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HOUSE BILL NO. 2556

Offered January 9, 2019

Prefiled January 9, 2019

A BILL to amend and reenact § 54.1-2400.2 of the Code of Virginia, relating to Department of Health Professions and health regulatory boards; information obtained in an investigation or disciplinary proceeding; authorized disclosures.

Patrons—Plum, Kory, Krizek and Levine

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400.2 of the Code of Virginia is amended and reenacted as follows:

§ 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 the Department of Health Professions or 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. The Department of Health Professions or 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 § 54.1-3040.2;

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' 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 the Department of Health Professions or any board, or disclosed by the Department of Health Professions or a 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. This section shall not prohibit the Director of the Department of Health Professions, following consultation with the relevant health regulatory board president or his designee, from disclosing information about a suspected violation of state or federal law or regulation to other agencies within the Health and Human Resources Secretariat or to *state or* federal law-enforcement agencies having jurisdiction over the suspected violation or requesting an inspection or investigation of a licensee by such state or federal agency when the Director has reason to believe that a possible violation of ~~federal~~

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59 ~~or~~ state *or federal* law has occurred. Such disclosure shall not exceed the minimum information
60 necessary to permit the state or federal agency having jurisdiction over the suspected violation of state
61 or federal law to conduct an inspection or investigation. Disclosures by the Director pursuant to this
62 subsection shall not be limited to requests for inspections or investigations of licensees. Nothing in this
63 subsection shall require the Director to make any disclosure. Nothing in this section shall permit any
64 agency to which the Director makes a disclosure pursuant to this section to re-disclose any information,
65 reports, records, or materials received from the Department.

66 G. Whenever a complaint or report has been filed about a person licensed, certified, or registered by
67 a health regulatory board, the source and the subject of a complaint or report shall be provided
68 information about the investigative and disciplinary procedures at the Department of Health Professions.
69 Prior to interviewing a licensee who is the subject of a complaint or report, or at the time that the
70 licensee is first notified in writing of the complaint or report, whichever shall occur first, the licensee
71 shall be provided with a copy of the complaint or report and any records or supporting documentation,
72 unless such provision would materially obstruct a criminal or regulatory investigation. If the relevant
73 board concludes that a disciplinary proceeding will not be instituted, the board may send an advisory
74 letter to the person who was the subject of the complaint or report. The relevant board may also inform
75 the source of the complaint or report (i) that an investigation has been conducted, (ii) that the matter
76 was concluded without a disciplinary proceeding, (iii) of the process the board followed in making its
77 determination, and (iv), if appropriate, that an advisory letter from the board has been communicated to
78 the person who was the subject of the complaint or report. In providing such information, the board
79 shall inform the source of the complaint or report that he is subject to the requirements of this section
80 relating to confidentiality and discovery.

81 H. Orders and notices of the health regulatory boards relating to disciplinary actions, other than
82 confidential exhibits described in subsection K, shall be disclosed. Information on the date and location
83 of any disciplinary proceeding, allegations against the respondent, and the list of statutes and regulations
84 the respondent is alleged to have violated shall be provided to the source of the complaint or report by
85 the relevant board prior to the proceeding. The source shall be notified of the disposition of a
86 disciplinary case.

87 I. This section shall not prohibit investigative staff authorized under § 54.1-2506 *or investigative staff*
88 *of any other agency to which disclosure of information about a suspected violation of state or federal*
89 *law or regulation is authorized by subsection F* from interviewing fact witnesses, disclosing to fact
90 witnesses the identity of the subject of the complaint or report, or reviewing with fact witnesses any
91 portion of records or other supporting documentation necessary to refresh the fact witnesses' recollection.

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

94 K. In disciplinary actions in which a practitioner is or may be unable to practice with reasonable skill
95 and safety to patients and the public because of a mental or physical disability, a health regulatory board
96 shall consider whether to disclose and may decide not to disclose in its notice or order the practitioner's
97 health records, as defined in § 32.1-127.1:03, or his health services, as defined in § 32.1-127.1:03. Such
98 information may be considered by the relevant board in a closed hearing in accordance with subdivision
99 A 16 of § 2.2-3711 and included in a confidential exhibit to a notice or order. The public notice or
100 order shall identify, if known, the practitioner's mental or physical disability that is the basis for its
101 determination. In the event that the relevant board, in its discretion, determines that this subsection
102 should apply, information contained in the confidential exhibit shall remain part of the confidential
103 record before the relevant board and is subject to court review under the Administrative Process Act
104 (§ 2.2-4000 et seq.) and to release in accordance with this section.