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HOUSE BILL NO. 2407

Offered January 14, 2009

Prefiled January 14, 2009

A BILL to amend and reenact §§ 2.2-3705.5, 2.2-3711, 2.2-4002, 8.01-581.13, 54.1-113, 54.1-2400, 54.1-2400.2, 54.1-2505, 54.1-2515, 54.1-2516, 54.1-2517, 54.1-2523 and 54.1-2709.4 of the Code of Virginia, relating to the Health Practitioners' Intervention Program.

 Patron—Hall

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-3705.5, 2.2-3711, 2.2-4002, 8.01-581.13, 54.1-113, 54.1-2400, 54.1-2400.2, 54.1-2505, 54.1-2515, 54.1-2516, 54.1-2517, 54.1-2523 and 54.1-2709.4 of the Code of Virginia are amended and reenacted as follows:

§ 2.2-3705.5. Exclusions to application of chapter; health and social services records.

The following records are excluded from the provisions of this chapter but may be disclosed by the custodian in his discretion, except where such disclosure is prohibited by law:

1. Health records, except that such records may be personally reviewed by the individual who is the subject of such records, as provided in subsection F of § 32.1-127.1:03.

Where the person who is the subject of health records is confined in a state or local correctional facility, the administrator or chief medical officer of such facility may assert such confined person's right of access to the health records if the administrator or chief medical officer has reasonable cause to believe that such confined person has an infectious disease or other medical condition from which other persons so confined need to be protected. Health records shall only be reviewed and shall not be copied by such administrator or chief medical officer. The information in the health records of a person so confined shall continue to be confidential and shall not be disclosed by the administrator or chief medical officer of the facility to any person except the subject or except as provided by law.

Where the person who is the subject of health records is under the age of 18, his right of access may be asserted only by his guardian or his parent, including a noncustodial parent, unless such parent's parental rights have been terminated, a court of competent jurisdiction has restricted or denied such access, or a parent has been denied access to the health record in accordance with § 20-124.6. In instances where the person who is the subject thereof is an emancipated minor, a student in a public institution of higher education, or is a minor who has consented to his own treatment as authorized by § 16.1-338 or 54.1-2969, the right of access may be asserted by the subject person.

For the purposes of this chapter, statistical summaries of incidents and statistical data concerning patient abuse as may be compiled by the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services shall be open to inspection and copying as provided in § 2.2-3704. No such summaries or data shall include any patient-identifying information.

2. Applications for admission to examinations or for licensure and scoring records maintained by the Department of Health Professions or any board in that department on individual licensees or applicants. However, such material may be made available during normal working hours for copying, at the requester's expense, by the individual who is the subject thereof, in the offices of the Department of Health Professions or in the offices of any health regulatory board, whichever may possess the material.

3. Reports, documentary evidence and other information as specified in §§ 2.2-706 and 63.2-104.

4. Investigative notes; proprietary information not published, copyrighted or patented; information obtained from employee personnel records; personally identifiable information regarding residents, clients or other recipients of services; and other correspondence and information furnished in confidence to the Department of Social Services in connection with an active investigation of an applicant or licensee pursuant to Chapters 17 (§ 63.2-1700 et seq.) and 18 (§ 63.2-1800 et seq.) of Title 63.2. However, nothing in this section shall prohibit disclosure of information from the records of completed investigations in a form that does not reveal the identity of complainants, persons supplying information, or other individuals involved in the investigation.

5. Information and records collected for the designation and verification of trauma centers and other specialty care centers within the Statewide Emergency Medical Services System and Services pursuant to Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1.

6. Reports and court documents relating to involuntary admission required to be kept confidential pursuant to § 37.2-818.

7. Data formerly required to be submitted to the Commissioner of Health relating to the

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59 establishment of new or the expansion of existing clinical health services, acquisition of major medical
60 equipment, or certain projects requiring capital expenditures pursuant to former § 32.1-102.3:4.

61 8. Information required to be provided to the Department of Health Professions by certain licensees
62 pursuant to § 54.1-2506.1.

63 9. Information and records acquired (i) during a review of any child death conducted by the State
64 Child Fatality Review team established pursuant to § 32.1-283.1 or by a local or regional child fatality
65 review team to the extent made confidential by § 32.1-283.2; (ii) during a review of any death
66 conducted by a family violence fatality review team to the extent made confidential by § 32.1-283.3; or
67 (iii) during a review of any adult death conducted by the Adult Fatality Review Team to the extent
68 made confidential by § 32.1-283.5.

69 10. Patient level data collected by the Board of Health and not yet processed, verified, and released,
70 pursuant to § 32.1-276.9, to the Board by the nonprofit organization with which the Commissioner of
71 Health has contracted pursuant to § 32.1-276.4.

72 11. Records of the ~~Intervention~~ *Health Practitioners' Monitoring Program* Committee within the
73 Department of Health Professions, to the extent such records may identify any practitioner who may be,
74 or who is actually, impaired to the extent disclosure is prohibited by § 54.1-2517.

75 12. Records submitted as a grant application, or accompanying a grant application, to the
76 Commonwealth Neurotrauma Initiative Advisory Board pursuant to Chapter 3.1 (§ 51.5-12.1 et seq.) of
77 Title 51.5, to the extent such records contain (i) medical or mental records, or other data identifying
78 individual patients or (ii) proprietary business or research-related information produced or collected by
79 the applicant in the conduct of or as a result of study or research on medical, rehabilitative, scientific,
80 technical or scholarly issues, when such information has not been publicly released, published,
81 copyrighted or patented, if the disclosure of such information would be harmful to the competitive
82 position of the applicant.

83 13. Any record copied, recorded or received by the Commissioner of Health in the course of an
84 examination, investigation or review of a managed care health insurance plan licensee pursuant to
85 §§ 32.1-137.4 and 32.1-137.5, including books, records, files, accounts, papers, documents, and any or
86 all computer or other recordings.

87 14. Records, information and statistical registries required to be kept confidential pursuant to
88 §§ 63.2-102 and 63.2-104.

89 15. All data, records, and reports relating to the prescribing and dispensing of covered substances to
90 recipients and any abstracts from such data, records, and reports that are in the possession of the
91 Prescription Monitoring Program pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 and any
92 material relating to the operation or security of the Program.

93 16. Records of the Virginia Birth-Related Neurological Injury Compensation Program required to be
94 kept confidential pursuant to § 38.2-5002.2.

95 17. Records of the State Health Commissioner relating to the health of any person or persons subject
96 to an order of quarantine or an order of isolation pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of
97 Chapter 2 of Title 32.1; this provision shall not, however, be construed to prohibit the disclosure of
98 statistical summaries, abstracts or other information in aggregate form.

99 18. Records containing the names and addresses or other contact information of persons receiving
100 transportation services from a state or local public body or its designee under Title II of the Americans
101 with Disabilities Act, (42 U.S.C. § 12131 et seq.) or funded by Temporary Assistance for Needy
102 Families (TANF) created under § 63.2-600.

103 § 2.2-3711. Closed meetings authorized for certain limited purposes.

104 A. Public bodies may hold closed meetings only for the following purposes:

105 1. Discussion, consideration, or interviews of prospective candidates for employment; assignment,
106 appointment, promotion, performance, demotion, salaries, disciplining, or resignation of specific public
107 officers, appointees, or employees of any public body; and evaluation of performance of departments or
108 schools of public institutions of higher education where such evaluation will necessarily involve
109 discussion of the performance of specific individuals. Any teacher shall be permitted to be present
110 during a closed meeting in which there is a discussion or consideration of a disciplinary matter that
111 involves the teacher and some student and the student involved in the matter is present, provided the
112 teacher makes a written request to be present to the presiding officer of the appropriate board.

113 2. Discussion or consideration of admission or disciplinary matters or any other matters that would
114 involve the disclosure of information contained in a scholastic record concerning any student of any
115 Virginia public institution of higher education or any state school system. However, any such student,
116 legal counsel and, if the student is a minor, the student's parents or legal guardians shall be permitted to
117 be present during the taking of testimony or presentation of evidence at a closed meeting, if such
118 student, parents, or guardians so request in writing and such request is submitted to the presiding officer
119 of the appropriate board.

120 3. Discussion or consideration of the acquisition of real property for a public purpose, or of the

disposition of publicly held real property, where discussion in an open meeting would adversely affect the bargaining position or negotiating strategy of the public body.

4. The protection of the privacy of individuals in personal matters not related to public business.

5. Discussion concerning a prospective business or industry or the expansion of an existing business or industry where no previous announcement has been made of the business' or industry's interest in locating or expanding its facilities in the community.

6. Discussion or consideration of the investment of public funds where competition or bargaining is involved, where, if made public initially, the financial interest of the governmental unit would be adversely affected.

7. Consultation with legal counsel and briefings by staff members or consultants pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the negotiating or litigating posture of the public body; and consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel. For the purposes of this subdivision, "probable litigation" means litigation that has been specifically threatened or on which the public body or its legal counsel has a reasonable basis to believe will be commenced by or against a known party. Nothing in this subdivision shall be construed to permit the closure of a meeting merely because an attorney representing the public body is in attendance or is consulted on a matter.

8. In the case of boards of visitors of public institutions of higher education, discussion or consideration of matters relating to gifts, bequests and fund-raising activities, and grants and contracts for services or work to be performed by such institution. However, the terms and conditions of any such gifts, bequests, grants, and contracts made by a foreign government, a foreign legal entity, or a foreign person and accepted by a public institution of higher education in Virginia shall be subject to public disclosure upon written request to the appropriate board of visitors. For the purpose of this subdivision, (i) "foreign government" means any government other than the United States government or the government of a state or a political subdivision thereof; (ii) "foreign legal entity" means any legal entity created under the laws of the United States or of any state thereof if a majority of the ownership of the stock of such legal entity is owned by foreign governments or foreign persons or if a majority of the membership of any such entity is composed of foreign persons or foreign legal entities, or any legal entity created under the laws of a foreign government; and (iii) "foreign person" means any individual who is not a citizen or national of the United States or a trust territory or protectorate thereof.

9. In the case of the boards of trustees of the Virginia Museum of Fine Arts, the Virginia Museum of Natural History, and The Science Museum of Virginia, discussion or consideration of matters relating to specific gifts, bequests, and grants.

10. Discussion or consideration of honorary degrees or special awards.

11. Discussion or consideration of tests, examinations, or other records excluded from this chapter pursuant to subdivision 4 of § 2.2-3705.1.

12. Discussion, consideration, or review by the appropriate House or Senate committees of possible disciplinary action against a member arising out of the possible inadequacy of the disclosure statement filed by the member, provided the member may request in writing that the committee meeting not be conducted in a closed meeting.

13. Discussion of strategy with respect to the negotiation of a hazardous waste siting agreement or to consider the terms, conditions, and provisions of a hazardous waste siting agreement if the governing body in open meeting finds that an open meeting will have an adverse effect upon the negotiating position of the governing body or the establishment of the terms, conditions and provisions of the siting agreement, or both. All discussions with the applicant or its representatives may be conducted in a closed meeting.

14. Discussion by the Governor and any economic advisory board reviewing forecasts of economic activity and estimating general and nongeneral fund revenues.

15. Discussion or consideration of medical and mental records excluded from this chapter pursuant to subdivision 1 of § 2.2-3705.5.

16. Deliberations of the State Lottery Board in a licensing appeal action conducted pursuant to subsection D of § 58.1-4007 regarding the denial or revocation of a license of a lottery sales agent; and discussion, consideration or review of State Lottery Department matters related to proprietary lottery game information and studies or investigations exempted from disclosure under subdivision 6 of § 2.2-3705.3 and subdivision 11 of § 2.2-3705.7.

17. Those portions of meetings by local government crime commissions where the identity of, or information tending to identify, individuals providing information about crimes or criminal activities under a promise of anonymity is discussed or disclosed.

18. Those portions of meetings in which the Board of Corrections discusses or discloses the identity of, or information tending to identify, any prisoner who (i) provides information about crimes or

182 criminal activities, (ii) renders assistance in preventing the escape of another prisoner or in the
183 apprehension of an escaped prisoner, or (iii) voluntarily or at the instance of a prison official renders
184 other extraordinary services, the disclosure of which is likely to jeopardize the prisoner's life or safety.

185 19. Discussion of plans to protect public safety as it relates to terrorist activity and briefings by staff
186 members, legal counsel, or law-enforcement or emergency service officials concerning actions taken to
187 respond to such activity or a related threat to public safety; or discussion of reports or plans related to
188 the security of any governmental facility, building or structure, or the safety of persons using such
189 facility, building or structure.

190 20. Discussion by the Board of the Virginia Retirement System, acting pursuant to § 51.1-124.30, or
191 of any local retirement system, acting pursuant to § 51.1-803, or of the Rector and Visitors of the
192 University of Virginia, acting pursuant to § 23-76.1, regarding the acquisition, holding or disposition of
193 a security or other ownership interest in an entity, where such security or ownership interest is not
194 traded on a governmentally regulated securities exchange, to the extent that such discussion (i) concerns
195 confidential analyses prepared for the Rector and Visitors of the University of Virginia, prepared by the
196 retirement system or provided to the retirement system under a promise of confidentiality, of the future
197 value of such ownership interest or the future financial performance of the entity, and (ii) would have an
198 adverse effect on the value of the investment to be acquired, held or disposed of by the retirement
199 system or the Rector and Visitors of the University of Virginia. Nothing in this subdivision shall be
200 construed to prevent the disclosure of information relating to the identity of any investment held, the
201 amount invested or the present value of such investment.

202 21. Those portions of meetings in which individual child death cases are discussed by the State Child
203 Fatality Review team established pursuant to § 32.1-283.1, and those portions of meetings in which
204 individual child death cases are discussed by a regional or local child fatality review team established
205 pursuant to § 32.1-283.2, and those portions of meetings in which individual death cases are discussed
206 by family violence fatality review teams established pursuant to § 32.1-283.3.

207 22. Those portions of meetings of the University of Virginia Board of Visitors or the Eastern
208 Virginia Medical School Board of Visitors, as the case may be, and those portions of meetings of any
209 persons to whom management responsibilities for the University of Virginia Medical Center or Eastern
210 Virginia Medical School, as the case may be, have been delegated, in which there is discussed
211 proprietary, business-related information pertaining to the operations of the University of Virginia
212 Medical Center or Eastern Virginia Medical School, as the case may be, including business development
213 or marketing strategies and activities with existing or future joint venturers, partners, or other parties
214 with whom the University of Virginia Medical Center or Eastern Virginia Medical School, as the case
215 may be, has formed, or forms, any arrangement for the delivery of health care, if disclosure of such
216 information would adversely affect the competitive position of the Medical Center or Eastern Virginia
217 Medical School, as the case may be.

218 23. In the case of the Virginia Commonwealth University Health System Authority, discussion or
219 consideration of any of the following: the acquisition or disposition of real or personal property where
220 disclosure would adversely affect the bargaining position or negotiating strategy of the Authority;
221 operational plans that could affect the value of such property, real or personal, owned or desirable for
222 ownership by the Authority; matters relating to gifts, bequests and fund-raising activities; grants and
223 contracts for services or work to be performed by the Authority; marketing or operational strategies
224 where disclosure of such strategies would adversely affect the competitive position of the Authority;
225 members of its medical and teaching staffs and qualifications for appointments thereto; and qualifications
226 or evaluations of other employees.

227 24. Those portions of the meetings of the ~~Intervention~~ *Health Practitioners' Monitoring Program*
228 Committee within the Department of Health Professions to the extent such discussions identify any
229 practitioner who may be, or who actually is, impaired pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) of
230 Title 54.1.

231 25. Meetings or portions of meetings of the Board of the Virginia College Savings Plan wherein
232 personal information, as defined in § 2.2-3801, which has been provided to the Board or its employees
233 by or on behalf of individuals who have requested information about, applied for, or entered into
234 prepaid tuition contracts or savings trust account agreements pursuant to Chapter 4.9 (§ 23-38.75 et seq.)
235 of Title 23 is discussed.

236 26. Discussion or consideration, by the Wireless Carrier E-911 Cost Recovery Subcommittee created
237 pursuant to § 56-484.15, of trade secrets, as defined in the Uniform Trade Secrets Act (§ 59.1-336 et
238 seq.), submitted by CMRS providers as defined in § 56-484.12, related to the provision of wireless
239 E-911 service.

240 27. Those portions of disciplinary proceedings by any regulatory board within the Department of
241 Professional and Occupational Regulation, Department of Health Professions, or the Board of
242 Accountancy conducted pursuant to § 2.2-4019 or 2.2-4020 during which the board deliberates to reach
243 a decision or meetings of health regulatory boards or conference committees of such boards to consider

settlement proposals in pending disciplinary actions or modifications to previously issued board orders as requested by either of the parties.

28. Discussion or consideration of records excluded from this chapter pursuant to subdivision 11 of § 2.2-3705.6 by a responsible public entity or an affected local jurisdiction, as those terms are defined in § 56-557, or any independent review panel appointed to review information and advise the responsible public entity concerning such records.

29. Discussion of the award of a public contract involving the expenditure of public funds, including interviews of bidders or offerors, and discussion of the terms or scope of such contract, where discussion in an open session would adversely affect the bargaining position or negotiating strategy of the public body.

30. Discussion or consideration of grant application records excluded from this chapter pursuant to subdivision 17 of § 2.2-3705.6 by (i) the Commonwealth Health Research Board or (ii) the Innovative Technology Authority or a grant allocation committee appointed to advise the Innovative Technology Authority on the grant applications.

31. Discussion or consideration by the Commitment Review Committee of records excluded from this chapter pursuant to subdivision 9 of § 2.2-3705.2 relating to individuals subject to commitment as sexually violent predators under Chapter 9 (§ 37.2-900 et seq.) of Title 37.2.

32. —Expired.]

33. Discussion or consideration of confidential proprietary records and trade secrets excluded from this chapter pursuant to subdivision 18 of § 2.2-3705.6.

34. Discussion or consideration by a local authority created in accordance with the Virginia Wireless Service Authorities Act (§ 15.2-5431.1 et seq.) of confidential proprietary records and trade secrets excluded from this chapter pursuant to subdivision 19 of § 2.2-3705.6.

35. Discussion or consideration by the State Board of Elections or local electoral boards of voting security matters made confidential pursuant to § 24.2-625.1.

36. Discussion or consideration by the Forensic Science Board or the Scientific Advisory Committee created pursuant to Article 2 (§ 9.1-1109 et seq.) of Chapter 11 of Title 9.1 of records excluded from this chapter pursuant to subdivision F 1 of § 2.2-3706.

37. Discussion or consideration by the Brown v. Board of Education Scholarship Program Awards Committee of records or confidential matters excluded from this chapter pursuant to subdivision 3 of § 2.2-3705.4, and meetings of the Committee to deliberate concerning the annual maximum scholarship award, review and consider scholarship applications and requests for scholarship award renewal, and cancel, rescind, or recover scholarship awards.

38. Discussion or consideration by the Virginia Port Authority of records excluded from this chapter pursuant to subdivision 1 of § 2.2-3705.6.

39. Discussion or consideration by the Board of Trustees of the Virginia Retirement System acting pursuant to § 51.1-124.30, or the Investment Advisory Committee appointed pursuant to § 51.1-124.26, or by any local retirement system, acting pursuant to § 51.1-803 of records excluded from this chapter pursuant to subdivision 25 of § 2.2-3705.7.

40. Discussion or consideration by the Department of Business Assistance, the Virginia Economic Development Partnership, the Virginia Tourism Authority, the Tobacco Indemnification and Community Revitalization Commission, a nonprofit, nonstock corporation created pursuant to § 2.2-2240.1, or local or regional industrial or economic development authorities or organizations of records excluded from this chapter pursuant to subdivision 3 of § 2.2-3705.6.

41. Discussion or consideration by the Board of Education of records relating to the denial, suspension, or revocation of teacher licenses excluded from this chapter pursuant to subdivision 13 of § 2.2-3705.3.

42. Those portions of meetings of the Virginia Military Advisory Council, the Virginia National Defense Industrial Authority, or a local or regional military affairs organization appointed by a local governing body, during which there is discussion of records excluded from this chapter pursuant to subdivision 12 of § 2.2-3705.2.

B. No resolution, ordinance, rule, contract, regulation or motion adopted, passed or agreed to in a closed meeting shall become effective unless the public body, following the meeting, reconvenes in open meeting and takes a vote of the membership on such resolution, ordinance, rule, contract, regulation, or motion that shall have its substance reasonably identified in the open meeting.

C. Public officers improperly selected due to the failure of the public body to comply with the other provisions of this section shall be de facto officers and, as such, their official actions are valid until they obtain notice of the legal defect in their election.

D. Nothing in this section shall be construed to prevent the holding of conferences between two or more public bodies, or their representatives, but these conferences shall be subject to the same procedures for holding closed meetings as are applicable to any other public body.

305 E. This section shall not be construed to (i) require the disclosure of any contract between the
306 ~~Intervention Program Committee within the~~ Department of Health Professions and an impaired
307 practitioner entered into pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) of Title 54.1 or (ii) require the
308 board of directors of any authority created pursuant to the Industrial Development and Revenue Bond
309 Act (§ 15.2-4900 et seq.), or any public body empowered to issue industrial revenue bonds by general or
310 special law, to identify a business or industry to which subdivision A 5 applies. However, such business
311 or industry shall be identified as a matter of public record at least 30 days prior to the actual date of the
312 board's authorization of the sale or issuance of such bonds.

313 § 2.2-4002. Exemptions from chapter generally.

314 A. Although required to comply with § 2.2-4103 of the Virginia Register Act (§ 2.2-4100 et seq.),
315 the following agencies shall be exempted from the provisions of this chapter, except to the extent that
316 they are specifically made subject to §§ 2.2-4024, 2.2-4030 and 2.2-4031:

317 1. The General Assembly.

318 2. Courts, any agency of the Supreme Court, and any agency that by the Constitution is expressly
319 granted any of the powers of a court of record.

320 3. The Department of Game and Inland Fisheries in promulgating regulations regarding the
321 management of wildlife and for all case decisions rendered pursuant to any provisions of Chapters 2
322 (§ 29.1-200 et seq.), 3 (§ 29.1-300 et seq.), 4 (§ 29.1-400 et seq.), 5 (§ 29.1-500 et seq.), and 7
323 (§ 29.1-700 et seq.) of Title 29.1.

324 4. The Virginia Housing Development Authority.

325 5. Municipal corporations, counties, and all local, regional or multijurisdictional authorities created
326 under this Code, including those with federal authorities.

327 6. Educational institutions operated by the Commonwealth, provided that, with respect to § 2.2-4031,
328 such educational institutions shall be exempt from the publication requirements only with respect to
329 regulations that pertain to (i) their academic affairs, (ii) the selection, tenure, promotion and disciplining
330 of faculty and employees, (iii) the selection of students, and (iv) rules of conduct and disciplining of
331 students.

332 7. The Milk Commission in promulgating regulations regarding (i) producers' licenses and bases, (ii)
333 classification and allocation of milk, computation of sales and shrinkage, and (iii) class prices for
334 producers' milk, time and method of payment, butterfat testing and differential.

335 8. The Virginia Resources Authority.

336 9. Agencies expressly exempted by any other provision of this Code.

337 10. The Department of General Services in promulgating standards for the inspection of buildings for
338 asbestos pursuant to § 2.2-1164.

339 11. The State Council of Higher Education for Virginia, in developing, issuing, and revising
340 guidelines pursuant to § 23-9.6:2.

341 12. The Commissioner of Agriculture and Consumer Services in adopting regulations pursuant to
342 subsection B of § 3.1-6002 and in adopting regulations pursuant to § 3.2-6023.

343 13. The Commissioner of Agriculture and Consumer Services and the Board of Agriculture and
344 Consumer Services in promulgating regulations pursuant to subsections B and D of § 3.2-3601,
345 subsection B of § 3.2-3701, § 3.2-4002, subsections B and D of § 3.2-4801, §§ 3.2-5121 and 3.2-5206,
346 and subsection A of § 3.2-5406.

347 14. The Board of Optometry when specifying therapeutic pharmaceutical agents, treatment guidelines,
348 and diseases and abnormal conditions of the human eye and its adnexa for TPA-certification of
349 optometrists pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of Title 54.1.

350 15. The Virginia War Memorial Foundation.

351 16. The Virginia Medicaid Prior Authorization Advisory Committee in making recommendations to
352 the Board of Medical Assistance Services regarding prior authorization for prescription drug coverage
353 pursuant to Article 4 (§ 32.1-331.12 et seq.) of Chapter 10 of Title 32.1.

354 17. The State Board of Education, in developing, issuing, and revising guidelines pursuant to
355 § 22.1-203.2.

356 18. The Virginia Racing Commission, (i) when acting by and through its duly appointed stewards or
357 in matters related to any specific race meeting or (ii) in promulgating technical rules regulating actual
358 live horse racing at race meetings licensed by the Commission.

359 19. The Virginia Small Business Financing Authority.

360 20. The Virginia Economic Development Partnership Authority.

361 21. The Board of Agriculture and Consumer Services in adopting, amending or repealing regulations
362 pursuant to subsection A (ii) of § 59.1-156.

363 22. The Insurance Continuing Education Board pursuant to § 38.2-1867.

364 23. The Board of Health in promulgating the list of diseases that shall be reported to the Department
365 of Health pursuant to § 32.1-35 and in adopting, amending or repealing regulations pursuant to
366 subsection C of § 35.1-14 that incorporate the Food and Drug Administration's Food Code pertaining to

restaurants or food service.

24. The nonprofit, nonstock corporation established by the Commissioner of Agriculture and Consumer Services pursuant to subdivision B 5 of § 3.2-102.

25. (Expires December 31, 2010) The Secretary of Natural Resources in setting a date of closure for the Chesapeake Bay purse seine fishery for Atlantic menhaden for reduction purposes pursuant to § 28.2-1000.2.

26. The Board of Pharmacy when specifying special subject requirements for continuing education for pharmacists pursuant to § 54.1-3314.1.

B. Agency action relating to the following subjects shall be exempted from the provisions of this chapter:

1. Money or damage claims against the Commonwealth or agencies thereof.

2. The award or denial of state contracts, as well as decisions regarding compliance therewith.

3. The location, design, specifications or construction of public buildings or other facilities.

4. Grants of state or federal funds or property.

5. The chartering of corporations.

6. Customary military, naval or police functions.

7. The selection, tenure, dismissal, direction or control of any officer or employee of an agency of the Commonwealth.

8. The conduct of elections or eligibility to vote.

9. Inmates of prisons or other such facilities or parolees therefrom.

10. The custody of persons in, or sought to be placed in, mental, penal or other state institutions as well as the treatment, supervision, or discharge of such persons.

11. Traffic signs, markers or control devices.

12. Instructions for application or renewal of a license, certificate, or registration required by law.

13. Content of, or rules for the conduct of, any examination required by law.

14. The administration of pools authorized by Chapter 47 (§ 2.2-4700 et seq.) of this title.

15. Any rules for the conduct of specific lottery games, so long as such rules are not inconsistent with duly adopted regulations of the State Lottery Board, and provided that such regulations are published and posted.

16. Orders condemning or closing any shellfish, finfish, or crustacea growing area and the shellfish, finfish or crustacea located thereon pursuant to Article 2 (§ 28.2-803 et seq.) of Chapter 8 of Title 28.2.

17. Any operating procedures for review of child deaths developed by the State Child Fatality Review Team pursuant to § 32.1-283.1.

18. The regulations for the implementation of the ~~Health Practitioners' Intervention~~ *Health Practitioners' Monitoring* Program and the activities of the ~~Intervention~~ *Health Practitioners' Monitoring* Program Committee pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) of Title 54.1.

19. The process of reviewing and ranking grant applications submitted to the Commonwealth Neurotrauma Initiative Advisory Board pursuant to Chapter 3.1 (§ 51.5-12.1 et seq.) of Title 51.5.

20. Loans from the Small Business Environmental Compliance Assistance Fund pursuant to Article 4 (§ 10.1-1197.1 et seq.) of Chapter 11.1 of Title 10.1.

21. The Virginia Breeders Fund created pursuant to § 59.1-372.

22. The types of pari-mutuel wagering pools available for live or simulcast horse racing.

23. The administration of medication or other substances foreign to the natural horse.

C. Minor changes to regulations published in the Virginia Administrative Code under the Virginia Register Act, Chapter 41 (§ 2.2-4100 et seq.) of this title, made by the Virginia Code Commission pursuant to § 30-150, shall be exempt from the provisions of this chapter.

§ 8.01-581.13. Civil immunity for certain health professionals and health profession students serving as members of certain entities.

A. For the purposes of this subsection, "health professional" means any clinical psychologist, applied psychologist, school psychologist, dentist, certified emergency medical services personnel, licensed professional counselor, licensed substance abuse treatment practitioner, certified substance abuse counselor, certified substance abuse counseling assistant, licensed marriage and family therapist, nurse, optometrist, pharmacist, physician, chiropractor, podiatrist, or veterinarian who is actively engaged in the practice of his profession or any member of the ~~Intervention~~ *Health Practitioners' Monitoring* Program Committee pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) of Title 54.1.

Unless such act, decision, or omission resulted from such health professional's bad faith or malicious intent, any health professional, as defined in this subsection, shall be immune from civil liability for any act, decision or omission resulting from his duties as a member or agent of any entity which functions primarily (i) to investigate any complaint that a physical or mental impairment, including alcoholism or drug addiction, has impaired the ability of any such health professional to practice his profession and (ii) to encourage, recommend and arrange for a course of treatment or intervention, if deemed appropriate,

428 or (iii) to review or monitor the duration of patient stays in health facilities, delivery of professional
429 services, or the quality of care delivered in the statewide emergency medical care system for the purpose
430 of promoting the most efficient use of available health facilities and services, the adequacy and quality
431 of professional services, or the reasonableness or appropriateness of charges made by or on behalf of
432 such health professionals. Such entity shall have been established pursuant to a federal or state law, or
433 by one or more public or licensed private hospitals, or a relevant health professional society, academy or
434 association affiliated with the American Medical Association, the American Dental Association, the
435 American Pharmaceutical Association, the American Psychological Association, the American Podiatric
436 Medical Association, the American Society of Hospitals and Pharmacies, the American Veterinary
437 Medical Association, the American Association for Counseling and Development, the American
438 Optometric Association, International Chiropractic Association, the American Chiropractic Association,
439 the NAADAC: the Association for Addiction Professionals, the American Association for Marriage and
440 Family Therapy or a governmental agency.

441 B. For the purposes of this subsection, "health profession student" means a student in good standing
442 who is enrolled in an accredited school, program, or curriculum in clinical psychology, counseling,
443 dentistry, medicine, nursing, pharmacy, chiropractic, marriage and family therapy, substance abuse
444 treatment, or veterinary medicine and has received training relating to substance abuse.

445 Unless such act, decision, or omission resulted from such health profession student's bad faith or
446 malicious intent, any health profession student, as defined in this subsection, shall be immune from civil
447 liability for any act, decision, or omission resulting from his duties as a member of an entity established
448 by the institution of higher education in which he is enrolled or a professional student's organization
449 affiliated with such institution which functions primarily (i) to investigate any complaint of a physical or
450 mental impairment, including alcoholism or drug addiction, of any health profession student and (ii) to
451 encourage, recommend, and arrange for a course of treatment, if deemed appropriate.

452 C. The immunity provided hereunder shall not extend to any person with respect to actions, decisions
453 or omissions, liability for which is limited under the provisions of the federal Social Security Act or
454 amendments thereto.

455 § 54.1-113. Regulatory boards to adjust fees; certain transfer of moneys collected on behalf of health
456 regulatory boards prohibited.

457 A. Following the close of any biennium, when the account for any regulatory board within the
458 Department of Professional and Occupational Regulation or the Department of Health Professions
459 maintained under § 54.1-308 or § 54.1-2505 shows expenses allocated to it for the past biennium to be
460 more than ten percent greater or less than moneys collected on behalf of the board, it shall revise the
461 fees levied by it for certification or licensure and renewal thereof so that the fees are sufficient but not
462 excessive to cover expenses.

463 B. Nongeneral funds generated by fees collected on behalf of the health regulatory boards and
464 accounted for and deposited into a special fund by the Director of the Department of Health Professions
465 shall be held exclusively to cover the expenses of the health regulatory boards, the ~~Health Practitioners'~~
466 ~~Intervention~~ *Health Practitioners' Monitoring Program*, and the Department and Board of Health
467 Professions and shall not be transferred to any agency other than the Department of Health Professions,
468 except as provided in §§ 54.1-3011.1 and 54.1-3011.2.

469 § 54.1-2400. General powers and duties of health regulatory boards.

470 The general powers and duties of health regulatory boards shall be:

471 1. To establish the qualifications for registration, certification, licensure or the issuance of a
472 multistate licensure privilege in accordance with the applicable law which are necessary to ensure
473 competence and integrity to engage in the regulated professions.

474 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise
475 required by law, examinations shall be administered in writing or shall be a demonstration of manual
476 skills.

477 3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as
478 practitioners of the particular profession or professions regulated by such board.

479 4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a
480 multistate licensure privilege.

481 5. To levy and collect fees for application processing, examination, registration, certification or
482 licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all
483 expenses for the administration and operation of the Department of Health Professions, the Board of
484 Health Professions and the health regulatory boards.

485 6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.)
486 which are reasonable and necessary to administer effectively the regulatory system. Such regulations
487 shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and
488 Chapter 25 (§ 54.1-2500 et seq.) of this title.

489 7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license or

multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the *Intervention Director and the Health Practitioners' Monitoring Program* Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner of the appropriate board may be subject to disciplinary action. The special conference committee may (i) exonerate the practitioner; (ii) reinstate the practitioner; (iii) place the practitioner on probation with such terms as it may deem appropriate; (iv) reprimand the practitioner; (v) modify a previous order; and (vi) impose a monetary penalty pursuant to § 54.1-2401. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated. This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered or licensed practitioner or person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered or licensed practitioner who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded

reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

§ 54.1-2400.2. Confidentiality of information obtained during an investigation or disciplinary proceeding; penalty.

A. Any reports, information or records received and maintained by any health regulatory board in connection with possible disciplinary proceedings, including any material received or developed by a board during an investigation or proceeding, shall be strictly confidential. A board may only disclose such confidential information:

1. In a disciplinary proceeding before a board or in any subsequent trial or appeal of an action or order, or to the respondent in entering into a confidential consent agreement under § 54.1-2400;

2. To regulatory authorities concerned with granting, limiting or denying licenses, certificates or registrations to practice a health profession, including the coordinated licensure information system, as defined in § 54.1-3030;

3. To hospital committees concerned with granting, limiting or denying hospital privileges if a final determination regarding a violation has been made;

4. Pursuant to an order of a court of competent jurisdiction for good cause arising from extraordinary circumstances being shown;

5. To qualified personnel for bona fide research or educational purposes, if personally identifiable information relating to any person is first deleted. Such release shall be made pursuant to a written agreement to ensure compliance with this section; or

6. To the ~~Health Practitioners' Intervention~~*Health Practitioners' Monitoring* Program within the Department of Health Professions in connection with health practitioners who apply to or participate in the Program.

B. In no event shall confidential information received, maintained or developed by any board, or disclosed by the board to others, pursuant to this section, be available for discovery or court subpoena or introduced into evidence in any civil action. This section shall not, however, be construed to inhibit an investigation or prosecution under Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2.

C. Any claim of a physician-patient or practitioner-patient privilege shall not prevail in any investigation or proceeding by any health regulatory board acting within the scope of its authority. The disclosure, however, of any information pursuant to this provision shall not be deemed a waiver of such privilege in any other proceeding.

D. This section shall not prohibit the Director of the Department of Health Professions, after consultation with the relevant health regulatory board president or his designee, from disclosing to the Attorney General, or the appropriate attorney for the Commonwealth, investigatory information which indicates a possible violation of any provision of criminal law, including the laws relating to the manufacture, distribution, dispensing, prescribing or administration of drugs, other than drugs classified as Schedule VI drugs and devices, by any individual regulated by any health regulatory board.

E. This section shall not prohibit the Director of the Department of Health Professions from disclosing matters listed in subdivision A 1, A 2, or A 3 of § 54.1-2909; from making the reports of aggregate information and summaries required by § 54.1-2400.3; or from disclosing the information required to be made available to the public pursuant to § 54.1-2910.1.

F. Whenever a complaint or report has been filed about a person licensed, certified, or registered by a health regulatory board, the source and the subject of a complaint or report shall be provided information about the investigative and disciplinary procedures at the Department of Health Professions. If the relevant board concludes that a disciplinary proceeding will not be instituted, the board may send an advisory letter to the person who was the subject of the complaint or report. The relevant board may also inform the source of the complaint or report (i) that an investigation has been conducted, (ii) that the matter was concluded without a disciplinary proceeding, (iii) of the process the board followed in making its determination, and (iv), if appropriate, that an advisory letter from the board has been communicated to the person who was the subject of the complaint or report. In providing such information, the board shall inform the source of the complaint or report that he is subject to the requirements of this section relating to confidentiality and discovery.

G. Orders and notices of the health regulatory boards relating to disciplinary actions shall be disclosed. Information on the date and location of any disciplinary proceeding, allegations against the respondent, and the list of statutes and regulations the respondent is alleged to have violated shall be provided to the source of the complaint or report by the relevant board prior to the proceeding. The source shall be notified of the disposition of a disciplinary case.

H. Any person found guilty of the unlawful disclosure of confidential information possessed by a health regulatory board shall be guilty of a Class 1 misdemeanor.

§ 54.1-2505. Powers and duties of Director of Department.

The Director of the Department shall have the following powers and duties:

1. To supervise and manage the Department;
2. To perform or consolidate such administrative services or functions as may assist the operation of the boards;
3. To prepare, approve and submit to the Governor, after consultation with the boards, all requests for appropriations and be responsible for all expenditures pursuant to appropriations;
4. To provide such office facilities as will allow the boards to carry out their duties;
5. To employ personnel as required for the proper performance of the responsibilities of the Department subject to Chapter 29 (§ 2.2-2900 et seq.) of Title 2.2 within the limits of appropriations made by law;
6. To receive all complaints made against regulated health care professionals;
7. To develop administrative policies and procedures governing the receipt and recording of complaints;
8. To monitor the status of actions taken under the auspices of the boards regarding complaints until the closure of each case;
9. To provide investigative and such other services as needed by the boards to enforce their respective statutes and regulations;
10. To provide staff to assist in the performance of the duties of the Board of Health Professions;
11. To collect and account for all fees to be paid into each board and account for and deposit the moneys so collected into a special fund from which the expenses of the health regulatory boards, the ~~Health Practitioners' Intervention~~ *Health Practitioners' Monitoring* Program, and the Department and Board of Health Professions shall be paid. Such fees shall be held exclusively to cover the expenses of the health regulatory boards, the ~~Health Practitioners' Intervention~~ *Health Practitioners' Monitoring* Program, and the Department and Board of Health Professions and shall not be transferred to any agency other than the Department of Health Professions, except as provided in §§ 54.1-3011.1 and 54.1-3011.2;
12. To make and enter into all contracts and agreements necessary or incidental to the performance of his duties and the execution of his powers, including, but not limited to, contracts with the United States, other states, agencies and governmental subdivisions of the Commonwealth;
13. To accept grants from the United States government, its agencies and instrumentalities, and any other source. The Director shall have the power to comply with conditions and execute agreements as may be necessary, convenient or desirable;
14. To promulgate and revise regulations necessary for the administration of the Department and such regulations as are necessary for the implementation of the ~~Health Practitioners' Intervention~~ *Health Practitioners' Monitoring* Program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) of this title and subdivision 19 of this section;
15. To report promptly, after consultation with the presiding officer of the appropriate health regulatory board or his designee, to the Attorney General or the appropriate attorney for the Commonwealth any information the Department obtains which, upon appropriate investigation, indicates, in the judgment of the Director, that a person licensed by any of the health regulatory boards has violated any provision of criminal law, including the laws relating to manufacturing, distributing, dispensing, prescribing or administering drugs other than drugs classified as Schedule VI drugs. When necessary, the Attorney General or the attorney for the Commonwealth shall request that the Department of Health Professions or the Department of State Police conduct any subsequent investigation of such report. Upon request and affidavit from an attorney for the Commonwealth, the Director shall provide documents material to a criminal investigation of a person licensed by a health regulatory board; however, peer review documents shall not be released and shall remain privileged pursuant to § 8.01-581.17. For the purpose of this section, the terms manufacturing, distributing, dispensing, prescribing or administering drugs shall not include minor administrative or clerical errors which do not affect the inventory of drugs required by Chapter 34 (§ 54.1-3400 et seq.) of this title and do not indicate a pattern of criminal behavior;
16. To keep records of the names and qualifications of registered, certified or licensed persons;
17. To exercise other powers and perform other duties required of the Director by the Governor;
18. To issue subpoenas in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) for any informal fact finding or formal proceeding within the jurisdiction of the Department or any regulatory board;
19. To establish, and revise as necessary, a ~~comprehensive health practitioners' intervention~~ *monitoring* program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) of this title;
20. To establish, and revise as necessary, with such federal funds, grants, or general funds as may be appropriated or made available for this program, the Prescription Monitoring Program pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of this title; and
21. To assess a civil penalty against any person who is not licensed by a health regulatory board for

674 failing to report a violation pursuant to § 54.1-2400.6 or § 54.1-2909.

675 § 54.1-2515. Definitions.

676 As used in this chapter, unless the context requires a different meaning:

677 "Contract" means a written agreement between a practitioner and the ~~Intervention Program~~
678 ~~Committee~~Department providing the terms and conditions of program participation or a written
679 agreement entered into by the Director for the implementation of ~~intervention~~monitoring services.

680 "Disciplinary action" means any proceeding which may lead to a ~~fine~~monetary penalty, probation, or
681 to reprimand, restriction, revocation, suspension, denial or other order relating to the license, certificate,
682 ~~or registration or multistate privilege~~ of a health care practitioner issued by a health regulatory board.

683 "Impairment" means a physical or mental disability, including, but not limited to substance abuse,
684 that substantially alters the ability of a practitioner to practice his profession with safety to his patients
685 and the public.

686 "Intervention Program Committee" means the seven-member group of licensed, certified or registered
687 practitioners appointed by the Director to supervise the operation of the program, at least one of whom
688 shall be licensed to practice medicine or osteopathy in Virginia and who shall be engaged in active
689 clinical practice. All members of the Committee shall be knowledgeable about impairment and
690 rehabilitation, particularly as related to health care practitioners.

691 "Practitioner" means any individual regulated by any health regulatory board listed in § 54.1-2503.

692 § 54.1-2516. Program established; practitioner participation; disciplinary action stayed under certain
693 conditions.

694 A. ~~By January 1, 1998, the~~The Director of the Department of Health Professions shall
695 ~~establish~~maintain a comprehensive health practitioners' intervention program, ~~providing that provides~~ an
696 alternative to disciplinary action ~~for impaired health practitioners~~. The Director shall promulgate such
697 regulations as are necessary for the implementation of this program after consulting with the various
698 health regulatory boards.

699 The Director may, in consultation and coordination with the ~~Intervention~~Health Practitioners'
700 Monitoring Program Committee, enter into contracts as may be necessary for the implementation of
701 ~~intervention~~monitoring services. Such services may include education, ~~intervention~~, assessment, referral,
702 and monitoring of impaired practitioners. *If the Director enters into an agreement with another agency*
703 *of the Commonwealth pursuant to this section, that agency shall be immune from liability resulting from*
704 *the good faith exercise of its obligations under the agreement.*

705 When evaluating such contracts, the Director shall consider the utilization of programs, as
706 appropriate, that have been established by professional organizations for peer assistance of impaired
707 practitioners.

708 The Program's operating costs, including any contractual obligations for services, shall be funded by
709 special dedicated revenues consistent with the provisions of §§ 54.1-113, 54.1-2400, and 54.1-2505.
710 *However, this section shall not prohibit assessing participants a fee related to the costs of participation*
711 *in the Program.*

712 Any ~~intervention~~monitoring program for individuals licensed or certified by the Board of Medicine,
713 and any contract for the implementation of ~~intervention~~monitoring services with respect to any such
714 individuals, shall be subject to the prior approval of that Board.

715 B. Any health practitioner who has an impairment as defined in this chapter, may, ~~on a voluntary~~
716 basis, participate in the Program *pursuant to regulations promulgated by the Director* regardless of
717 whether the impairment constitutes grounds for disciplinary action.

718 C. Disciplinary action shall be stayed upon entry of the practitioner in the Program under the
719 following conditions:

720 1. No report of a possible violation of law or regulation has been made against the practitioner other
721 than impairment or the diversion of controlled substances for personal use and such use does not
722 constitute a danger to patients or clients.

723 2. The practitioner has entered the Program by written contract with the ~~Intervention Program~~
724 ~~Committee~~Department.

725 3. Disciplinary action against the practitioner has not previously been stayed in accordance with this
726 section.

727 4. The practitioner remains in compliance with ~~such~~the terms, testing, treatment and other conditions
728 as may be specified in the *of his* contract with the Intervention Program Committee.

729 5. The ~~Intervention Program Committee~~ has consulted with the designated representative of the
730 relevant health regulatory board *concurs with the issuance of a stay of disciplinary action.*

731 § 54.1-2517. Health Practitioners' Monitoring Program Committee; certain meetings, decisions to be
732 excepted from the Freedom of Information Act; confidentiality of records; immunity from liability.

733 A. *The Health Practitioners' Monitoring Program Committee shall consist of seven persons who are*
734 *licensed, certified, or registered practitioners appointed by the Director to assist in the operation of the*
735 *program, at least one of whom shall be licensed to practice medicine or osteopathy in Virginia and who*

shall be engaged in active clinical practice. All members of the Committee shall be knowledgeable about impairment and rehabilitation, particularly as related to the monitoring of health care practitioners. The Intervention Health Practitioners' Monitoring Program Committee shall have the following powers and duties: assist the Director in carrying out the provisions of this chapter, including formulating the requirements for participation in the Program.

1. To determine, in accordance with the regulations, eligibility to enter into the Program;
2. To determine, in accordance with the regulations, those Program participants who are eligible for stayed disciplinary action;

3. To enter into written contracts with practitioners which may include, among other terms and conditions, withdrawal from practice or limitations on the scope of the practice for a period of time;

4. To report to the Director and the health regulatory boards as necessary on the status of applicants for and participants in the Program; and

5. To report to the Director, at least annually, on the performance of the Program.

B. Records of the Intervention Health Practitioners' Monitoring Program Committee, to the extent such records identify individual practitioners in the intervention program, shall be privileged and confidential, and shall not be disclosed consistent with the Virginia Freedom of Information Act (§ 2.2-3700 et seq.). Such records shall be used by the Committee only in the exercise of the proper functions of the Committee as set forth in this chapter and shall not be public records nor shall such records be subject to court order, except as provided in subdivision C 4 below, or be subject to discovery or introduction as evidence in any civil, criminal, or administrative proceedings except those conducted by a health regulatory board.

C. Notwithstanding the provisions of subsection B above and of subdivision 11 of § 2.2-3705.5, the Committee Department may disclose such records relative to an impaired practitioner only:

1. When disclosure of the information is essential to the intervention, treatment or rehabilitation monitoring needs of the impaired practitioner;

2. When release of the information has been authorized in writing by the impaired practitioner;

3. To a health regulatory board within the Department of Health Professions; or

4. When an order by a court of competent jurisdiction has been granted, upon a showing of good cause therefor, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate protections against unauthorized disclosures.

D. Pursuant to subdivision A 24 of § 2.2-3711, the proceedings of the Committee which in any way pertain or refer to a specific practitioner who may be, or who is actually, impaired and who may be or is, by reason of such impairment, subject to disciplinary action by the relevant board shall be excluded from the requirements of the Freedom of Information Act (§ 2.2-3700 et seq.) and may be closed. Such proceedings shall be privileged and confidential.

E. The members of the Committee shall be immune from liability resulting from the exercise of the powers and duties of the Committee as provided in § 8.01-581.13.

§ 54.1-2523. Confidentiality of data; disclosure of information; discretionary authority of Director.

A. All data, records, and reports relating to the prescribing and dispensing of covered substances to recipients and any abstracts from such data, records, and reports that are in the possession of the Prescription Monitoring program pursuant to this chapter and any material relating to the operation or security of the program shall be confidential and shall be exempt from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 15 of § 2.2-3705.5. Further, the Director shall only have discretion to disclose any such information as provided in subsections B and C.

B. Upon receiving a request for information in accordance with the Department's regulations and in compliance with applicable federal law and regulations, the Director shall disclose the following:

1. Information relevant to a specific investigation of a specific recipient or of a specific dispenser or prescriber to an agent designated by the superintendent of the Department of State Police to conduct drug diversion investigations pursuant to § 54.1-3405.

2. Information relevant to an investigation or inspection of or allegation of misconduct by a specific person licensed, certified, or registered by or an applicant for licensure, certification, or registration by a health regulatory board; information relevant to a disciplinary proceeding before a health regulatory board or in any subsequent trial or appeal of an action or board order to designated employees of the Department of Health Professions; or to designated persons operating the Health Practitioners' Intervention Health Practitioners' Monitoring Program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.) of this title.

3. Information relevant to the proceedings of any investigatory grand jury or special grand jury that has been properly impaneled in accordance with the provisions of Chapter 13 (§ 19.2-191 et seq.) of

797 Title 19.2.

798 4. Information relevant to a specific investigation of a specific dispenser or specific prescriber to an
799 agent of the United States Drug Enforcement Administration with authority to conduct drug diversion
800 investigations.

801 C. In accordance with the Department's regulations and applicable federal law and regulations, the
802 Director may, in his discretion, disclose:

803 1. Information in the possession of the program concerning a recipient who is over the age of 18 to
804 that recipient.

805 2. Information on a specific recipient to a prescriber, as defined in this chapter, for the purpose of
806 establishing the treatment history of the specific recipient when such recipient is either under care and
807 treatment by the prescriber or the prescriber is initiating treatment of such recipient, and the prescriber
808 has obtained written consent to such disclosure from the recipient.

809 3. Information on a specific recipient to a dispenser for the purpose of establishing a prescription
810 history to assist the dispenser in determining the validity of a prescription in accordance with
811 § 54.1-3303 when the recipient is seeking a covered substance from the dispenser or the facility in
812 which the dispenser practices. Dispensers shall provide notice to patients, in a manner specified by the
813 Director in regulation, that such information may be requested by them from the Prescription Monitoring
814 Program.

815 4. Information relevant to an investigation or regulatory proceeding of a specific dispenser or
816 prescriber to other regulatory authorities concerned with granting, limiting or denying licenses,
817 certificates or registrations to practice a health profession when such regulatory authority licenses such
818 dispenser or prescriber or such dispenser or prescriber is seeking licensure by such other regulatory
819 authority.

820 5. Information relevant to an investigation relating to a specific dispenser or prescriber who is a
821 participating provider in the Virginia Medicaid program or information relevant to an investigation
822 relating to a specific recipient who is currently eligible for and receiving or who has been eligible for
823 and has received medical assistance services to the Medicaid Fraud Control Unit of the Office of the
824 Attorney General or to designated employees of the Department of Medical Assistance Services, as
825 appropriate.

826 6. Information relevant to determination of the cause of death of a specific recipient to the designated
827 employees of the Office of the Chief Medical Examiner.

828 7. Information for the purpose of bona fide research or education to qualified personnel; however,
829 data elements that would reasonably identify a specific recipient, prescriber, or dispenser shall be deleted
830 or redacted from such information prior to disclosure. Further, release of the information shall only be
831 made pursuant to a written agreement between such qualified personnel and the Director in order to
832 ensure compliance with this subdivision.

833 D. This section shall not be construed to supersede the provisions of § 54.1-3406 concerning the
834 divulging of confidential records relating to investigative information.

835 E. Confidential information that has been received, maintained or developed by any board or
836 disclosed by the board pursuant to subsection A shall not, under any circumstances, be available for
837 discovery or court subpoena or introduced into evidence in any medical malpractice suit or other action
838 for damages arising out of the provision of or failure to provide services. However, this subsection shall
839 not be construed to inhibit any investigation or prosecution conducted pursuant to Article 1 (§ 18.2-247
840 et seq.) of Chapter 7 of Title 18.2.

841 § 54.1-2709.4. Further reporting requirements.

842 A. The following matters shall be reported to the Board:

843 1. Any disciplinary action taken against an oral and maxillofacial surgeon licensed under this chapter
844 by another state or by a federal health institution or voluntary surrender of a license in another state
845 while under investigation;

846 2. Any malpractice judgment against an oral and maxillofacial surgeon licensed under this chapter;

847 3. Any incident of two settlements of malpractice claims against an individual oral and maxillofacial
848 surgeon licensed under this chapter within a three-year period; and

849 4. Any evidence that indicates to a reasonable probability that an oral and maxillofacial surgeon
850 licensed under this chapter is or may be professionally incompetent, guilty of unprofessional conduct or
851 mentally or physically unable to engage safely in the practice of his profession.

852 B. The following persons and entities are subject to the reporting requirements set forth in this
853 section:

854 1. Any oral and maxillofacial surgeon licensed under this chapter who is the subject of a disciplinary
855 action, settlement judgment or evidence for which reporting is required pursuant to this section;

856 2. Any other person licensed under this chapter, except as provided in the ~~Health Practitioners'~~
857 ~~Intervention~~ *Health Practitioners' Monitoring Program*;

858 3. The presidents of all professional societies in the Commonwealth, and their component societies

whose members are regulated by the Board, except as provided for in the protocol agreement entered into by the ~~Health Practitioners' Intervention~~ *Health Practitioners' Monitoring* Program;

4. All health care institutions licensed by the Commonwealth;

5. The malpractice insurance carrier of any oral and maxillofacial surgeon who is the subject of a judgment or of two settlements within a three-year period. The carrier shall not be required to report any settlements except those in which it has participated that have resulted in a least two settlements on behalf of an individual oral and maxillofacial surgeon during a three-year period; and

6. Any health maintenance organization licensed by the Commonwealth.

C. No person or entity shall be obligated to report any matter to the Board if the person or entity has actual notice that the matter has already been reported to the Board.

D. Any report required by this section shall be in writing directed to the Board, shall give the name and address of the person who is the subject of the report and shall describe the circumstances surrounding the conduct required to be reported.

E. Any person making a report required by this section shall be immune from any civil liability or criminal prosecution resulting therefrom unless such person acted in bad faith or with malicious intent.

F. The clerk of any circuit court or any district court in the Commonwealth shall report to the Board the conviction of any oral and maxillofacial surgeon known by such clerk to be licensed under this chapter of any (i) misdemeanor involving a controlled substance, marijuana or substance abuse or involving an act of moral turpitude or (ii) felony.

2. That, as of the effective date of this act, the Virginia Department of Health Professions shall be deemed the successor in interest to the Intervention Program Committee to the extent that this act transfers powers and duties.