The intent of the investigative and disciplinary process is to provide quality protection of the public while also providing procedural due process to our licensees through the timely resolution of complaints.

Jurisdiction

- The Board’s authority to investigate complaints and take action against licensed individuals and business enterprises is set by statute. RCW 18.64.005.
- In order for the Board to take action against a licensee, the alleged conduct must be in violation of a statute or rule. (JURISDICTION)
- Examples within jurisdiction of Board include: Misfill, Diversion, Failure to Counsel, Failing inspections, Failing to keep records, etc.
- Examples not within jurisdiction include: Rudeness, Drug Pricing.
INFORMATION v. COMPLAINT

• Initial Information received by BOP
• Information sufficient to allege violation of law, and, within jurisdiction of BOP, becomes a complaint
• If no jurisdiction then may be sent to appropriate board or commission (e.g., RN, MD, DDS…)
• If insufficient info then it is not opened as a complaint by BOP

Requirement to Cooperate

• RCW 18.130.180(b) - A licensee is required to cooperate with an investigation by the board. Includes the written statement.
• No 5th Amendment Right. This doesn’t mean that you cannot assert the right, it means that the Board can make an inference of guilt from refusal to answer.
• May obtain legal representation at licensee’s cost. SMART THING TO DO!!

Confidentiality of Complainant

• RCW 43.70.075 - A person who complains about any health care provider is a “Whistleblower” and is entitled to have their confidentiality protected.
• If the identity of the complainant is essential to the investigation, the complainant must waive their right to confidentiality.
• If complainant refuses to waive confidentiality, the investigation is closed. (e.g., Rx error)

NOTICE OF CORRECTION (NOC)

• Non-disciplinary
  Educational
  Cannot impose any sanctions
  Case Closed upon mailing of NOC
  Frequently used for Rx errors
STATEMENT OF CHARGES (SOC)

- Formal Discipline
- Wide range of sanctions, Reprimand to Revocation
- If Licensee responds to SOC, final resolution either by settlement or hearing
- If licensee fails to respond, resolved through default hearing

Right to Board Hearing

- All licensees may reject a settlement offer and request a hearing before the Board.
- Hearings are conducted by rules set by the Administrative Procedure Act, RCW 34.05
- Health Law Judge makes legal rulings, e.g., evidence & motions, and Board makes the findings of fact. i.e., whether conduct occurred, and conclusions of Law.

Grounds for Discipline Pharmacists & Interns

- 18.64.160 RCW
- Board may take disciplinary action against any pharmacist or intern upon proof that certain things have happened
- (Note does not specify what disciplinary action Board may take. See UDA)

Grounds for Discipline Pharmacists & Interns

- 18.64.160 RCW
  - 1. Got license thru
    - Fraud
    - Misrepresentation
    - Deceit
  - 2. Found by Court to be mentally incompetent (automatic suspension)
Grounds for Discipline

• 18.64.160 RCW
  – 3. Knowingly violated or permitted violation of ANY provision of state or federal law or rule governing drugs
  – (e.g., use, possession, distribution, dispensing of drugs)
  – Includes all of chapters 18.64, 69 & Board rules

Grounds for Discipline

• 18.64.160 RCW
  – 4. Knowingly allowed unlicensed person to take charge of pharmacy or engage in practice of pharmacy
  – EXCEPT Interns & Pharmacy Techs may practice under supervision of licensed pharmacist

Professional Judgment

• This section is used in dealing with dispensing errors.
• Pharmacists may adjust doses, add ingredients in compounding, dispense therapeutic equivalent products, use their judgment in interest of patient care.
Discipline of Firms

• 18.64.165 RCW
  – Discipline of Manufacturer, Wholesaler, pharmacy, shopkeeper, itinerant vendor, peddler, poison distributor, health care entity, precursor chemical distributor

Discipline of Firms

• 18.64.165 RCW
  – Board may refuse, suspend or revoke these licenses (Compare with RPh)
  – NOTE: Board may not fine firms (See UDA later in lecture)

Grounds for Discipline

• 18.64.165 RCW
  – License procured thru
    • Fraud
    • Misrepresentation
    • Deceit
  – Violated or permitted employee to violate laws or rules OR
  – Convicted of a felony

Uniform Disciplinary Act 18.130 RCW

• Applies to ALL health professions
• Enacted in 1984 when all professions EXCEPT Pharmacy were in Dept. of Licensing
• Old disciplinary provisions varied widely
• DOH was created in 1989
• UDA amended to include Pharmacy in 1993
Uniform Disciplinary Act

• 18.130.050 Authority of Disciplinary Auth.
  • 1) Rulemaking
  • 2) Investigate Complaints & Hold hearings
  • 3) Issue subpoenas
  • 4) Take depositions, use discovery
  • 5) Compel witnesses to attend hearings
  • 6) Conduct practice reviews

• 7) Take emergency action- summary suspension of license or restriction or limitation of licensee’s practice pending proceedings
• 8) Use office of admin. hearings to conduct hearings (Bd makes final decision)
• 9) Use board member to direct case BUT may not then participate in hearing.

Uniform Disciplinary Act

• 10) Enter into contracts for professional services for enforcement of chapter.
• 11) Contract for monitoring of probation (including WRAPP, MD Program, etc.)
• 12) Adopt standards of conduct/practice
• 13) Grant or deny license & impose sanctions for violations

• 14) Designate individuals to sign subpoenas and statements of charges.
• 15) Establish panels of 3 or more members to perform any duty of the board.
• 16) Review or audit records of health facil. QA programs when licensees privileges or employment are terminated. Records MUST be made available. Records NOT subject to discovery by attorneys in lawsuits.
Uniform Disciplinary Act

- 18.130.075 Temporary Practice Permits
  - Boards shall issue temp. permits to qualified applicants.
  - See WAC 246-863-035
    - Completed application, NABP Official App,
    - Fee, Good until 1st of month after law exam
    - No extension if fail to appear or fail exam

Uniform Disciplinary Act

- 18.130.080 Unprofessional Conduct, Investigations, Immunity of Complainant
  - Anyone may file a complaint
  - Department will investigate
  - If filed in GOOD FAITH complainant is immune from lawsuit by RPh or firm.

Uniform Disciplinary Act

- 18.130.160 Finding of Unprof. Conduct
  - What can the boards do?
  - 1) Revoke
  - 2) Suspend (specific time/indefinite)
  - 3) Restriction-limitation of practice
  - 4) Remedial education or treatment
  - 5) Monitoring of practice

Uniform Disciplinary Act

- 18.130.160 continued
  - 6) Censure or reprimand
  - 7) Conditions of Probation - specific time
  - 8) Fine NTE $ 5000 per violation
  - 9) Denial of license request
  - 10) Corrective action
  - 11) Refund fees collected from patient
Uniform Disciplinary Act

- 18.130.170 Mental or Physical Examination
  Under this section, a board could require a licensee to undergo a mental or physical examination and suspend the license if he/she refuses.
  A King County Judge found this to be unconstitutional so now Boards must offer a hearing on this issue – show that an exam is needed.

Uniform Disciplinary Act

- 18.130.175 Voluntary Substance Abuse monitoring programs.
  - Boards may refer licensees to these programs instead of disciplining them.
  - Persons may voluntarily enter the program and the Board need not be notified.
  - Licensee MUST comply with program or be reported to the board for possible discipline.

Uniform Disciplinary Act

- 18.130.180 Unprofessional Conduct
  (Grounds for discipline by boards)
  - 1) Moral turpitude, dishonesty, corruption relating to practice of profession.
    - If a crime, conviction is not necessary
    - if convicted that is conclusive evidence
    - convicted includes guilty plea and nolo contendere.

Uniform Disciplinary Act

- 2) Misrepresentation or concealment of a material fact in obtaining license or reinstatement.
- 3) False, fraudulent or misleading advertising
- 4) Incompetence, negligence or malpractice involving injury or risk of harm.
- Non-traditional TX OK Unless risk of harm
Uniform Disciplinary Act

• 5) Licensure action by ANY other entity. certified copy of action is conclusive.
• 6) Possession, prescribing, distribution of CS or legend drugs for non-therapeutic purposes. Diversion of CS or Rx or prescribing CS for self. (OK for MD family)
• 7) Violation of state or federal law or rule related to profession including standards of care

Uniform Disciplinary Act

• 8) Failure to Cooperate with Board by;
  – Not furnishing papers or documents
  – Not providing written explanation
  – Not responding to subpoenas of Board, even if you are not the accused person (e.g., witness)
• 9) Failure to comply with board order or stipulated agreement.

Uniform Disciplinary Act

• 10) Aiding or abetting unlicensed practice
  – e.g., letting Tech or Asst. fill Rx’s in absence of RPh
• 11) Violations of rules of any health agency
  – e.g., Not reporting child abuse
• 12) Practice beyond scope of practice
• 13) Misrepresentation or fraud in any aspect of profession (e.g., Medicaid fraud)

Uniform Disciplinary Act

• 14) Failure to adequately supervise auxiliary staff to the extent that patient’s health or safety is at risk.
• 15) Contact with public while having a contagious or infectious disease involving serious risk to public health.
Uniform Disciplinary Act

• 16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure or service.
• 17) Conviction of gross misdemeanor or felony related to profession. Includes guilty or nolo pleas
• 18) Procuring, or aiding or abetting in the procuring of a criminal abortion.

Uniform Disciplinary Act

• 19) Offering to treat, cure, etc. disease by secret method, treatment, medicine, etc. OR refusing to divulge this information to board. (Mostly medical cases)
• 20) Willful betrayal of practitioner-patient privilege as recognized by law.

Uniform Disciplinary Act

• 21) Violation of 19.68 RCW Anti-kickback law
  - can’t get or give rebate or unearned discount
• lab, dental, medical, surgical, pharmacy
• Ownership OK if:
  – disclose ownership to patient
  – inform patient of alternative facilities and
  – assure that patient will not be treated differently

Uniform Disciplinary Act

• 22) Interference with and investigation or disciplinary proceeding by willful misrepresentation of facts before board OR its representative (e.g., Investigator) OR by use of threats or harassment against patient or witness to prevent them from providing evidence in disciplinary or legal action
Uniform Disciplinary Act

23) Current misuse of:
   - a) Alcohol;
   - b) Controlled substances; or
   - c) Legend drugs

24) Abuse of patient OR sexual contact with a patient

Does this apply to Pharmacists? YES!

What should you do if you want to date a patient?
Refer Rx’s to another RPh

Uniform Disciplinary Act

25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health related products or services intended for patients in contemplation of sale or use in research publishable in journals where a conflict of interest is present as defined by rules of the board based upon recognized professional ethical standards. (NO rules adopted)

THE END
Standard of Proof needed to find guilty (2002)

• Formerly
  – Preponderance of the evidence
  – (More likely than not)

• Now
  – Clear, cogent and convincing
  – (Much more likely than not)