



WEST VIRGINIA SECRETARY OF STATE

MAC WARNER

ADMINISTRATIVE LAW DIVISION

eFILED

7/25/2018 3:48:17 PM

Office of West Virginia
Secretary Of State

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE AND FILING WITH THE LEGISLATIVE RULE-
MAKING REVIEW COMMITTEE**

AGENCY: Medicine TITLE-SERIES: 11-01A
RULE TYPE: Legislative Amendment to Existing Rule: Yes Repeal of existing rule: No
RULE NAME: 11-01A Licensing and Disciplinary Procedures: Physicians, Podiatric Physicians and Surgeons

PRIMARY CONTACT

NAME: Mark A Spangler Executive Director
ADDRESS: West Virginia Board Of Medicine
101 Dee Drive Suite 103
Charleston, WV 25311
EMAIL: mark.a.spangler@wv.gov
PHONE NUMBER: 304-558-2921

CITE STATUTORY AUTHORITY: W. Va. Code §30-3-7(a)(1); §30-1D-1(d); and §64-9-6

EXPLANATION OF THE STATUTORY AUTHORITY FOR THE LEGISLATIVE RULE, INCLUDING A DETAILED SUMMARY OF THE EFFECT OF EACH PROVISION OF THE LEGISLATIVE RULE WITH CITATION TO THE SPECIFIC STATUTORY PROVISION WHICH EMPOWERS THE AGENCY TO ENACT SUCH RULE PROVISION:

W. Va. Code §30-3-7(a)(1); §30-1D-1(d); and §64-9-6.

DATE eFiled FOR NOTICE OF HEARING OR PUBLIC COMMENT PERIOD: 6/22/2018

DATE OF PUBLIC HEARING(S) OR PUBLIC COMMENT PERIOD ENDED: 7/23/2018

COMMENTS RECEIVED: Yes

(IF YES, PLEASE UPLOAD IN THE COMMENTS RECEIVED FIELD COMMENTS RECEIVED AND RESPONSES TO COMMENTS)

PUBLIC HEARING: No

(IF YES, PLEASE UPLOAD IN THE PUBLIC HEARING FIELD PERSONS WHO APPEARED AT THE HEARING(S) AND TRANSCRIPTS)

RELEVANT FEDERAL STATUTES OR REGULATIONS: No

WHAT OTHER NOTICE, INCLUDING ADVERTISING, DID YOU GIVE OF THE HEARING?

The Board publicized notice of this proposed rule change by: including a notice of the proposed amendments and comment period on the Board of Medicine website with a link to the proposed rule; publishing an article with a link to the proposed rule in the Board's newsletter which is provided to Board licensees; sending an email notification to licensees of the Board with a link to the proposed rule; and notifying other interested individuals who had been in contact with the Board about affected rule provisions earlier in the year, including: Tim Linkous, Esq. and Don Parker, Esq.

SUMMARY OF THE CONTENT OF THE LEGISLATIVE RULE, AND A DETAILED DESCRIPTION OF THE RULE'S PURPOSE AND ALL PROPOSED CHANGES TO THE RULE:

This rule sets forth the West Virginia licensure requirements and application requirements for allopathic physicians (medical doctors) and podiatric physicians by the West Virginia Board of Medicine. It also sets forth grounds for licensure denial and for disciplinary action against a licensee of the West Virginia Board of Medicine and establishes the actions the Board may take if it finds an applicant unqualified or a licensee subject to disciplinary action. The rule also identifies required reporting of medical professional liability settlements and judgments by insurers. Changes were made to Section 5 of the rule, which relates to IMGs. The changes comport to the new requirements of SB499.

Section 9 was modified to clarify that US graduates and IMGs who apply for a medical license through the Board may be eligible for a temporary license if they meet the established qualifications.

Section 13 was modified to clarify the circumstances under which malpractice settlements and judgments must be reported to the Board and to align the Board's malpractice reporting standards with other reporting requirements for malpractice, including the National Practitioner Data Bank. The intent of this amendment was to provide clarity to reporters and continuity in the required reporting with other entities.

In addition to these changes, there is a citation change in Section 4.

No additional changes were made after initial filing, and no changes were proposed by the comments received by the Board.

STATEMENT OF CIRCUMSTANCES WHICH REQUIRE THE RULE:

During the 2018 regular session Senate Bill 499 was enacted. This bill changes the licensure requirements for medical doctors who have completed medical education at an international medical school. Pursuant to SB499, international medical school graduates (IMGs) are now required to have two years of ACGME-approved post-graduate training instead of three years. This statutory change has necessitated changes to this rule to comport with the statute.

Changes were made to malpractice reporting because the current rule is unclear and has resulted in erroneous reports being filed.

SUMMARIZE IN A CLEAR AND CONCISE MANNER THE OVERALL ECONOMIC IMPACT OF THE PROPOSED LEGISLATIVE RULE:

A. ECONOMIC IMPACT ON REVENUES OF STATE GOVERNMENT:

The Board does not anticipate an economic impact on the revenues of state government, although it is possible that the Board will receive more applications for medical licensure from international medical graduates as a greater number may be eligible for licensure now that SB499 is in effect.

B. ECONOMIC IMPACT OF THE LEGISLATIVE RULE ON THE STATE OR ITS RESIDENTS:

None.

C. FISCAL NOTE DETAIL:

Effect of Proposal	Fiscal Year		
	2018 Increase/Decrease (use "-")	2019 Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0	0	0
Personal Services	0	0	0
Current Expenses	0	0	0
Repairs and Alterations	0	0	0
Assets	0	0	0
Other	0	0	0
	0	0	0

2. Estimated Total Revenues			
------------------------------------	--	--	--

D. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT):

N/A

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.

Yes
Jamie C Frame -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

11CSR1A

TITLE 11 LEGISLATIVE RULE WEST VIRGINIA BOARD OF MEDICINE

SERIES 1A LICENSING AND DISCIPLINARY PROCEDURES: PHYSICIANS; PODIATRIC PHYSICIANS AND SURGEONS.

§11-1A-1. General.

1.1. Scope. -- W. Va. Code §30-3-7(1)(a) authorizes the Board of Medicine to promulgate rules which are necessary to perform the duties and responsibilities of the Board.

1.2. Authority. -- W. Va. Code §30-3-7(a)(1); §30-1D-1(d); and §64-9-6.

1.3. Filing Date. -- ~~May 9, 2018~~ _____.

1.4. Effective Date. -- ~~July 1, 2018~~ _____.

1.5. Sunset Provision -- This rule shall terminate and have no further force or effect ~~on July 5, 2022~~ upon the expiration of five years from its effective date.

§11-1A-2. Application and Enforcement.

This legislative rule implements the West Virginia Medical Practice Act, W. Va. Code §30-3-1 et seq.

§11-1A-3. Definitions Applicable To All Board of Medicine Rules.

3.1. "ACGME" means the Accreditation Council of Graduate Medical Education.

3.2. "AMA" means the American Medical Association.

3.3. "APMA" means the American Podiatric Medical Association.

3.4. "APMLE" means the American Podiatric Medical Licensing Examination.

3.5. "Board" means the West Virginia Board of Medicine, established in W. Va. Code §30-3-5.

3.6. "ECFMG" means the Educational Commission for Foreign Medical Graduates.

3.7. "False or deceptive advertising" means a statement that includes a misrepresentation of fact, is likely to mislead or deceive because of a failure to disclose material facts, is intended or is likely to create false or unjustified expectations of favorable results or includes representations

11CSR1A

or implications that in reasonable probability will cause an ordinary prudent person to misunderstand or be deceived.

3.8. "FCVS" means the Federation of State Medical Boards' Credentials Verification Service.

3.9. "FLEX" means the Federation of State Medical Boards Licensing Examination.

3.10. "LCME" means the Liaison Committee on Medical Education.

3.11. "Legend drug" means a drug that may be dispensed under federal or state law only pursuant to the prescription of an authorized prescriber.

3.12. "NBME" means the National Board of Medical Examiners.

3.13. "PMLexis" means the Podiatric Medical Licensing Examination for States.

3.14. "Probation" means imposing conditions and requirements upon a licensee for a period of time that the Board, in its discretion, determines to be justified under any provision of law. A licensee placed on probation may continue to practice subject to limitations imposed by the Board, including the requirements that the licensee appear before the Board, or an officer or agent thereof, at the times and places designated by the Board. A licensee may be placed on probation without a previous or concurrent suspension or revocation of his or her license.

3.15. "SPEX" means the Special Purpose Examination of the Federation of State Medical Boards.

3.16. "USMLE" means the United States Medical Licensing Examination, the successor to the FLEX and NBME.

3.17. "West Virginia Medical Practice Act" means W. Va. Code §30-3-1 et seq.

§11-1A-4. Qualification and Application For A License To Practice Medicine And Surgery.

4.1. Minimum qualifications for initial licensure as a medical doctor are set forth in West Virginia Code §30-3-10**(b)**.

4.2. An application for a license to practice medicine and surgery for an applicant seeking initial licensure, or licensure by endorsement pursuant to West Virginia Code §30-3-11, shall be completed on a Board-approved application.

4.3. A completed application is considered by the Board at regular Board meetings. The Board will not consider an application or decide upon the issuance of a license to an applicant until the complete application, including all third-party documentation and/or verification, is on file with the Board and the Board has had at least fifteen days to review the application.

4.4. An application for licensure must be accompanied by payment of a nonrefundable

11CSR1A

application fee in an amount established by 11 CSR 4.

4.5. The Board's physician licensure application shall include, and applicants must provide, the following information:

4.5.a. The applicant's name, e-mail address, home address, preferred mailing address and primary practice location address(es) and telephone numbers;

4.5.b. Demographic information of the applicant, such as date of birth, place of birth, sex, etc.;

4.5.c. A photograph taken within the previous twelve months which substantially resembles the applicant;

4.5.d. Evidence of graduation from a medical school approved by the LCME or by the Board;

4.5.e. Information with respect to the applicant's professional practice, good moral character and fitness to practice.

4.5.f. Information as determined by the Board which relates to whether the applicant is mentally and physically able to engage safely in the practice of medicine and surgery.

4.5.g. Evidence of completion of one year of postgraduate clinical training approved by the ACGME;

4.5.h. An AMA biographical report;

4.5.i. All hospitals where the physician has had privileges in the last five years;

4.5.j. Information regarding medical schools attended by the applicant;

4.5.k. A list of, and requested information regarding, training programs, including postgraduate training, in which the applicant ever participated;

4.5.l. A list of jurisdictions in which the applicant has applied for licensure, the disposition of such applications, and a list of licenses the applicant holds or has ever held and the current status of each license;

4.5.m. A copy of the individual's birth certificate, certificate of naturalization, or passport to be used in identifying the applicant and the appropriate spelling of his or her name;

4.5.n. A copy of legal documentation satisfactory to the Board which verifies any name change the applicant has experienced;

4.5.o. A report from the National Practitioner Data Bank;

11CSR1A

4.5.p. A criminal history record check as set forth in section 8;

4.5.q. Evidence that the applicant has received passing scores on all required examinations as set forth in section 7 of this rule; and

4.5.r. Other documents as may be required by the Board to evaluate the qualifications and fitness of an applicant to practice medicine and surgery in West Virginia.

4.6. Evidence and information described in this section may be provided through FCVS, where available through FCVS.

4.7. The applicant shall provide necessary forms to selected institutions for response to the Board, except where FCVS is providing the information directly to the Board.

4.8. Completed verification forms must be provided directly from selected institutions to the Board and not from the applicant, except where FCVS is providing the information directly to the Board.

4.9. If the staff finds derogatory or conflicting information regarding an applicant's qualifications, or information requiring clarification or further explanation by the applicant, the information shall be presented to the Board's Licensure Committee for review. Thereafter, the Licensure Committee shall determine whether the applicant should be scheduled to appear before the Committee. The Committee may also direct staff to obtain additional information related to the applicant's qualifications.

4.10. An applicant may be required to appear personally before the Licensure Committee in support of his or her application. The Board may require production of original documents at the required attendance at a Board or Committee meeting.

4.11. The Board, at its discretion, may obtain additional information through the Federation of State Medical Boards and/or through oral or written examinations, psychiatric evaluation, physical examination or other tests as may be necessary to determine the competency of the applicant.

4.12. The Board shall require applicants to take the SPEX or a competency examination in their field of practice prior to issuing a license, whenever the Board considers it necessary to evaluate the medical knowledge and clinical skills of an applicant.

4.13. A complete application, including all associated documentation submitted to the Board, become the property of the Board and will not be returned.

4.14. The burden of satisfying the Board of the applicant's qualifications for licensure is upon the applicant.

4.15. In evaluating an application and determining an applicant's qualification for licensure, the Board may consider any recent period(s) of absence from the practice of medicine which may affect the applicant's clinical skills and/or knowledge when the absence(s) individually or

11CSR1A

cumulatively equal or exceed two years. The applicant shall:

4.15.a. Demonstrate that any such absence from practice has not resulted in a loss of current skills or knowledge;

4.15.b. Provide proof satisfactory to the Board that the applicant has taken effective measures to ensure that his or her clinical skills and knowledge are current; and

4.15.c. Propose a plan designed to ensure his or her safe reentry into practice.

The Board may require the examination and/or assessment of the competencies, medical knowledge and clinical skills necessary to assist in assessing a safe reentry into practice.

§11-1A-5 Additional Licensure Requirements for Graduates of Medical Schools Located Outside of the United States, the Commonwealth of Puerto Rico or Canada.

5.1. Minimum qualifications for initial licensure as a medical doctor for applicants who have received the degree of doctor of medicine or its equivalent from a school of medicine outside of the United States, the Commonwealth of Puerto Rico or Canada are set forth in West Virginia Code §30-3-10(c). In addition to the qualifications and application requirements for licensure to practice medicine and surgery which are set forth in section 4, an applicant for licensure who is a graduate of a medical school located outside of the United States, the Commonwealth of Puerto Rico or Canada shall:

5.1.a. Provide an acceptable copy of the applicant's valid ECFMG certificate, or submit documentation satisfactory to the Board which demonstrates that:

5.1.a.1. The applicant is currently fully licensed, excluding any temporary, conditional or restricted license or permit, under the laws of another state, the District of Columbia, Canada or the Commonwealth of Puerto Rico;

5.1.a.2. The applicant has been engaged on a full-time professional basis in the practice of medicine within the state or jurisdiction where the applicant is fully licensed for a period of at least five years not to include practice via telemedicine technologies from a location physically outside of the state or jurisdiction of licensure; and

5.1.a.3. The applicant provides proof satisfactory to the Board that he or she is not the subject of any pending disciplinary action by a medical licensing board in any jurisdiction;

5.1.b. Possess a demonstrable ability to communicate in the English language; and

5.1.c. Provide evidence satisfactory to the Board that the applicant:

5.1.c.1. Has successfully completed at least ~~three~~ two years of ACGME approved postgraduate clinical training ~~in the United States or Canada;~~ or

11CSR1A

5.1.c.2. Has successfully completed at least one year of ACGME approved postgraduate clinical training ~~in the United States or Canada~~ and is currently Board certified by a member board of the American Board of Medical Specialties.

§11-1A-6. Qualification and Application For a License to Practice Podiatric Medicine and Surgery.

6.1. Minimum qualifications for initial licensure as a podiatric physician and surgeon are set forth in West Virginia Code §30-3-10(d).

6.2. An application for a license to practice podiatric medicine and surgery for an applicant seeking initial licensure, or licensure by endorsement pursuant to West Virginia Code §30-3-11(a), shall be completed on a Board-approved application.

6.3. A completed application is considered by the Board at regular Board meetings. The Board will not consider an application until the complete application, including all third-party documentation and/or verification, is on file with the Board and the Board has had at least fifteen days to review the application.

6.4. An application for licensure must be accompanied by payment of a nonrefundable application fee in an amount established by 11 CSR 4.

6.5. An applicant must provide the following information:

6.5.a. The applicant's name, e-mail address, home address, preferred mailing address and primary practice location address(es) and telephone numbers;

6.5.b. Demographic information of the applicant, such as date of birth, place of birth, sex, etc.;

6.5.c. A photograph taken within the previous twelve months which substantially resembles the applicant;

6.5.d. Evidence of graduation and receipt of the degree of doctor of podiatric medicine or its equivalent from a school of podiatric medicine which is approved by the Council of Podiatric Education or by the board;

6.5.e. Information with respect to the applicant's professional practice, good moral character and fitness to practice, including a sworn and notarized statement that the applicant is of good moral character;

6.5.f. Information as determined by the Board which relates to whether the applicant is mentally and physically able to engage safely in the practice of podiatric medicine and surgery;

6.5.g. Evidence of completion of:

11CSR1A

6.5.g.1. One year of graduate clinical training in a program approved by the CPME or the CPM; or

6.5.g.2. Two years of graduate podiatric clinical training in the U.S. armed forces; or

6.5.g.3. Three years of private podiatric clinical experience satisfactory to the Board;

6.5.h. A list of, and requested information regarding, training programs, including postgraduate training, in which the applicant ever participated;

6.5.i. A list of jurisdictions in which the applicant has applied for licensure, the disposition of such applications, and a list of all licenses the applicant holds or has ever held and the current status of each license;

6.5.j. A copy of the individual's birth certificate, certificate of naturalization, or passport to be used in identifying the applicant and the appropriate spelling of his or her name;

6.5.k. A copy of legal documentation satisfactory to the Board which verifies any name change;

6.5.l. A criminal history record check as set forth in section 8;

6.5.m. Evidence that the applicant has received passing scores on all required examinations as set forth in section 7 of this rule;

6.5.n. A report from the National Practitioner Data Bank; and

6.5.o. Other documents as may be required by the Board to evaluate the qualifications and fitness of an applicant to practice podiatric medicine and surgery in West Virginia.

6.6. The applicant shall provide necessary forms to selected institutions for response to the Board. Completed verification forms must be provided directly from selected institutions to the Board and not from the applicant.

6.7. If the staff finds derogatory or conflicting information regarding an applicant's qualifications, or information requiring clarification or further explanation by the applicant, the information shall be presented to the Board's Licensure Committee for review. Thereafter, the Licensure Committee shall determine whether the applicant should be scheduled to appear before the Committee. The Committee may also direct staff to obtain additional information related to the applicant's qualifications.

6.8. An applicant may be required to appear personally before the Licensure Committee of the Board in support of his or her application. The Board may require production of original documents at the required attendance at a Board or Committee meeting.

6.9. The Board may obtain additional information, oral and/or written examinations,

11CSR1A

psychiatric evaluation, physical examination or other tests as may be necessary to determine the competency of the applicant.

6.10. The Board shall require applicants to take a competency examination prior to issuing a license, whenever the Board considers it necessary to evaluate the medical knowledge and clinical skills of an applicant.

6.11. A complete application, including all associated documentation submitted to the Board, become the property of the Board and will not be returned.

6.12. The burden of satisfying the Board of the applicant's qualifications for licensure is upon the applicant.

6.13. In evaluating an application and determining an applicant's qualification for licensure, the Board may consider any recent period(s) of absence from the practice of podiatric medicine which may affect the applicant's clinical skills and/or knowledge when such absence(s) individually or cumulatively equal or exceed two years. The applicant shall:

6.13.a. Demonstrate that any such absence from practice has not resulted in a loss of current skills or knowledge;

6.13.b. Provide proof satisfactory to the Board that the applicant has taken effective measures to ensure that his or her clinical skills and knowledge are current; and

6.13.c. Propose a plan designed to ensure his or her safe reentry into practice.

The Board may require the examination and/or assessment of the competencies, medical knowledge and clinical skills necessary to assist in assessing a safe reentry into practice.

6.14. The provisions of this rule that relate to disciplinary procedures, reports and complaints, and the provisions of the contested case hearing and appeal procedures, W. Va. Code §29A-5-1 et seq. and 11 CSR 3, Board Organization and Meeting Procedure; Complaint and Contested Case Hearing Procedures, are applicable to podiatric physicians and surgeons and the practice of podiatric medicine and surgery and shall be applied in that context to matters relating to podiatric physicians and surgeons.

§11-1A-7. Required Examinations for a License to Practice Medicine and Surgery; Required Examinations for a License to Practice Podiatric Medicine and Surgery.

7.1. To be eligible for consideration for a license to practice medicine and surgery in this state, an applicant must demonstrate that he or she has successfully passed all components of the United States Medical Licensing Examination (USMLE) with a score greater than or equal to the minimum passing score as determined by the developer on each component part, including USMLE Step 1, USMLE Step 2 (both the Clinical Knowledge exam and the and Clinical Skills exam) and USMLE Step 3. However, an applicant shall not be eligible for licensure if:

11CSR1A

7.1.a. The applicant failed to obtain a passing score on a component part of the USMLE in six attempts; or

7.1.b. Passing scores on all component parts of the USMLE were not been obtained by the applicant within ten consecutive years.

7.2. An applicant who has not taken all component steps of the USMLE may be eligible for consideration for licensure to practice medicine and surgery, if the applicant can demonstrate that, within ten consecutive years:

7.2.a. The applicant passed all component parts of previously administered examinations, such as the State Board Examination, FLEX or NBME with a passing score of 75% or better; or

7.2.b. The applicant passed a combination of the component parts of currently or previously administered examinations which have been identified as acceptable by the Board. The Board shall publish a current list of examination combinations which have been approved by the Board on its website.

7.3. To be eligible for consideration for a license to practice podiatric medicine and surgery in this state, an applicant must demonstrate that he or she has, within a period of ten consecutive years, successfully passed all components of:

7.3.a. The American Podiatric Medical Licensing Examination (APMLE) including Steps 1, 2, and 3; or

7.3.b. The PMLexis Steps 1, 2, and 3 with minimum passing scores on each step as determined by the developers; Provided, the nationally recommended cut score is criterion referenced according to the method known as the Angoff method; or

7.3.c. Any other examination, or combination of examinations, which have been identified as acceptable by the Board. The Board shall publish a current list of examination combinations which have been approved by the Board on its website.

7.4. Examination(s) approved by the Board shall be in the English language.

§11-1A-8. Criminal History Record Check.

8.1. Beginning July 1, 2017, and in addition to all of the requirements for licensure set forth elsewhere in this legislative rule, all applicants for an initial license to practice medicine and surgery in West Virginia and all applicants for an initial license to practice podiatric medicine and surgery shall request and submit to the Board the results of a state and a national criminal history record check.

8.2. The purpose of the criminal history record check is to assist the Board in obtaining information that may relate to the applicant's fitness for licensure.

11CSR1A

8.3. In addition to the State Police, the Board may contract with and designate a company specializing in the services required by this section instead of requiring the applicant to apply directly to the West Virginia State Police or similar out-of-state agency for the criminal history records checks. Provided, that any such company must utilize protocols consistent with standards established by the Federal Bureau of Investigation and the National Crime Prevention and Privacy Compact.

8.4. The applicant shall furnish to the State Police, or other organization duly designated by the Board, a full set of fingerprints and any additional information required to complete the criminal history record check.

8.5. The applicant is responsible for any fees required by the State Police, or other organization duly designated by the Board, for the actual costs of the fingerprinting and the actual costs of conducting a complete criminal history record check.

8.6. The Board may require the applicant to obtain a criminal history records check from a similar Board approved agency or organization in the state of the applicant's residence, if outside of West Virginia.

8.7. The applicant shall authorize the release of all records obtained by the criminal history record check to the Board.

8.8. A criminal history record check submitted in support of an application for licensure must have been requested by the applicant no earlier than twelve months immediately prior to the Board's receipt of the applicant's electronic application for licensure.

8.9. A medical or podiatric initial licensure application is not complete until the Board receives the results of a state and a national criminal history record check conducted by the State Police or another entity duly authorized by the Board. The Board shall not grant an application for licensure submitted by any applicant who fails or refuses to submit the criminal history record check required by this section.

8.10. The Board may, in its discretion, require any applicant for reactivation of a medical license which has been expired for greater than five years to request and submit to the Board the results of a state and a national criminal history record check in conformity with the requirements of this section.

8.11. Should criminal offenses be reported on an applicant's criminal history record check, the board will consider the nature, severity, and recency of offenses, as well as rehabilitation and other factors on a case by case basis for licensure.

8.12. The results of the state and national criminal history record check may not be released to or by a private entity except:

8.12.a. To the individual who is the subject of the criminal history record check;

11CSR1A

8.12.b. With the written authorization of the individual who is the subject of the criminal history record check; or

8.12.c. Pursuant to a court order.

8.13. Criminal history record checks and related records are not public records for the purposes of chapter twenty-nine-b of the West Virginia Code.

§11-1A-9. Temporary License to Practice Medicine and Surgery or Podiatric Medicine and Surgery.

9.1. The applicant for licensure to practice medicine and surgery or podiatric medicine and surgery may request a temporary license if:

9.1.a. The applicant has submitted a complete application pursuant to section four or five of this rule;

9.1.b. The applicant meets all of the qualifications for a license to practice medicine and surgery or podiatric medicine and surgery;

9.1.c. The applicant holds a valid, unrestricted license to practice medicine and surgery or podiatric medicine and surgery from another state, the District of Columbia, the Commonwealth of Puerto Rico or Canada;

9.1.d. All licenses held by the applicant are unrestricted and in good standing;

9.1.e. The applicant provides proof satisfactory to the Board that he or she is not the subject of any pending disciplinary complaints, investigations or actions by any medical licensing board in any jurisdiction;

9.1.f. The applicant's application does not contain any derogatory or conflicting information, or any other information regarding an applicant's qualifications which require the information to be presented to the Board's Licensure Committee for review; and

9.1.g. The applicant is awaiting the next scheduled meeting of the Board for action upon his or her application.

9.2. The Board may authorize its staff to issue a temporary license to an applicant who meets all of the qualifications set forth in subsection 9.1. and who provides the following additional items with his or her licensure application:

9.2.a. A written request that the applicant be issued a temporary license; and

9.2.b. A nonrefundable temporary license fee in an amount established by 11 CSR 4.

9.3. A temporary license issued pursuant to this section remains valid until the Board meets

11CSR1A

and considers the applicant's completed licensure application.

§11-1A-10. Licensure Renewal, Inactive Status Licensure: Physicians and Podiatric Physicians and Surgeons.

10.1 With the exception of an initial license, a license to practice medicine and surgery or to practice podiatric medicine and surgery is issued for a term of two years. An initial license is issued with an expiration date consistent with the applicant's renewal classification as set forth in subsection 10.2.

10.2. License renewal for all licensed physicians whose last names begin with the letters "A" through "L" shall occur prior to July 1 of every even year. License renewal for all licensed physicians whose last names begin with the letters "M" through "Z" and all podiatric physicians shall occur prior to July 1 of every odd year.

10.3. A license shall expire, if not renewed by the renewal deadline set by the Board and will be published on the Board's website. An expired license is not a valid license.

10.4. To avoid expiration, an eligible licensee shall seek to renew his or her license every two years by:

10.4.a. Completing and submitting an application approved by the Board;

10.4.b. Certifying that he or she has successfully completed all legally required continuing medical education for the preceding two-year period; and

10.4.c. Submitting the nonrefundable license renewal fee, as established by the Board.

10.5. An online renewal application is available through the Board's website.

10.6. A licensee shall maintain current contact information on file with the Board including: a preferred mailing address; a home address; current practice locations; and a current e-mail address. A licensee shall notify the Board of any changes to such contact information within fifteen days of the change.

10.7. Communications and notifications regarding the renewal process will be conveyed to a licensee via e-mail.

10.8. A licensee shall be aware of his or her license expiration date and shall acquire and submit a renewal application and required documentation. Failure of the licensee to receive a renewal notification does not constitute justification for a licensee to practice on an expired license.

10.9. At a minimum, the Board's renewal application for physicians and for podiatric physicians shall include, and renewal applicants must provide, the following information:

11CSR1A

10.9.a. The applicant's name, e-mail address, home address, preferred mailing address, primary practice location address(es), and telephone numbers;

10.9.b. Demographic information of the applicant, such as date of birth, sex, etc.;

10.9.c. A statement concerning any disciplinary action taken against the applicant in the last two years, and any pending disciplinary complaints, investigations or actions in any jurisdiction;

10.9.d. A statement concerning any medical professional liability claims or actions which were settled or with respect to which judgments against the applicant were rendered, and/or any criminal arrests, charges, pleas or litigation commenced against the applicant within the last two years;

10.9.e. A statement describing an applicant's present ability to possess or dispense controlled substances;

10.9.f. A statement of all other jurisdictions in which the applicant is licensed to practice medicine;

10.9.g. The number of medical professional liability settlements made by or on behalf of the applicant and/or judgements entered against the applicant in the last two years;

10.9.h. Any treatment received for chemical substance or alcohol dependency in the last two years with the exception of any treatment received in association with a voluntary agreement entered into pursuant to West Virginia Code §30-3-10(h);

10.9.i. Any limitation of hospital privileges in the last two years;

10.9.j. Information with respect to the renewal applicant's professional practice, character and fitness to practice medicine and surgery or podiatric medicine and surgery;

10.9.k. Certification of successful completion of all required continuing medical education requirements; and

10.9.l. Other information required by the Board for renewal of a license.

10.10. Upon request, the Board may renew the license of a physician or a podiatric physician who is licensed to practice in this state, but who is not currently practicing in West Virginia, as an inactive status license. An inactive status licensee shall not practice his or her profession in this state while maintaining an inactive status license.

10.11. An inactive license may be obtained upon receipt of a nonrefundable fee, as established by 11 CSR 4, and submission of an application provided by the Board. An inactive license is valid for a term of two years, and is renewable.

10.12. Upon request, the Board may convert an inactive status license to an active status

11CSR1A

license if the requesting licensee:

10.12.a. Completes and submits a change of status application;

10.12.b. Submits the nonrefundable change of licensure status fee;

10.12.c. Accounts for the licensee's period of inactivity to the satisfaction of the Board;
and

10.12.d. Provides evidence of successful completion of all required continuing medical education requirements for the prior renewal period in accordance with 11 CSR 6.

§11-1A-11 Confidentiality of Complaint and Investigation Process.

11.1. When the Board receives a report submitted pursuant to the provisions of West Virginia Code §30-3-14, or when the Board receives or initiates a complaint regarding the conduct of anyone practicing medicine and surgery, podiatric medicine and surgery or practicing as a physician assistant pursuant to a license issued by the Board, the Board shall create a complaint file in which the Board shall maintain all documents relating to the investigation and action upon the alleged conduct.

11.2. When the Board receives a complaint or initiates a complaint regarding a licensee's professional conduct, the Board shall provide the licensee with a copy of the complaint as soon as practical. If providing a copy of the complaint identifies an anonymous complainant or compromises the integrity of an investigation, the Board shall provide the licensee with a summary of all substantial elements of the complaint. Otherwise, during the pendency of an investigation, complaints regarding a licensee's professional conduct are confidential.

11.3. All records, papers, investigative files, investigative reports, other investigative information and other documents containing information in the possession of or received or gathered by the Board, or its members or employees or consultants as a result of investigations, inquiries, assessments, or interviews conducted in connection with a licensing, complaint, assessment, potential impairment matter, or disciplinary matter, are privileged and/or otherwise confidential. If the Board finds probable cause to institute disciplinary charges against a licensee, he or she shall be entitled to receive disclosures of information contained within the complaint file as set forth in West Virginia Code §30-3-14(i).

11.4. If investigative information in the possession of the Board, its employees, or agents indicates that a crime may have been committed, the Board shall report the information to the appropriate law enforcement agency or state or federal prosecuting attorney.

11.5. The Board shall cooperate with and assist any state or federal law enforcement agency, any state or federal regulatory agency and/or any state or federal prosecuting attorney conducting an investigation or a prosecution of a licensee by providing the entity information that is relevant to an investigation or prosecution. Information disclosed by the Board to any entity pursuant to this subsection remains confidential and may not be disclosed by the recipient agency, except as

11CSR1A

necessary to further the investigation. Information received by the Board from state or federal law enforcement agencies, state or federal regulatory agencies or state or federal prosecuting attorneys shall remain confidential and may not be disclosed by the Board except as necessary to further the Board's investigation or when disclosure to the responding licensee is required by West Virginia Code §30-3-14(i).

11.6. The disposition of a complaint is public information.

§11-1A-12. Causes For Denial, Probation, Limitation, Discipline, Suspension Or Revocation of Licenses of Physicians and Podiatric Physicians and Surgeons.

12.1. The Board may deny an application for a license, place a licensee on probation, suspend a license, limit or restrict a license or revoke any license heretofore or hereafter issued by the Board, upon satisfactory proof that the licensee has:

12.1.a. Knowingly made, or presented or caused to be made or presented, any false, fraudulent or forged statement, writing, certificate, diploma or other material in connection with an application for a license;

12.1.b. Been or is involved in fraud, forgery, deception, collusion or conspiracy in connection with an examination for a license;

12.1.c. Become addicted to a controlled substance;

12.1.d. Become a chronic or persistent alcoholic;

12.1.e. Engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member thereof;

12.1.f. Willfully violated a confidential communication;

12.1.g. Had his or her license to practice medicine or podiatric medicine in any other state, territory, jurisdiction or foreign nation revoked, suspended, restricted or limited, or otherwise acted against, or has been subjected to any other disciplinary action by the licensing authority thereof, or has been denied licensure in any other state, territory, jurisdiction, or foreign nation.

12.1.h. Been or is unable to practice medicine or podiatric medicine with reasonable skill and safety to patients by reason of illness, drunkenness, excessive use of alcohol, drugs, chemicals or any other type of material, or by reason of any physical or mental abnormality;

12.1.i. Demonstrated a lack of professional competence to practice medicine or podiatric medicine with a reasonable degree of skill and safety for patients. In this connection, the Board may consider repeated acts of a physician or podiatric physician indicating his or her failure to properly treat a patient and may require the physician or podiatric physician to submit to inquiries or examinations, written or oral, by members of the Board, or by other physicians or podiatric physicians to practice medicine or podiatric medicine in this State, as the Board

11CSR1A

considers necessary to determine the professional qualifications of the licensee;

12.1.j. Engaged in unprofessional conduct, including, but not limited to, any departure from, or failure to conform to, the standards of acceptable and prevailing medical or podiatric practice, or the ethics of the medical or podiatric profession, irrespective of whether or not a patient is injured thereby, or has committed any act contrary to honesty, justice or good morals, whether the same is committed in the course of his or her practice or otherwise and whether committed within or without this State;

12.1.k. Been convicted of or found guilty of a crime in any jurisdiction which directly relates to the practice of medicine or podiatric medicine or to the ability to practice medicine or podiatric medicine. Any plea of nolo contendere shall be considered conviction for purposes of this rule;

12.1.l. Advertised, practiced or attempted to practice under a name other than his or her own;

12.1.m. Failed to report to the Board any person whom the licensee knows is in violation of this rule or of provisions of the West Virginia Medical Practice Act;

12.1.n. Aided, assisted, procured or advised any unlicensed person to practice medicine or podiatry contrary to this rule or the West Virginia Medical Practice Act;

12.1.o. Failed to perform any statutory or legal obligation placed upon a licensed physician or podiatric physician;

12.1.p. Made or filed a report which the licensee knows to be false; intentionally or negligently failed to file a report or record required by state or federal law, willfully impeded or obstructed such filing or induced another person to do so. The reports or records shall include only those which are signed in the capacity as a licensed physician or podiatric physician.

12.1.q. Paid or received any commission, bonus, kickback or rebate, or engaged in any split-fee arrangement in any form whatsoever with a physician, podiatric physician, organization, agency or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers or pharmacies. The provisions of this subdivision shall not be construed to prevent a physician or podiatric physician from receiving a fee for professional consultation services;

12.1.r. Exercised influence within a patient-physician or patient-podiatric physician relationship for purposes of engaging a patient in sexual activity;

12.1.s. Made deceptive, untrue or fraudulent representations in the practice of medicine or podiatric medicine and surgery or employed a trick or scheme in the practice of medicine or podiatric medicine and surgery when the trick or scheme fails to conform to the generally prevailing standards of treatment in the medical or podiatric community;

11CSR1A

12.1.t. Solicited patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or by overreaching or vexatious conduct. A solicitation is any communication which directly or implicitly requests an immediate response from the recipient;

12.1.u. Failed to keep written records justifying the course of treatment of the patient, including, but not limited to, patient histories, examination results and test results and treatment rendered, if any;

12.1.v. Exercised influence on the patient or client in such a manner as to exploit the patient or client for the financial gain of the licensee or of a third party, which shall include, but not be limited to, the promoting or selling of services, goods, appliances or drugs and the promoting or advertising on any prescription form of a community pharmacy. For the purposes of this subdivision, it is legally presumed that prescribing, dispensing, administering, mixing or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities, is not in the best interests of the patient and is not in the course of the physician's or podiatric physician's professional practice, without regard to his or her intent;

12.1.w. Prescribed, dispensed or administered any medicinal drug appearing on any schedule set forth in W. Va. Code §60A-1-1 et. seq. by the physician or podiatric physician to himself or herself, except one prescribed, dispensed or administered to the physician or podiatric physician by another practitioner authorized to prescribe, dispense or administer medicinal drugs;

12.1.x. Engaged in malpractice or failed to practice medicine or podiatric medicine with that level of care, skill and treatment which is recognized by a reasonable, prudent, physician or podiatric physician engaged in the same or a similar specialty as being acceptable under similar conditions and circumstances;

12.1.y. Performed any procedure or prescribed any therapy which, by the prevailing standards of medical or podiatric practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed and written consent from the patient;

12.1.z. Practiced or offered to practice medicine and surgery or podiatric medicine and surgery beyond the scope permitted by law or accepted and performed professional responsibilities which the licensee knows or has reason to know he or she is not competent to perform;

12.1.aa. Delegated professional responsibilities to a person whom the licensee knew or had reason to know is not qualified by training, experience or licensure to perform the responsibilities;

12.1.bb. Violated or attempted to violate any law or lawfully promulgated rule or regulation of this State, any other state, the Board, the United States or any other lawful authority (without regard to whether the violation is criminally punishable), which law or rule or regulation relates to or in part regulates the practice of medicine or podiatric medicine and surgery, when the licensee or applicant knows or should know that such action is violative of

11CSR1A

the law, rule or regulation; or has violated a lawful order of the Board; or has failed to comply with a lawfully issued subpoena of the Board; or has violated an order of any court entered pursuant to any proceedings commenced by the Board;

12.1.cc. Presigned blank prescription forms;

12.1.dd. Prescribed any medicinal drug appearing on Schedule II in W. Va. Code §60A-1-1 et. seq. for office use;

12.1.ee. Prescribed, ordered, dispensed, administered, supplied, sold or given any drug which is an amphetamine or sympathomimetic amine drug and a compound designated as a Schedule II controlled substance under W. Va. Code §60A-1-1 et. seq. to or for any person except for:

12.1.ee.A. The treatment of narcolepsy; binge eating disorder, attention deficit disorder, a behavioral syndrome characterized by inappropriate symptoms of moderate to severe distractibility, short attention span, hyperactivity, emotional lability and impulsivity; or drug-induced brain dysfunction;

12.1.ee.B. The differential diagnostic psychiatric evaluation of depression or the treatment of depression or the treatment of depression shown to be refractory to other therapeutic modalities; or

12.1.ee.C. The clinical investigation of the effects of such drugs or compounds when an investigative protocol therefore is submitted to, reviewed and approved by the Board before such investigation is begun;

12.1.ff. Knowingly maintained a professional connection or association with any person who is in violation of the West Virginia Medical Practice Act or the rules of the Board; or has knowingly aided, assisted, procured or advised any person to practice medicine or podiatry contrary to the West Virginia Medical Practice Act or to the Rules of the Board; or knowingly performed any act which in any way aids, assists, procures, advises or encourages any unlicensed person or entity to practice medicine or podiatry; or has divided fees or agreed to divide fees received for professional services with any person, firm, association, corporation or other entity for bringing or referring a patient; or has engaged in the practice of medicine or podiatry as an officer or employee of any corporation other than one organized and existing pursuant to the West Virginia Medical Practice Act, except as a licensed physician or podiatric physician, intern or resident of a hospital or teaching institution licensed by this State;

12.1.gg. Offered, undertaken or agreed to cure or treat disease by a secret method, procedure, treatment or medicine; or has treated, operated or prescribed for any human condition, by a method, means, or procedure which the licensee has refused to divulge upon demand of the Board.

12.1.hh. Engaged in false or deceptive advertising.

12.1.ii. Engaged in advertising that is not in the public interest. Advertising that is not in

11CSR1A

the public interest includes the following, with the exceptions specifically listed:

12.1.ii.A. Advertising that has the effect of intimidating or exerting undue pressure;

12.1.ii.B. Advertising which is false, deceptive, misleading, sensational or flamboyant;

12.1.ii.C. Advertising which guarantees satisfaction or a cure;

12.1.ii.D. Advertising which offers gratuitous services or discounts, the purpose of which is to deceive the public. This subdivision does not apply to advertising which contains an offer to negotiate fees, nor to advertising in conjunction with an established policy or program of free care for patients; and

12.1.ii.E. Advertising which makes claims of professional superiority which a licensee is unable to substantiate.

12.1.jj. Failure to maintain a medical record for each patient which is adequate to enable the physician or podiatric physician to provide proper diagnosis and treatment, and/or to keep such patient medical records for a minimum of three years from the date of the last patient encounter and in a manner which permits the former patient or a successor physician or podiatric physician access to them within the terms of this rule and as set forth in W. Va. Code §16-29-1 et seq.

12.2. Acts declared to constitute dishonorable, unethical or unprofessional conduct: As used in this rule at subdivision 12.1.e, "Dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member thereof" includes, but is not limited to:

12.2.a. Prescribing or dispensing any "Controlled Substance" as defined in W. Va. Code §60A-1-1 et. seq.:

12.2.a.A. With the intent or knowledge that a controlled substance will be used or is likely to be used other than medicinally or for an accepted therapeutic purpose;

12.2.a.B. With the intent to evade any law with respect to the sale, use or disposition of the controlled substances;

12.2.a.C. For the licensee's personal use, or for the use of his or her immediate family when the licensee knows or has reason to know that an abuse of controlled substance(s) is occurring, or may result from such a practice; or

12.2.a.D. In such amounts that the licensee knows or has reason to know, under the attendant circumstances, that the amounts prescribed or dispensed are excessive under accepted and prevailing medical practice standards;

11CSR1A

12.2.b. Issuing or publishing in any manner whatsoever, representations in which grossly improbable or extravagant statements are made which have a tendency to deceive or defraud the public, or a member thereof, including, but not limited to:

12.2.b.A. Any representation in which the licensee claims that he or she is able to cure or treat manifestly incurable diseases, ailments or infirmities by any method, procedure, treatment or medicine which the licensee knows or has reason to know has little or no therapeutic value;

12.2.b.B. Represents or professes or holds himself or herself out as being able and willing to treat diseases, ailments or infirmities under a system or school of practice:

12.2.b.B(a) Other than that for which he or she holds a certificate or license granted by the Board;

12.2.b.B(b) Other than that for which he or she holds a degree or diploma from a school otherwise recognized as accredited by the Board; or

12.2.b.B(c) Which he or she professes to be self-taught;

12.2.c. A serious act, or a pattern of acts committed during the course of his or her medical or podiatric practice which, under the attendant circumstances, would be considered to be gross incompetence, gross ignorance, gross negligence or malpractice, including the performance of any unnecessary service or procedure;

12.2.d. Conduct which is calculated to bring or has the effect of bringing the medical or podiatric profession into disrepute, including, but not limited to, any departure from or failure to conform to the standards of acceptable and prevailing medical or podiatric practice within the state, and any departure from or failure to conform to the current principles of medical ethics of the AMA available from the AMA in Chicago, Illinois, or the principles of podiatric ethics of the APMA available from the APMA in Bethesda, Maryland. For the purposes of this subsection, actual injury to a patient need not be established;

12.2.e. Any charges or fees for any type of service rendered within seventy-two hours of the initial visit, if the licensee advertises free service, free examination or free treatment;

12.2.f. The administration of anabolic steroids for other than therapeutic purposes;

12.2.g. Failing to meet the standard of practice in connection with any supervisory and/or collaborative agreement with any category of health practitioner;

12.2.h. Violation of the Board rules for dispensing prescription drugs, as set forth in West Virginia Board of Medicine Rule 11 CSR 5;

12.2.i. Charging or collecting an excessive, unconscionable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

11CSR1A

- 12.2.i.A. The time and effort required;
- 12.2.i.B. The novelty and difficulty of the procedure or treatment;
- 12.2.i.C. The skill required to perform the procedure or treatment properly;
- 12.2.i.D. Any requirements or conditions imposed by the patient or circumstances;
- 12.2.i.E. The nature and length of the professional relationship with the patient;
- 12.2.i.F. The experience, reputation, and ability of the licensee; and
- 12.2.i.G. The nature of the circumstances under which the services are provided.

In any case where it is found that an excessive, unconscionable fee has been charged, in addition to any actions taken under the provisions of subsection 12.3 of this rule, the Board may require the licensee to reduce or pay back the fee; and

12.2.j. Failure by a licensee to report a known or observed violation of this rule, the rule for dispensing prescription drugs as set forth in West Virginia Board of Medicine Rule 11 CSR 5, and/or the provisions of the West Virginia Medical Practice Act.

12.2.k. A practice of providing treatment recommendations relating to issuing prescriptions, via electronic or other means, for persons without establishing an on-going physician-patient relationship wherein the physician has obtained information adequate to support the prescription: Provided, That this definition does not apply: in a documented emergency; or in an on-call or cross coverage situation; or where patient care is rendered in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications.

12.3. When the Board finds that any applicant is unqualified to be granted a license or finds that any licensee should be disciplined pursuant to the West Virginia Medical Practice Act or rules of the Board, the Board may take any one or more of the following actions:

- 12.3.a. Refuse to grant a license to an applicant;
- 12.3.b. Administer a public reprimand;
- 12.3.c. Suspend, limit or restrict any license for a definite period, not to exceed five years;
- 12.3.d. Require any licensee to participate in a program of education prescribed by the Board;
- 12.3.e. Revoke any license;
- 12.3.f. Require the licensee to submit to care, counseling or treatment by physicians or

11CSR1A

other professional persons;

12.3.g. Assess a civil fine of between \$1,000 and \$10,000 and/or assess cost of the Board's investigation and administrative proceedings against the licensee;

12.3.h. Require him or her to practice under the direction or supervision of another practitioner or

12.3.i. Require the licensee to provide a period of free public or charitable service.

In addition to and in conjunction with these actions, the Board may make a finding adverse to the licensee or applicant, but withhold imposition of judgment and penalty, or it may impose the judgement and penalty but suspend enforcement of penalty and place the physician or podiatric physician on probation. Probation may be vacated upon noncompliance with such reasonable terms as the Board may impose. In its discretion, the Board may restore and reissue a license to practice medicine or podiatric medicine issued under the West Virginia Medical Practice Act or any antecedent law, and as a condition thereof, it may impose any disciplinary or corrective measure provided for in this Rule or in the West Virginia Medical Practice Act.

12.4. The Board has the authority to place a licensee in a probationary status and to apply varying conditions upon the licensee during the probationary period.

12.4.a. Conditions for probation: Upon reaching the conclusion that a license to practice medicine or podiatric medicine should be placed on probation, the Board may impose any one or more of the following conditions:

12.4.a.A. The Board may appoint one or more Board members to be responsible for having the probationary licensee report for interviews on a regular basis. These interviews may be set up on a periodic basis as determined by the Board and the Board members so appointed shall report back to the Board at its regularly scheduled meeting on the progress of the licensee;

12.4.a.B. The Board may cause the probationary licensee to appear before the Board at such intervals as the Board may determine in order that the licensee may report on his or her progress. During these appearances by the probationary licensee, the Board may ask the probationary licensee questions so as to observe his or her behavior and progress;

12.4.a.C. The Board may select a physician or podiatric physician, as applicable, or request the subject licensee to select a physician or podiatric physician, as applicable, for Board approval. The physician or podiatric physician shall submit periodic progress reports on the concerned licensee as the Board may direct;

12.4.a.D. The Board may appoint a medical consultant whose responsibility is to handle interviews with the probationary licensee. The probationary licensee shall report to the appointed medical consultant on a regular basis as determined by the Board, and the medical consultant shall report to the Board at intervals determined by the Board;

12.4.a.E. In cases of alcoholism and/or drug abuse, as a condition of probation, the

11CSR1A

Board may require that the probationary licensee submit periodic blood samples and/or urine drug screen samples;

12.4.a.F. The Board may require that a probationary licensee report all medications that he or she may be utilizing and that he or she make reports to the Board, at such intervals as the Board may direct from time to time;

12.4.a.G. The Board may require that the probationary licensee authorize his or her personal physician to submit to the Board, for review, the subject licensee's medical history, both as to past medical history and any and all new medical history as may become available to the personal physician during the period of the probationary term;

12.4.a.H. The Board may require that prior to the termination of a probationary term, the probationary licensee appear at a regularly scheduled Board meeting and furnish the Board with information as it may then request, and the Board may utilize subpoenas, subpoenas duces tecum and its investigators as it considers necessary to gather facts and evidence to determine compliance by the subject licensee with the terms of probation; and

12.4.a.I. In those situations where indicated, the Board may impose additional terms of probation upon a licensee who has initially been placed on probation, as long as the entire period of any additional imposed probationary period does not exceed five years from the initiation date of the originally imposed probationary period.

§11-1A-13. Required Reports from Insurers.

13.1. Every insurer providing professional liability insurance to a physician or podiatric physician in this state shall submit to the Board the following information regarding licensees of the Board within thirty days from any judgment or settlement of a civil or medical professional liability action or claim, ~~dismissal or settlement of a medical professional liability claim or action involving the insured~~. The name of the insured; the date of any judgment, dismissal or settlement; whether any appeal has been taken on the judgment, and, if so, by which party; the amount of any settlement or judgment against the insured; and such other information within the knowledge of the insurer as the Board requires.

13.2. An insurer must submit a medical professional liability claim report on a specific health care practitioner:

13.2.a. The practitioner must either be named, identified or otherwise described in both the written complaint or claim demanding monetary payment for damages and the settlement release agreement or final judgment; and

13.2.b. A payment was made by the insurer on behalf of the insured practitioner.

13.3. The Board shall publish guidance on its website which is consistent with this section regarding reportable medical professional liability action or claim events.