

46       Upon a determination of the board that there is probable cause to believe that any person,  
47 partnership, corporation, association, insurance company, professional society or other  
48 organization has failed or refused to make a report required by this subsection, the board shall  
49 provide written notice to the alleged violator stating the nature of the alleged violation and the time  
50 and place at which the alleged violator shall appear to show good cause why a civil penalty should  
51 not be imposed. The hearing shall be conducted in accordance with the provisions of article five,  
52 chapter twenty-nine-a of this code. After reviewing the record of such hearing, if the board  
53 determines that a violation of this subsection has occurred, the board shall assess a civil penalty  
54 of not less than \$1,000 nor more than \$10,000 against such violator. The board shall notify anyone  
55 assessed of the assessment in writing and the notice shall specify the reasons for the  
56 assessment. If the violator fails to pay the amount of the assessment to the board within thirty  
57 days, the Attorney General may institute a civil action in the circuit court of Kanawha County to  
58 recover the amount of the assessment. In any such civil action, the court's review of the board's  
59 action shall be conducted in accordance with the provisions of section four, article five, chapter  
60 twenty-nine-a of this code.

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

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



66           The filing of a report with the board pursuant to any provision of this article, any  
67 investigation by the board or any disposition of a case by the board does not preclude any action  
68 by a hospital, other health care facility or professional society comprised primarily of osteopathic  
69 physicians or physicians and surgeons of other schools of medicine to suspend, restrict or revoke  
70 the privileges or membership of such osteopathic physician.

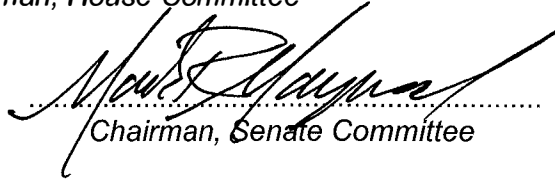
71           (c) In every case considered by the board under this article regarding suspension,  
72 revocation or issuance of a license whether initiated by the board or upon complaint or information  
73 from any person or organization, the board shall make a preliminary determination as to whether  
74 probable cause exists to substantiate charges of cause to suspend, revoke or refuse to issue a  
75 license as set forth in subsection (a), section eleven of this article. If such probable cause is found  
76 to exist, all proceedings on such charges shall be open to the public who are entitled to all reports,  
77 records, and nondeliberative materials introduced at such hearing, including the record of the final  
78 action taken: *Provided*, That any medical records, which were introduced at such hearing and  
79 which pertain to a person who has not expressly waived his or her right to the confidentiality of  
80 such records, shall not be open to the public nor is the public entitled to such records. If a finding  
81 is made that probable cause does not exist, the public has a right of access to the complaint or  
82 other document setting forth the charges, the findings of fact and conclusions supporting such  
83 finding that probable cause does not exist, if the subject osteopathic physician consents to such  
84 access.

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

91 (e) Whenever the board receives credible information that a licensee of the board is  
92 engaging or has engaged in criminal activity or the commitment of a crime under state or federal  
93 law, the board shall report the information, to the extent that sensitive or confidential information  
94 may be publicly disclosed under law, to the appropriate state or federal law-enforcement authority  
95 and/or prosecuting authority. This duty exists in addition to and is distinct from the reporting  
96 required under federal law for reporting actions relating to health care providers to the United  
97 States Department of Health and Human Services.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

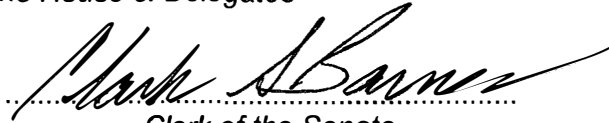
  
.....  
Chairman, House Committee

  
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Chairman, Senate Committee

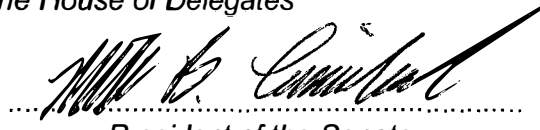
Originating in the House.

In effect ninety days from passage.

  
.....  
Clerk of the House of Delegates

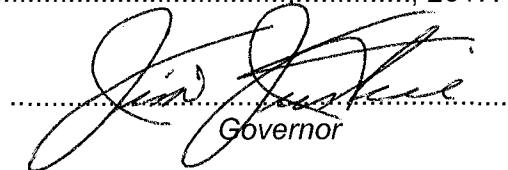
  
.....  
Clerk of the Senate

  
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Speaker of the House of Delegates

  
.....  
President of the Senate

FILED  
2017 APR 26 P 8:21  
OFFICE WEST VIRGINIA  
SECRETARY OF STATE

The within is approved this the 26<sup>th</sup>  
day of April, 2017.

  
.....  
Governor

PRESENTED TO THE GOVERNOR

APR 18 2017

Time 3:15 pm