

**WEST VIRGINIA  
SECRETARY OF STATE  
JOE MANCHIN, III  
ADMINISTRATIVE LAW DIVISION**

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Form #6

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED  
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: West Virginia Board of Pharmacy TITLE NUMBER: 15

AMENDMENT TO AN EXISTING RULE: YES  NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 10

TITLE OF RULE BEING PROPOSED: Board of Pharmacy Rules for Pharmacist Recovery  
Networks

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) SE 2014

SECTION §64-9-12(b), PASSED ON June 13, 2003

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE  
FOLLOWING DATE: June 23, 2003

Will J. Doyleh.

Authorized Signature

TITLE 15  
LEGISLATIVE RULES  
BOARD OF PHARMACY

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SERIES 10  
BOARD OF PHARMACY RULES FOR PHARMACIST RECOVERY NETWORKS  
OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**§15-10-1. General.**

- 1.1. Scope. – This rule establishes definitions of impairment; guidelines for program elements; procedures for receipt and use of information of suspected impairment; procedures for intervention and referral; arrangements for mandatory monitoring, treatment, rehabilitation, post-treatment support and performance; reports of individual cases to the Board; periodic reporting of statistical information; assurance of confidentiality of nonpublic information and of the peer review process; and assessment of a fee to be added to each licensure renewal for operation of pharmacist recovery networks.
- 1.2. Authority. – W.Va. Code §30-5-7c(d).
- 1.3. Filing Date. – March 18, 2003.
- 1.4. Effective Date. – March 18, 2003.

**§15-10-2. Definitions.**

- 2.1. “Committee” means the Board of Directors established to function as a supervisory and advisory body to the Program.
- 2.2. “Executive Director” means the administrator or clinical director selected by the Committee to administer the program.
- 2.3. “Impairment” means mental illness, chemical dependency, physical illness, or any abnormal physical or mental condition of a pharmacist, intern or technician which threatens a licensee or the safety of persons to whom that licensee might sell or dispense prescription drugs or devices.
- 2.4. “Licensee” means a licensed pharmacist, licensed intern, or registered pharmacy technician.
- 2.5. “Program or West Virginia Pharmacist Recovery Network (WVPRN)” means the program established by agreements between special impaired pharmacist peer review organizations and the Board.

**§15-10-3. Pharmacist Recovery Network Agreements.**

- 3.1. Pharmacist Recovery Network Agreements with the Board require the following:
  - 3.1.1. Upon receiving a report or request about possible impairment of a licensee from a licensee or another interested party, the Executive Director will make contact with the licensee to verify the information.

- 3.1.2. If it is determined there is sufficient reason for action, such as behavioral signs, documented evidence of impairment, and/or drug diversion, the Executive Director shall encourage the licensee to present himself or herself to the WVPRN office within 48 hours of initial contact for a complete substance abuse assessment.
  - a. If the licensee resists coming in for an assessment, the Executive Director shall pursue one repeat contact.
  - b. After two unsuccessful interventions within a period not to exceed 14 days, the Executive Director shall inform the licensee of the program's intent to close the file and disclose all evidence of impairment allowed by law to the Board.
- 3.1.3. After the licensee arrives at the network office, the program's Executive Director shall conduct a substance abuse evaluation to include among other things, a psychoactive substance use history, administration of a Substance Abuse Subtle Screening Inventory (SASSI), urinalysis, and Breathalyzer;
- 3.1.4. If a diagnosis of substance abuse or dependence as per the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association is made, the Executive Director shall arrange for further evaluation and treatment of the licensee to be conducted at a facility or by an individual approved by the program. If there is insufficient evidence to warrant a diagnosis of substance abuse or dependence, the Executive Director shall place the file in an inactive status, and destroy the file after 5 years.
- 3.1.5. The Executive Director shall draw up a final agreement between the licensee and the program for the licensee to enter into a treatment or other appropriate program. The Executive Director shall work with the treatment provider to determine the guidelines of treatment and aftercare, and shall consult with the primary care giver on a regular basis;
- 3.1.6. The Executive Director shall collect appropriate paper work, as specified in the contract, regarding treatment progress, group therapy participation, urine and blood analysis, discharge summaries, etc;
- 3.1.7. Monitors shall assist the licensee in transition into the workplace by providing information if requested to the supervisors and co-workers regarding chemical dependency, relapse, and diversion; and
- 3.1.8. Upon the completion of treatment and rehabilitation, and the expiration of the 5 year recovery contract, the network shall conclude involvement with the licensee.

**§15-10-4. Due Process.**

- 4.1. Any action taken pursuant to a pharmacist recovery network shall afford the licensee all due process

rights enumerated in West Virginia Code §29A-1-1 et. seq.

**§15-10-5. Receipt and Use of Information of Suspected Impairment**

- 5.1. Licensees, family members, and other persons may submit reports containing information concerning suspected impairment of a licensee to the program.
- 5.2. Upon receipt of information of a suspected impairment, the program shall initiate an investigation.
- 5.3. The program may conduct routine inquiries regarding suspected impairments.
- 5.4. The program may require a licensee suspected of impairment to submit to personal interviews before any person authorized by the program.

**§15-10-6. Intervention and Referral.**

- 6.1. When, following an investigation, the impairment of a licensee is confirmed, the Executive Director shall cause an intervention to be conducted using specialized techniques designed to assist the licensee in acknowledging responsibility for dealing with the impairment. The Executive Director shall then refer the licensee to an appropriate treatment source acceptable to the program.
- 6.2. The program shall decide the methods and objectives of interventions on a case-by-case basis.
- 6.3. The program shall arrange and conduct interventions as soon as possible.
- 6.4. The program shall evaluate treatment sources before making case referrals for treatment.
- 6.5. The program shall record intervention outcomes including treatment contracts that are elements of an intervention.

**§15-10-7. Monitoring Treatment.**

- 7.1. The program shall monitor a treatment source receiving referrals from it as to the treatment source's ability to provide:
  - 7.1.1. adequate medical and non-medical staffing;
  - 7.1.2. appropriate treatment;
  - 7.1.3. affordable treatment;
  - 7.1.4. adequate facilities; and
  - 7.1.5 appropriate post-treatment support.

**§15-10-8. Monitoring Rehabilitation and Performance.**

- 8.1. The program shall designate monitoring requirements for each licensee participating in the program. Licensees may be required to be tested regularly or randomly on demand of the program.
- 8.2. The program may require treatment sources to submit reports regarding a licensee's rehabilitation and performance to the program.

8.3. The program may require impaired licensees to submit to periodic personal interviews before any person authorized by the program.

8.4. The program shall maintain appropriate case records regarding each licensee that is a participant.

#### **§15-10-9. Monitoring Post-Treatment Support.**

9.1. Post-treatment support may include family counseling, advocacy and other services and programs considered appropriate to the licensee's recovery.

9.2. The program shall monitor the post-treatment support of treatment sources on an ongoing basis.

9.3. The program's own post-treatment support shall be monitored by the program on an ongoing basis.

#### **§15-10-10. Reports of Cases of Impairment to the Board.**

10.1. After investigation and review of a licensee, the program shall report immediately to the Board detailed information about any licensee as required by West Virginia Code §30-5-7c(e).

10.2. The program shall submit quarterly a report to the Board on the status of all licensees involved in the program who have been previously reported to the Board. The program shall submit a monthly report to the Board on the status of any licensee previously reported to the Board who is in active treatment until a time mutually agreed to by the Board and the program.

10.3. In the event the program becomes aware that the licensee has diverted controlled substances to a person other than himself or herself, the program shall report this infraction to the Board. In this case, the licensee is not protected by the program's confidentiality provisions or from disciplinary action by the Board.

#### **§15-10-11. Periodic Reporting of Statistical Information.**

11.1. The program shall compile and annually report to the Board comprehensive statistical reports concerning suspected impairments, impairments, self-referrals, post-treatment support and other significant demographic and substantive information collected through program operations.

#### **§15-10-12. Confidentiality.**

12.1. All information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the program, all communications to or from the program, and all proceedings, findings, and conclusions of the program, including those relating to intervention, treatment, or rehabilitation, that in any way pertain to or refer to a person participating in a pharmacist recovery network are privileged and confidential.

12.2. All records and proceedings of the program that pertain or refer to a person participating in a pharmacist recovery network shall be privileged and confidential, used by the program and its members

only in the exercise of the proper function of the program, not be considered public records, and not be subject to court subpoena, discovery, or introduction as evidence in any civil, criminal, or administrative proceedings, except as provided in subsection 10.1 of this rule.

12.3. The program may only disclose the information relative to an impaired licensee if:

12.3.1. it is essential to disclose the information to persons or organizations needing the information in order to address the intervention, treatment, or rehabilitation needs of the impaired licensee;

12.3.2. the release is authorized in writing by the impaired licensee; or

12.3.3 the program is required to make a report to the board pursuant to subsection 10.1 of this rule.

#### **§15-10-13. Fees.**

13.1. The Board shall assess the following fees to be added to each licensure renewal application fee payable to the Board with any revenue generated by the assessment dedicated to the operation of the pharmacist recovery network:

13.1.1. Pharmacist- \$20 with each biennial renewal;

13.1.2. Intern- \$5 with each annual renewal; and

13.1.3. Pharmacy Technician- \$10 with each biennial renewal.