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**HOUSE BILL NO. 42**

Offered January 10, 2024

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*A BILL to amend and reenact §§ 8.01-581.16 and 54.1-2400.6 of the Code of Virginia, relating to civil immunity; dentists and dental hygienists; mental health treatment for health care professionals; reporting requirements.*

Patrons—Hope, Price and Tran

Referred to Committee on Health and Human Services

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 8.01-581.16 and 54.1-2400.6 of the Code of Virginia are amended and reenacted as follows:**

**§ 8.01-581.16. Civil immunity for members of or consultants to certain boards or committees.**

A. Every member of, or health care professional consultant to, any committee, board, group, commission or other entity shall be immune from civil liability for any act, decision, omission, or utterance done or made in performance of his duties while serving as a member of or consultant to such committee, board, group, commission or other entity that functions primarily to review, evaluate, or make recommendations on (i) the duration of patient stays in health care facilities; (ii) the professional services furnished with respect to the medical, dental, psychological, podiatric, chiropractic, veterinary, or optometric necessity for such services; (iii) the purpose of promoting the most efficient use or monitoring the quality of care of available health care facilities and services, or of emergency medical services agencies and services; (iv) the adequacy or quality of professional services; (v) the competency and qualifications for professional staff privileges; (vi) the reasonableness or appropriateness of charges made by or on behalf of health care facilities; (vii) patient safety, including entering into contracts with patient safety organizations, provided that such committee, board, group, commission, or other entity has been established pursuant to federal or state law or regulation, the requirements of a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation pursuant to § 1865 of Title XVIII of the Social Security Act (42 U.S.C. § 1395bb), or guidelines approved or adopted by a statewide or local association representing health care providers licensed in the Commonwealth pursuant to clause (iii)(f) of subsection B of § 8.01-581.17, or established and duly constituted by one or more public or licensed private hospitals, health systems, community services boards, or behavioral health authorities, or with a governmental agency, and provided further that such act, decision, omission, or utterance is not done or made in bad faith or with malicious intent.

B. Every member of, or health care professional consultant to, any committee, board, group, commission, or other entity that functions primarily to (i) review, evaluate, or make recommendations on a professional program to address issues related to career fatigue and wellness or (ii) arrange for or provide outpatient health care related to career fatigue and wellness for health care professionals licensed, registered, or certified by the Boards of Dentistry, Medicine, Nursing, or Pharmacy, or in students enrolled in a school of dentistry, dental hygiene, medicine, osteopathic medicine, nursing, or pharmacy located in the Commonwealth, that is established or contracted for by a statewide association, that is exempt under 26 U.S.C. § 501(c)(6) of the Internal Revenue Code, and that primarily represents health care professionals licensed to practice dentistry, dental hygiene, medicine, or osteopathic medicine in multiple specialties, shall be immune from civil liability for any act, decision, omission, or utterance done or made in performance of his duties while serving as a member of or consultant to such committee, board, group, commission, or other entity. No active participant in a professional program described in this subsection shall be employed or engaged by such professional program or have a financial ownership interest in such professional program.

**§ 54.1-2400.6. Hospitals, other health care institutions, home health and hospice organizations, and assisted living facilities required to report disciplinary actions against and certain disorders of health professionals; immunity from liability; failure to report.**

A. The chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth shall report within 30 days, except as provided in subdivision subdivisions 1 and 2, to the Director of the Department of Health Professions,

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59 or in the case of a director of a home health or hospice organization, to the Office of Licensure and  
60 Certification at the Department of Health (the Office), the following information regarding any person (i)  
61 licensed, certified, or registered by a health regulatory board or (ii) holding a multistate licensure  
62 privilege to practice nursing or an applicant for licensure, certification or registration unless exempted  
63 under subsection E:

64 1. Any information of which he may become aware in his official capacity indicating a reasonable  
65 belief that such a health professional is in need of treatment or has been voluntarily admitted as a  
66 patient, either at his institution or any other health care institution, for treatment of substance abuse or a  
67 psychiatric illness that may render the health professional a danger to himself, the public or his patients.  
68 If such health care professional has been involuntarily admitted as a patient, either in his own institution  
69 or any other health care institution, for treatment of substance abuse or a psychiatric illness, ~~the~~ The  
70 report required by this section subdivision shall be made within five days of the date on which the chief  
71 executive officer, chief of staff, director, or administrator learns of the health care professional's  
72 involuntary admission.

73 2. Any information of which he may become aware in his official capacity indicating a reasonable  
74 belief that such a health professional has been voluntarily admitted as a patient, either at his institution  
75 or any other health care institution, for treatment of a substance abuse or psychiatric illness and such  
76 substance abuse or psychiatric illness may continue for more than 30 days after admission. A report  
77 required by this subdivision shall be made within five days after the 30-day period concludes unless the  
78 physician, physician assistant, or nurse practitioner treating the health professional for substance abuse  
79 or psychiatric illness provides written confirmation to the entity required to make such report that the  
80 health professional no longer is believed to be a danger to himself, the public, or his patients.

81 3. Any information of which he may become aware in his official capacity indicating a reasonable  
82 belief, after review and, if necessary, an investigation or consultation with the appropriate internal boards  
83 or committees authorized to impose disciplinary action on a health professional, that a health  
84 professional may have engaged in unethical, fraudulent or unprofessional conduct as defined by the  
85 pertinent licensing statutes and regulations. The report required under this subdivision shall be submitted  
86 within 30 days of the date that the chief executive officer, chief of staff, director, or administrator  
87 determines that such reasonable belief exists.

88 3. 4. Any disciplinary proceeding begun by the institution, organization, facility, or provider as a  
89 result of conduct involving (i) intentional or negligent conduct that causes or is likely to cause injury to  
90 a patient or patients, (ii) professional ethics, (iii) professional incompetence, (iv) moral turpitude, or (v)  
91 substance abuse. The report required under this subdivision shall be submitted within 30 days of the  
92 date of written communication to the health professional notifying him of the initiation of a disciplinary  
93 proceeding.

94 4. 5. Any disciplinary action taken during or at the conclusion of disciplinary proceedings or while  
95 under investigation, including but not limited to denial or termination of employment, denial or  
96 termination of privileges or restriction of privileges that results from conduct involving (i) intentional or  
97 negligent conduct that causes or is likely to cause injury to a patient or patients, (ii) professional ethics,  
98 (iii) professional incompetence, (iv) moral turpitude, or (v) substance abuse. The report required under  
99 this subdivision shall be submitted within 30 days of the date of written communication to the health  
100 professional notifying him of any disciplinary action.

101 5. 6. The voluntary resignation from the staff of the health care institution, home health or hospice  
102 organization, assisted living facility, or provider, or voluntary restriction or expiration of privileges at the  
103 institution, organization, facility, or provider, of any health professional while such health professional is  
104 under investigation or is the subject of disciplinary proceedings taken or begun by the institution,  
105 organization, facility, or provider or a committee thereof for any reason related to possible intentional or  
106 negligent conduct that causes or is likely to cause injury to a patient or patients, medical incompetence,  
107 unprofessional conduct, moral turpitude, mental or physical impairment, or substance abuse.

108 Any report required by this section shall be in writing directed to the Director of the Department of  
109 Health Professions or to the Director of the Office of Licensure and Certification at the Department of  
110 Health, shall give the name, address, and date of birth of the person who is the subject of the report and  
111 shall fully describe the circumstances surrounding the facts required to be reported. The report shall  
112 include the names and contact information of individuals with knowledge about the facts required to be  
113 reported and the names and contact information of individuals from whom the hospital or health care  
114 institution, organization, facility, or provider sought information to substantiate the facts required to be  
115 reported. All relevant medical records shall be attached to the report if patient care or the health  
116 professional's health status is at issue. The reporting hospital, health care institution, home health or  
117 hospice organization, assisted living facility, or provider shall also provide notice to the Department or  
118 the Office that it has submitted a report to the National Practitioner Data Bank under the Health Care  
119 Quality Improvement Act (42 U.S.C. § 11101 et seq.). The reporting hospital, health care institution,  
120 home health or hospice organization, assisted living facility, or provider 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.

This section shall not be construed to require the hospital, health care institution, home health or hospice organization, assisted living facility, or provider to submit any proceedings, minutes, records, or reports that are privileged under § 8.01-581.17, except that the provisions of § 8.01-581.17 shall not bar (i) any report required by this section or (ii) any requested medical records that are necessary to investigate unprofessional conduct reported pursuant to this subtitle or unprofessional conduct that should have been reported pursuant to this subtitle. Under no circumstances shall compliance with this section be construed to waive or limit the privilege provided in § 8.01-581.17. No person or entity shall be obligated to report any matter to the Department or the Office if the person or entity has actual notice that the same matter has already been reported to the Department or the Office. No person or entity shall be obligated to report a health care provider who is participating in a professional program as described in subsection B of § 8.01-581.16 unless there is a reasonable belief that the participant is not competent to continue to practice or is a danger to himself or to the health and welfare of his patients or the public.

B. The State Health Commissioner, Commissioner of Social Services, and Commissioner of Behavioral Health and Developmental 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. However, the State Health Commissioner shall not be required to report information reported to the Director of the Office of Licensure and Certification pursuant to this section to the Department of Health Professions.

C. 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.

D. 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.

E. Any person who fails to make a report to the Department as required by this section shall be subject to a civil penalty not to exceed \$25,000 assessed by the Director. The Director shall report the assessment of such civil penalty to the Commissioner of Health, Commissioner of Social Services, or Commissioner of Behavioral Health and Developmental Services, as appropriate. Any person assessed a civil penalty pursuant to this section shall not receive a license or certification or renewal of such unless such penalty has been paid pursuant to § 32.1-125.01. The Medical College of Virginia Hospitals and the University of Virginia Hospitals shall 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.