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1	HOUSE BILL NO. 1917
2	Offered January 12, 2011
3	Prefiled January 11, 2011
4	A BILL to amend and reenact § 54.1-2400.6 of the Code of Virginia and to amend the Code of Virginia
5	by adding a section numbered 63.2-1800.1, relating to reporting certain disorders of health
6	professionals.
7	
8	Patron—Merricks
9	Referred to Committee on Health, Welfare and Institutions
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11	Be it enacted by the General Assembly of Virginia:
12	1. That § 54.1-2400.6 of the Code of Virginia is amended and reenacted and that the Code of
13	Virginia is amended by adding a section numbered 63.2-1800.1 as follows:
14	§ 54.1-2400.6. Hospitals, other health care institutions, assisted living facilities required to report
15	disciplinary actions against and certain disorders of health professionals; immunity from liability; failure
16	to report.
17	A. The chief executive officer and the chief of staff of every hospital or other health care institution
18	in the Commonwealth and the administrator of every licensed assisted living facility in the
19 20	<i>Commonwealth</i> shall report within 30 days, except as provided in subsection B, to the Director of the Department of Health Professions the following information regarding any person (i) licensed, certified,
<b>2</b> 0 <b>2</b> 1	or registered by a health regulatory board or (ii) holding a multistate licensure privilege to practice
22	nursing or an applicant for licensure, certification or registration unless exempted under subsection E:
23	1. Any information of which he may become aware in his official capacity indicating that such a
24	health professional is in need of treatment or has been committed or admitted as a patient, either at his
25	institution or any other health care institution, for treatment of substance abuse or a psychiatric illness
26	that may render the health professional a danger to himself, the public or his patients.
27	2. Any information of which he may become aware in his official capacity indicating, after
28	reasonable investigation and consultation as needed with the appropriate internal boards or committees
29 30	authorized to impose disciplinary action on a health professional, that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent or unprofessional conduct as
30 31	defined by the pertinent licensing statutes and regulations. The report required under this section shall be
32	submitted within 30 days of the date that the chief executive officer or chief of staff determines that a
33	reasonable probability exists.
34	3. Any disciplinary proceeding begun by the institution <i>or facility</i> as a result of conduct involving (i)
35	intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, (ii)
36	professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The
37	report required under this section shall be submitted within 30 days of the date of written
38	communication to the health professional notifying him of the initiation of a disciplinary proceeding.
39 40	4. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while under investigation, including but not limited to denial or termination of employment, denial or
40	termination of privileges or restriction of privileges that results from conduct involving (i) intentional or
42	negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics,
43	(iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under
44	this section shall be submitted within 30 days of the date of written communication to the health
45	professional notifying him of any disciplinary action.
46	5. The voluntary resignation from the staff of the health care institution or assisted living facility, or
47	voluntary restriction or expiration of privileges at the institution or facility of any health professional
48 40	while such health professional is under investigation or is the subject of disciplinary proceedings taken or begun by the institution or facility or a committee thereof for any reason related to possible
49 50	or begun by the institution <i>or facility</i> or a committee thereof for any reason related to possible intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, medical
50 51	incompetence, unprofessional conduct, moral turpitude, mental or physical impairment, or substance
52	abuse.
53	Any report required by this section shall be in writing directed to the Director of the Department of
54	Health Professions, shall give the name and address of the person who is the subject of the report and
55	shall fully describe the circumstances surrounding the facts required to be reported. The report shall
56	include the names and contact information of individuals with knowledge about the facts required to be
57	reported and the names and contact information of individuals from whom the hospital or health care
58	institution or facility sought information to substantiate the facts required to be reported. All relevant

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59 medical records shall be attached to the report if patient care or the health professional's health status is at issue. The reporting hospital or, health care institution, or assisted living facility shall also provide notice to the Department that it has submitted a report to the National Practitioner Data Bank under the Health Care Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital or, health care institution, or assisted living facility shall give the health professional who is the subject of the report an opportunity to review the report. The health professional may submit a separate report if he disagrees with the substance of the report.

66 This section shall not be construed to require the hospital or, health care institution, or assisted living facility to submit any proceedings, minutes, records or reports that are privileged under § 8.01-581.17, 67 except that the provisions of § 8.01-581.17 shall not bar (i) any report required by this section or (ii) 68 any requested medical records that are necessary to investigate unprofessional conduct reported pursuant 69 to this subtitle or unprofessional conduct that should have been reported pursuant to this subtitle. Under 70 71 no circumstances shall compliance with this section be construed to waive or limit the privilege provided 72 in § 8.01-581.17. No person or entity shall be obligated to report any matter to the Department if the 73 person or entity has actual notice that the same matter has already been reported to the Department.

B. Any report required by this section concerning the commitment or admission of such health professional as a patient shall be made within five days of when the chief administrative officer learns of such commitment or admission.

C. The State Health Commissioner or the Commissioner of the Department of Social Services shall
report to the Department any information of which their agencies may become aware in the course of
their duties that a health professional may be guilty of fraudulent, unethical or unprofessional conduct as
defined by the pertinent licensing statutes and regulations.

D. Any person making a report by this section, providing information pursuant to an investigation or
 testifying in a judicial or administrative proceeding as a result of such report shall be immune from any
 civil liability alleged to have resulted therefrom unless such person acted in bad faith or with malicious
 intent.

E. Medical records or information learned or maintained in connection with an alcohol or drug prevention function that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be exempt from the reporting requirements of this section to the extent that such reporting is in violation of 42 U.S.C. § 290dd-2 or regulations adopted thereunder.

89 F. Any person who fails to make a report to the Department as required by this section shall be 90 subject to a civil penalty not to exceed \$25,000 assessed by the Director. The Director shall report the 91 assessment of such civil penalty to the Commissioner of the Department of Health or the Commissioner 92 of Social Services, as appropriate. Any person assessed a civil penalty pursuant to this section shall not 93 receive a license or certification or renewal of such unless such penalty has been paid pursuant to 94 § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall 95 not receive certification pursuant to § 32.1-137 or Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 unless such penalty has been paid. 96

**97** § 63.2-1800.1. Failure to report; penalty.

**98** Any assisted living facility that has not paid civil penalties assessed for failing to report pursuant to **99** § 54.1-2400.6 shall not be issued a license or a renewal.