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Physician Office Sanitation and Safety Policy

All physician offices that provide direct patient care must meet basic sanitation and safety requirements set forth in a new Kansas Board of Healing Arts regulation, *Kansas Administrative Regulations (K.A.R.) 100-25-2*, by no later than July 1, 2006. The Kansas Medical Society and Medical Service Corporation have developed a sample compliance policy to assist physicians in implementing the new physician office sanitation requirements. By adopting and implementing this sample compliance policy, you will satisfy the requirements of the new regulation.

The policy itself is found on pages 3-5 of this document. Also included are several appendices which will be helpful as reference materials.

Appendix A is a worksheet the physician office may wish to use to comply with the sanitation regulation, *K.A.R. 100-25-2*. The worksheet should assist physician practices in documenting the compliance with that portion of the regulation.

Appendix B is a checklist the physician office may wish to use to ensure that they have addressed each of the requirements set out in the regulation. By using the checklist, physician offices can document compliance with each condition set forth in the regulation and identify those areas which they still need to address to satisfy the requirements of the regulation.

Appendix C is a copy of the new sanitation and safety regulation, *K.A.R. 100-25-2*.

Appendix D is a copy of the KDHE regulation (*K.A.R. 28-29-27*) regarding medical services waste, which all physician offices must comply with as part of the new regulation.

Appendix E is a copy of a reporting statute (*K.S.A. 65-28,122*) referenced in the sanitation and safety regulation, which applies to all licensees of the Healing Arts Board.

Appendix F is a copy of an additional reporting statute (*K.S.A. 65-4923*) referenced in the sanitation and safety regulation, which also applies to all licensees of the Healing Arts Board.

Appendix G is a copy of the statute (*K.S.A. 65-2836*) referenced in the sanitation and safety regulation which contains grounds for disciplinary action in the Healing Arts Act.

As always, KMS is available for questions regarding the new regulation. We hope you find the policy and tools attached to the policy helpful as you implement the new regulation.

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Physician Office Sanitation and Safety Requirements (K.A.R. 100-25-2)

These requirements apply to _____ (referred to as “The Practice” in this document). The Practice is committed to adhering to and conducting all business in accordance with *K.A.R. 100-25-2*, Physician Office Sanitation and Safety Requirements. These requirements are effective on and after July 1, 2006.

1) Office Cleanliness

a) Smoking

Smoking is prohibited in all patient care areas and all areas where any hazardous material is present.

b) Work Surfaces

The Practice shall keep clean all work surfaces by using appropriate cleaning materials and the specific purpose for each as indicated on Attachment A. The floors, walls and ceilings have finished surfaces that can be cleaned, disinfected, and sterilized as needed for the direct patient care to be performed; all floors will be kept clean and dry.

c) Hands

Hand cleanser will be provided at every sink. If blood or body fluids are on hands or any other body surface, hands and any other body part should be immediately and thoroughly washed. Hands should also be washed immediately before and after each contact with an infected person.

d) Rodents

The Practice is committed to the prevention and infestation of insects and rodents by maintaining areas that are kept free of accumulation of materials that may cause tripping, fire, explosion or harboring of pests.

All areas should be kept clean and free of rubbish and all waste will be disposed of in a manner that will not encourage infestation of insects or rodents. Infestations of insects or rodents will be reported to the appropriate source.

2) Infection Control Disposal of Biological Waste & Universal Precautions

The standards for infection control and the disposal of biological waste include procedures to limit the spread of infection among patients and personnel.

a) Infection Control

Waste will be segregated into infectious or non-infectious (general) waste. When biohazard and general wastes are mixed, the contents are considered infectious. When soft biohazardous wastes are disposed in an exam room, a sharps container will be used for disposal of both soft wastes and sharps.

The Practice will make available Sharps containers for proper handling and disposal of sharp objects. These containers will be mounted and/or kept out of the reach of children. Employee will dispose of contaminated needles and other contaminated sharp instruments immediately or as soon as feasible. The contaminated needles and other contaminated sharp instruments must

not be bent, recapped, or removed. The containers will be closable, puncture resistant and leak proof and labeled or color-coded in accordance with *OSHA 29 CFR § 1910.1030* (blood borne pathogens). The Practice shall avoid over-filling containers.

b) Biological Waste

Regulated waste includes cotton swabs and balls, gauze and discarded casting/splinting material soiled by body fluids. The Practice will dispose of regulated waste in the same manner as biological waste. Potentially infectious waste should be distinguished from general refuse and garbage. Disposal requirements include placement of the waste in secured and identified containers and should be kept out of the reach of children.

c) Methods for Decontamination/Sterilization

The Practice will identify the methods used to decontaminate infected items with germicidal, virucidal, bactericidal, tuberculocidal, and fungicidal products; and the chemical sterilants that are used for sterilization or high-level disinfection. These containers will be clearly marked and kept out of the reach of children.

Reusable medical instruments and devices will be cleaned and sterilized with disinfectants that may include hydrogen peroxide, iodophors, phenolics, and quaternary ammonium compounds. Low-level disinfectants can be used to disinfect general environment and medical equipment surfaces. If organic material is present, a stronger solution may be warranted.

3) Storage, Security and Administration of Medications, Medical Equipment and Supplies

The Practice should store medications used in the office for treatment in a secure location in accordance with the facility's policy and regulation so that unauthorized persons cannot obtain access to them. Procedures should be in place to sign in drug representatives, and inventory of samples. A periodic review of inventory will be kept to ensure no loss through theft in accordance with the facilities policy and regulation. Refrigerated drugs must be stored in an independent refrigerator away from food and blood or tissue specimens.

a) Disposal of Expired Medications and Supplies

The Practice will adhere to all state and federal requirements in the disposal of expired drugs and supplies. All expired, damaged, and/or contaminated medications should be segregated until they are removed from the facility.

4) Facility Safety

If The Practice performs any office-based surgery or special procedures, as defined in *K.A.R. 100-25-1* (<http://www.ksbha.org/regulations/article25.html>), it will meet the requirements of all applicable, federal, state, and local laws and regulations pertaining to fire prevention, building construction and occupancy, accommodations for the disabled, occupational safety and health, and disposal of medical waste and hazardous waste.

a) Safety Standards

The Practice should adhere to all local, state and federal standards to promote the safety of the physical facility. The office is handicap accessible.

b) Environment

The facility is adequately ventilated and temperature controlled. There is appropriate lighting in the facility and temperature control is maintained as required for the direct patient care and routine maintenance logs are maintained.

c) Security

The Practice will take adequate measures to deter any unauthorized individuals from entering the treatment rooms or from accessing the Practice's medications/controlled substances.

d) Storage

The office will have sufficient space to accommodate all necessary equipment and supplies in order to provide easy access to all patient areas. The storage of material will not create hazards. Storage areas will be kept free from accumulation of materials that may cause tripping, fire, explosion or harboring of pests.

e) Equipment Maintenance, Testing, Inspections

Documentation of all equipment maintenance, testing and inspection by qualified personnel will be kept according to manufacturer's specifications.

The Practice has adopted work routines, as required by the Occupational Safety and Health Administration (OSHA), to protect employees from potentially infectious materials. Employees are required at all times to comply with these routines. If an employee does not or cannot comply with any of these requirements, he or she must report the incident and circumstances to a member of the OSHA Compliance Committee for investigation and documentation. The practice will then determine whether changes are feasible to prevent future occurrences of noncompliance.

5) Reporting Requirements

Kansas law requires physicians who possess knowledge that another physician has committed an act which may be grounds for disciplinary action under *K.S.A. 65-2836* to immediately report such knowledge to the Kansas State Board of Healing Arts. Similarly, any health care provider directly involved in the delivery of health care services with knowledge that a health care provider committed any act which is or may be below the applicable standard of care and has the reasonable probability of causing injury to a patient must report such knowledge to the Board of Healing Arts. "Knowledge" means familiarity because of direct involvement of observation of the incident.

Consequently, The Practice will educate its physicians on their obligation to make such reports. Copies of *K.S.A. 65-28-122* and *K.S.A. 65-4923* are attached hereto in Appendix E and F. If any physician has knowledge that another physician has committed any act which is or may be below the applicable standard of care, and has a reasonable probability of causing injury to a patient, or if any physician has knowledge that another physician has acted in such a way that may be grounds for disciplinary action by the Kansas State Board of Healing Arts. He or she may seek the assistance of the office administrator in completing the report.

Appendix A: Cleanliness

<u>Item</u>	<u>Type of Cleaning Agent</u>	<u>Area To Be Cleaned</u>
Walls		
Ceilings		
Floors, work surfaces		
Floors-tiled mopped/buffed		
Detailed cleaning		

Appendix B: Guideline checklist (Reference Appendix A for K.A.R 100-25-2)

(1) Office is sanitary and safe	Y	N
(2) Smoking is prohibited in all patient care areas	Y	N
Smoking is prohibited in areas where hazardous material is present	Y	N
(3) Medical waste is segregated, stored, collected, processed and disposed of appropriately	Y	N
Methods for and frequency of cleaning is logged	Y	N
(1) Standards for maintaining cleanliness of the office		
(A) Types of disinfectants and cleaning materials indicated	Y	N
(B) Prevention of infestation of insects and rodents	Y	N
Removal of insects and rodents	Y	N
(2) Standards for infection control and disposal of biological waste		
(A) Procedures to limit spread of infection among patients and personnel	Y	N
Waste is segregated into infectious and non-infectious (general)	Y	N
Appropriate hand hygiene	Y	N
Proper handling and disposal of sharp objects (sharps containers)	Y	N
(B) Methods and agent indicated to decontaminate infected items	Y	N
(C) Procedures to sterilize reusable medical instruments and devices	Y	N
(3) Standards for maintaining drugs, supplies and medical equipment		
(A) Drugs and supplies stored in a manner to guard against tampering and theft	Y	N
(B) Procedures in place for disposal of expired drugs and supplies	Y	N
(C) Documentation of maintenance, testing, and inspection of medical equipment	Y	N
(4) Standards for maintaining safety of physical facility		
(A) Office is properly equipped and maintained	Y	N
(B) Adequate controls in place for direct patient care		
Appropriate lighting for direct patient care	Y	N
Ventilation control is adequate for direct patient care	Y	N
Filtration control is adequate for direct patient care	Y	N
Temperature control is adequate for direct patient care	Y	N
(C) Cleanliness of surfaces		
Floor surfaces are cleaned, disinfected, sterilized or replaced as appropriate	Y	N
Wall surfaces are cleaned, disinfected, sterilized or replaced as appropriate	Y	N
Ceiling surfaces are cleaned, disinfected, sterilized or replaced as appropriate	Y	N
(D) Measures in place to deter unauthorized individuals from entering treatment rooms	Y	N
(E) Passageways are free of clutter	Y	N
(5) Plan for reporting each reportable incident	Y	N

Appendix C

K.A.R. 100-25-2: General Requirements for Sanitation and Safety

(a) Except in an emergency, a person licensed to practice a branch of the healing arts shall not perform direct patient care in an office unless all of the following conditions are met:

- (1) The office at which the direct patient care is performed is sanitary and safe.
- (2) Smoking is prohibited in all patient care areas and all areas where any hazardous material is present.
- (3) Medical services waste is segregated, stored, collected, processed, and disposed of in accordance with K.A.R. 28-29-27.

(b) On and after July 1, 2006, each person licensed to practice a branch of the healing arts who maintains an office within this state shall adopt and follow a written procedure for sanitation and safety that includes at least the following:

- (1) Standards for maintaining the cleanliness of the office. The standards shall specify the following:
 - (A) the methods for and the frequency of cleaning and decontaminating the walls, ceilings, floors, working surfaces, furniture, and fixtures. The written procedure shall identify the types of disinfectants and cleaning materials to be used; and
 - (B) the methods to prevent the infestation of insects and rodents and, if necessary, to remove insects and rodents;
- (2) standards for infection control and the disposal of biological waste. The standards shall be at least as stringent as the standards in all applicable laws pertaining to the disposal of medical and hazardous waste and shall specify the following:
 - (A) The procedures to limit the spread of infection among patients and personnel through universal precautions, hand hygiene, and the proper handling and disposal of sharp objects;
 - (B) the methods to decontaminate infected items with germicidal, virucidal, bactericidal, tuberculocidal, and fungicidal products; and
 - (C) the procedures to sterilize reusable medical instruments and devices;
- (3) standards for maintaining drugs, supplies, and medical equipment. The standards shall be at least as stringent as the standards in all applicable laws pertaining to the supply, storage, security, and administration of controlled drugs and shall specify the following:
 - (A) The manner of storing drugs and supplies to guard against tampering and theft;
 - (B) the procedures for disposal of expired drugs and supplies; and

(C) the procedures for maintaining, testing, and inspecting medical equipment;

(4) standards for maintaining the safety of physical facilities. The standards shall require that all of the following conditions are met:

(A) The office is properly equipped and maintained in good repair as necessary to prevent reasonably foreseeable harm to patients, personnel, and the public;

(B) the lighting, ventilation, filtration, and temperature control are adequate for the direct patient care to be performed;

(C) the floors, walls, and ceilings have surfaces that can be cleaned, disinfected, sterilized, or replaced as appropriate for the direct patient care to be performed;

(D) adequate measures are in place to deter any unauthorized individuals from entering the treatment rooms; and

(E) all passageways are free of clutter; and

(5) a plan for reporting each reportable incident pursuant to K.S.A. 65-28,122 and K.S.A. 65-4923 and amendments thereto.

Appendix D

K.A.R. 28-29-27: Medical Services Waste

“Medical services waste” means those solid waste materials that are potentially capable of causing disease or injury and are generated in connection with human or animal care through inpatient and outpatient services. Medical services waste shall not include any solid waste that has been classified by the secretary as a hazardous waste under K.S.A. 1996 Supp. 65-3431 and any amendments thereto, or that is radioactive treatment material licensed under K.S.A. 48-1607 and regulations adopted under that statute.

- (b) Segregation. All medical services waste shall be segregated from other solid wastes at the point of origin.
- (c) Storage. All medical services waste shall be stored in a manner and in a container that will prevent the transmission of disease or the causing of injury. Hypodermic needles and syringes, scalpel blades, suture needles, or other sharp objects shall be stored only in a rigid, puncture-resistant container that has been closed to prevent the escape of any material, including liquids or aerosols. All reusable containers used to store infectious waste shall be cleaned and disinfected before each use.
- (d) Collection. Medical services wastes shall be collected at least daily from the point of origin for transport to storage or disposal area or a processing facility. Personnel shall take precautions to prevent accidental contact with the waste during transfer.
- (e) Transportation. All medical services wastes transported off-site shall be transported in a manner that will prevent the spread of disease or the causing of injury to persons.
 - (1) The waste transporter or disposal firm shall be notified of the types of waste.
 - (2) Containers of medical services waste transported off-site shall be labeled or color-coded in accordance with 29 CFR 1910.1030(g) (1) (i), as in effect on July 1, 1996.
- (f) Processing. In all processing of medical services waste, dispersal of aerosols and liquids shall be prevented through the use of proper coverings, seals and ventilation. Personnel shall be protected against contact with the waste through the use of protective clothing and equipment. Medical services waste that has been processed may be combined with other solid waste. Where feasible, all medical services wastes shall be processed before transportation off-site by using either of the following methods:
 - (1) Sterilizing infectious wastes by autoclaving or chemical treatment, to destroy the disease transmission potential; or
 - (2) Grinding, melting or pulverizing sharp objects to destroy the injury-producing potential.
- (g) Disposal. Medical services waste shall be disposed of in a manner that minimizes the risk to health, safety, or the environment. The following shall be considered acceptable disposal methods:
 - (1) Discharge of liquids to a sanitary sewer connected to a secondary sewage treatment plant;

- (2) Incineration of combustible solids, followed by disposal of the ash in a sanitary landfill;
- (3) Disposal in a hazardous waste disposal facility that has a permit issued under K.A.R. 28-31-9; or
- (4) Disposal in a sanitary landfill in accordance with the provisions of K.A.R. 28-29-109.

Appendix E

K.S.A. 65-28-122

Persons licensed to practice healing arts required to report knowledge of violation of K.S.A. 65-2836 to State Board of Healing Arts.

- (a) Subject to the provisions subsection (c) of K.S.A. 69-4923, any person licensed to practice the healing arts who possesses knowledge not subject to the physician-patient privilege that another person so licensed has committed any act enumerated under K.S.A. 65-2836 and amendments thereto, which may be a ground for disciplinary action pursuant to K.S.A. 65-2836 and amendments thereto shall immediately report such knowledge, under oath, to the state board of healing arts. A person licensed to practice the healing arts who possesses such knowledge shall reveal fully such knowledge upon official request of the state board of healing arts.
- (b) This section shall be part of and supplemental to the Kansas healing arts act.

Appendix F

K.S. A. 65-4923

Risk Management Reporting requirements.

(a) If a health care provider, or a medical care facility agent or employee who is directly involved in the delivery of health care services, has knowledge that a health care provider has committed a reportable incident, such health care provider, agent or employee shall report such knowledge as follows:

(1) If the reportable incident did not occur in a medical care facility, the report shall be made to the appropriate state or county professional society or organization, which shall refer the matter to a professional practices review committee duly constituted pursuant to the society's or organization's bylaws. The committee shall investigate all such reports and take appropriate action. The committee shall have the duty to report to the appropriate state licensing agency any finding by the committee that a health care provider acted below the applicable standard of care which action had a reasonable probability of causing injury to a patient, or in a manner which may be grounds for disciplinary action by the appropriate licensing agency, so that the agency may take appropriate disciplinary measures.

(2) If the reportable incident occurred within a medical care facility, the report shall be made to the chief of the medical staff, chief administrative officer or risk manager of the facility. The chief of the medical staff, chief administrative officer or risk manager shall refer the report to the appropriate executive committee or professional practices peer review committee that is duly constituted pursuant to the bylaws of the facility. The committee shall investigate all such reports and take appropriate action, including recommendation of a restriction of privileges at the appropriate medical care facility. In making its investigation, the committee may also consider treatment rendered by the health care provider outside the facility. The committee shall have the duty to report to the appropriate state licensing agency any finding by the committee that a health care provider acted below the applicable standard of care which action had a reasonable probability of causing injury to a patient, or in a manner which may be grounds for disciplinary action by the appropriate licensing agency, so that the agency may take appropriate disciplinary measures.

(3) If the health care provider involved in the reportable incident is a medical care facility, the report shall be made to the chief of the medical staff, chief administrative officer or risk manager of the facility. The chief of the medical staff, chief administrative officer or risk manager shall refer the report to the appropriate executive committee that is duly constituted pursuant to the bylaws of the facility. The executive committee shall investigate all such reports and take appropriate action. The committee shall have the duty to report to the department of health and environment any finding that the facility acted in a manner that is below the applicable standard of care and which has a reasonable probability of causing injury to a patient, so that appropriate disciplinary measures may be taken.

(4) As used in this subsection (a), "knowledge" means familiarity because of direct involvement or observation of the incident.

(5) This subsection (a) shall not be construed to modify or negate the physician-patient privilege, the psychologist-client privilege or the social worker-client privilege as codified by Kansas statutes.

(b) If a reportable incident is reported to a state agency which licenses health care providers, the agency may investigate the report or may refer the report to a review or executive committee to which the report could have been made under subsection (a) for investigation by such committee.

(c) When a report is made under this section, the person making the report shall not be required to report the reportable incident pursuant to K.S.A. 65-28,122 or 65-4216, and amendments to such sections. When a report made under this section is investigated pursuant to the procedure set forth under this section, the person or entity to which the report is made shall not be required to report the reportable incident pursuant to K.S.A. 65-28,121, 65-28,122 or 65-4216, and amendments to such sections.

(d) Each review and executive committee referred to in subsection (a) shall submit to the secretary of health and environment, on a form promulgated by such agency, at least once every three months, a report summarizing the reports received pursuant to subsections (a)(2) and (a)(3) of this section. The report shall include the number of reportable incidents reported, whether an investigation was conducted and any action taken.

(e) If a state agency that licenses health care providers determines that a review or executive committee referred to in subsection (a) is not fulfilling its duties under this section, the agency, upon notice and an opportunity to be heard, may require all reports pursuant to this section to be made directly to the agency.

(f) The provisions of this section shall not apply to a health care provider acting solely as a consultant or providing review at the request of any person or party.

Appendix G

K.S.A. 65-2836

Revocation, suspension, limitation or denial of licenses; censure of licensee; grounds; consent to submit to mental or physical examination or drug screen, or any combination thereof, implied.

A licensee's license may be revoked, suspended or limited, or the licensee may be publicly or privately censured, or an application for a license or for reinstatement of a license may be denied upon a finding of the existence of any of the following grounds:

- (a) The licensee has committed fraud or misrepresentation in applying for or securing an original, renewal or reinstated license.
- (b) The licensee has committed an act of unprofessional or dishonorable conduct or professional incompetency.
- (c) The licensee has been convicted of a felony or class A misdemeanor, whether or not related to the practice of the healing arts. The board shall revoke a licensee's license following conviction of a felony occurring after July 1, 2000, unless a 2/3 majority of the board members present and voting determine by clear and convincing evidence that such licensee will not pose a threat to the public in such person's capacity as a licensee and that such person has been sufficiently rehabilitated to warrant the public trust. In the case of a person who has been convicted of a felony and who applies for an original license or to reinstate a canceled license, the application for a license shall be denied unless a 2/3 majority of the board members present and voting on such application determine by clear and convincing evidence that such person will not pose a threat to the public in such person's capacity as a licensee and that such person has been sufficiently rehabilitated to warrant the public trust.
- (d) The licensee has used fraudulent or false advertisements.
- (e) The licensee is addicted to or has distributed intoxicating liquors or drugs for any other than lawful purposes.
- (f) The licensee has willfully or repeatedly violated this act, the pharmacy act of the state of Kansas or the uniform controlled substances act, or any rules and regulations adopted pursuant thereto, or any rules and regulations of the secretary of health and environment that are relevant to the practice of the healing arts.
- (g) The licensee has unlawfully invaded the field of practice of any branch of the healing arts in which the licensee is not licensed to practice.
- (h) The licensee has engaged in the practice of the healing arts under a false or assumed name, or the impersonation of another practitioner. The provisions of this subsection relating to an assumed name shall not apply to licensees practicing under a professional corporation or other legal entity duly authorized to provide such professional services in the state of Kansas.
- (i) The licensee has the inability to practice the healing arts with reasonable skill and safety to patients by reason of physical or mental illness, or condition or use of alcohol, drugs or controlled

substances. In determining whether or not such inability exists, the board, upon reasonable suspicion of such inability, shall have authority to compel a licensee to submit to mental or physical examination or drug screen, or any combination thereof, by such persons as the board may designate either in the course of an investigation or a disciplinary proceeding. To determine whether reasonable suspicion of such inability exists, the investigative information shall be presented to the board as a whole, to a review committee of professional peers of the licensee established pursuant to K.S.A. 65-2840c and amendments thereto or to a committee consisting of the officers of the board elected pursuant to K.S.A. 65-2818 and amendments thereto and the executive director appointed pursuant to K.S.A. 65-2878 and amendments thereto or to a presiding officer authorized pursuant to K.S.A. 77-514 and amendments thereto. The determination shall be made by a majority vote of the entity that reviewed the investigative information. Information submitted to the board as a whole or a review committee of peers or a committee of the officers and executive director of the board and all reports, findings and other records shall be confidential and not subject to discovery by or release to any person or entity. The licensee shall submit to the board a release of information authorizing the board to obtain a report of such examination or drug screen, or both. A person affected by this subsection shall be offered, at reasonable intervals, an opportunity to demonstrate that such person can resume the competent practice of the healing arts with reasonable skill and safety to patients. For the purpose of this subsection, every person licensed to practice the healing arts and who shall accept the privilege to practice the healing arts in this state by so practicing or by the making and filing of a renewal to practice the healing arts in this state shall be deemed to have consented to submit to a mental or physical examination or a drug screen, or any combination thereof, when directed in writing by the board and further to have waived all objections to the admissibility of the testimony, drug screen or examination report of the person conducting such examination or drug screen, or both, at any proceeding or hearing before the board on the ground that such testimony or examination or drug screen report constitutes a privileged communication. In any proceeding by the board pursuant to the provisions of this subsection, the record of such board proceedings involving the mental and physical examination or drug screen, or any combination thereof, shall not be used in any other administrative or judicial proceeding.

(j) The licensee has had a license to practice the healing arts revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia, or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(k) The licensee has violated any lawful rule and regulation promulgated by the board or violated any lawful order or directive of the board previously entered by the board.

(l) The licensee has failed to report or reveal the knowledge required to be reported or revealed under K.S.A. 65-28,122 and amendments thereto.

(m) The licensee, if licensed to practice medicine and surgery, has failed to inform in writing a patient suffering from any form of abnormality of the breast tissue for which surgery is a recommended form of treatment, of alternative methods of treatment recognized by licensees of the same profession in the same or similar communities as being acceptable under like conditions and circumstances.

(n) The licensee has cheated on or attempted to subvert the validity of the examination for a license.

(o) The licensee has been found to be mentally ill, disabled, not guilty by reason of insanity, not guilty because the licensee suffers from a mental disease or defect or incompetent to stand trial by a court of competent jurisdiction.

(p) The licensee has prescribed, sold, administered, distributed or given a controlled substance to any person for other than medically accepted or lawful purposes.

(q) The licensee has violated a federal law or regulation relating to controlled substances.

(r) The licensee has failed to furnish the board, or its investigators or representatives, any information legally requested by the board.

(s) Sanctions or disciplinary actions have been taken against the licensee by a peer review committee, health care facility, a governmental agency or department or a professional association or society for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(t) The licensee has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, by a law enforcement agency or a court for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(u) The licensee has surrendered a license or authorization to practice the healing arts in another state or jurisdiction, has surrendered the authority to utilize controlled substances issued by any state or federal agency, has agreed to a limitation to or restriction of privileges at any medical care facility or has surrendered the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(v) The licensee has failed to report to the board surrender of the licensee's license or authorization to practice the healing arts in another state or jurisdiction or surrender of the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(w) The licensee has an adverse judgment, award or settlement against the licensee resulting from a medical liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(x) The licensee has failed to report to the board any adverse judgment, settlement or award against the licensee resulting from a medical malpractice liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(y) The licensee has failed to maintain a policy of professional liability insurance as required by K.S.A. 40-3402 or 40-3403a and amendments thereto.

(z) The licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404 and amendments thereto.

(aa) The licensee has knowingly submitted any misleading, deceptive, untrue or fraudulent representation on a claim form, bill or statement.

(bb) The licensee as the responsible physician for a physician assistant has failed to adequately direct and supervise the physician assistant in accordance with the physician assistant licensure act or rules and regulations adopted under such act.

(cc) The licensee has assisted suicide in violation of K.S.A. 21-3406 as established by any of the following:

(A) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. 21-3406 and amendments thereto.

(B) A copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 2002 Supp. 60-4404 and amendments thereto.

(C) A copy of the record of a judgment assessing damages under K.S.A. 2002 Supp. 60-4405 and amendments thereto.