



Purpose of Bill

Bringing Board of Medical Practice in alignment with current practices and clarification on hospital disciplinary reporting.

Bill Summary

Sec. 1., Updating Unprofessional Conduct and Board of Medical Practice Procedures

- Definitions—no substantive changes
- Clarifies that when someone is here on military duty and practicing medicine as part of their military duties, they don't need to be licensed
- Allows students to practice who are enrolled in accredited educational program who are overseen by a health care professional who is qualified to oversee the student
- Hospital disciplinary reporting: NEW
 - The reporting requirement applies to actions related to the provider's fitness or competence to practice medicine or to any violation of any law or regulation that relates to practice
 - Required to report:
 - Provider leaves organization permanently or as a leave of absence or partial or total relinquishment of privileges following an event that would result in reportable disciplinary action. Investigation shall happen even if provider has left organization and report to the Board.
 - Written discipline, if it is the second written discipline within 12 months for the same or related acts (does not include notation of oral discipline).
 - Fine imposed as a form of discipline.
 - Required education or counseling as a result of a completed, contested disciplinary process.
 - Not required to report:
 - Oral discipline.
 - Actions resulting in required education or training or mentoring that is not imposed as result of contested disciplinary process.
 - Referral to mental health or substance use disorder services if not imposed as result of contested disciplinary process.
 - Voluntary limitations of rights or privileges, leaves of absence, resignations, retirements, non-renewals, and education that are entirely voluntary and not in anticipation of investigation or disciplinary process.
 - Timing: within 30 days after the date of disciplinary action or completion of investigation if employee has left organization.
 - Violation: \$5,000 for small organizations (fewer than 5 licensees) and \$10,000 for other organizations.
- Quorum of 9 (out of 17) for a board meeting. This provision requires a majority of voting members present, instead of just attending members.
- Board can employ or contract with one or more hearing officers .
- Patient's privilege— does not apply to entities served with a subpoena issued by board.
- Technical correction to fingerprints provision to comply with FBI.



- Hearing process deleted and updated:
 - Provider now has access to investigatory file except for privileged or confidential materials.
 - Provider has an opportunity to produce witnesses and other evidence and engage in methods of discovery, including deposition.
- Copy of judgment of conviction of a crime is conclusive evidence that the crime occurred.
- Nondisciplinary financial penalty—for administrative matters, such as not keeping address up to date, gets a \$250 fine for each episode of noncompliance and is nonreportable.
- Qualifications for medical licensure updated – makes the law consistent with what Board of Medicine is actually doing.

Sec. 2. Investigative Procedures

By July 1, 2020, the Board of Medical Practice shall post for comment an operations manual with details on procedures around investigations. This will help provide clarity and standardization around the Board's investigations.

Sec. 3-5. Licensure of Podiatrists

Licensure of podiatrists updated.

Sec. 6. BOM Entitled to Inspect Prescription Records

- Board of medical practice can inspect prescriptions, orders, records, and stocks of related drugs.

VAHHS Recommendation: Neutral/Not Opposing

The unprofessional conduct/hospital disciplinary reporting process received approval from VAHHS Policy Committee, Chief Medical Officers, Compliance Officers, and CEOs.

Changes to hearing process expands rights for providers.