Executive Committee Meeting

Virginia Board of Medicine
December 3, 2021
8:30 a.m.

PLEASE NOTE

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Board Room 4

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Executive Committee

Friday, December 3, 2021 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201, Board Room 4
Henrico, VA 23233

Call to Order and Roll Call

Emergency Egress Procedures

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  - Update on Reciprocity with Maryland and the District of Columbia ..... --
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  - DHP Regulatory/Policy Actions – 2021 General Assembly for Board of Medicine.....28

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5. Adjourn

====No motion needed to adjourn if all business has been conducted====

---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, August 6, 2021 | Department of Health Professions | Henrico, VA

CALL TO ORDER: Mr. Marchese called the meeting of the Executive Committee to order at 8:36 a.m.

ROLL CALL: Ms. Opher called the roll; a quorum was established.

MEMBERS PRESENT:
Blanton Marchese – President, Chair
David Archer, MD – Vice-President
Amanda Barner, MD - Secretary-Treasurer
Alvin Edwards, MDiv, PhD
Jane Hickey, JD
Joel Silverman, MD
Brenda Stokes, MD

MEMBERS ABSENT: Karen Ransone, MD

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Colanthia Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Barbara Allison-Bryan, MD - DHP Deputy Director
Elaine Yeatts - DHP Senior Policy Analyst
Erin Barrett, JD – Assistant Attorney General

OTHERS PRESENT:
Clark Barrineau - MSV
Scott Johnson, JD – MSV & Hancock Daniel

EMERGENCY EGRESS INSTRUCTIONS

Dr. Archer provided the emergency egress instructions for Conference Room 4.

APPROVAL OF MINUTES OF APRIL 9, 2021

Dr. Edwards moved to approve the minutes from April 9, 2021 virtual meeting as presented. The motion was seconded by Dr. Stokes and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the agenda as presented. The motion was seconded by Dr. Stokes and carried unanimously.

PUBLIC COMMENT

The Committee heard comment from Clark Barrineau, Assistant Vice-President for Government Affairs and Health Policy with the Medical Society of Virginia (MSV), on HB 793 and HB 1737. He stated that, upon review of the preliminary report, there was no data to support that autonomous practice by Nurse Practitioners (NP's) with 5 years of clinical experience provided more access to care for patients. Additionally, he pointed out that there was no Virginia-specific evidence to suggest that a further reduction from 5 years to 2 years will increase access. In closing, Mr. Barrineau urged the Committee to recommend to the Full Board that 5 years of clinical experience for autonomous practice remain a requirement for NP's.

DHP DIRECTOR'S REPORT

Dr. Allison-Bryan provided an update on:

1- Virginia's vaccination efforts emphasizing the message being directed at unvaccinated people.
2- The mandate for Commonwealth of Virginia employees to show evidence of vaccination or be tested weekly.
3- EO77 that reduces Virginia's reliance on single-use plastic products and reduces waste sent to landfills. The Board of Medicine is already looking into biodegradable utensils and will not be providing bottled water for Board and staff after the Board's current supply is gone.
4- Leslie Knachel has assumed leadership of the Board of Health Professions to allow Dr. Elizabeth Carter to devote more time to the Healthcare Workforce Data Center.

PRESIDENT'S REPORT

Mr. Marchese reported that he, Dr. Harp, Ms. Opher, Mr. Sobowale and Dr. Allison-Bryan met with Jeff Lunardi, Executive Director for the Joint Commission on Health Care, and Ashely Williams, Virginia Management Fellow and Assistant Health Policy Analyst. The meeting was to discuss the Board of Medicine's decision not to join the Interstate Medical Licensure Compact and the Board's current process to expedite licenses.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp provided a brief report on the Board's finances and said that the FY2023-2024 budget request includes another FTE to handle the increase in workload for endorsement, compact,

and reinstatement licensing. He also mentioned the Board members whose terms have expired and gave an overview of the appointment process. He noted that the Office of the Secretary of the Commonwealth is working diligently to appointment new members as quickly as possible.

NEW BUSINESS

1. Regulatory and Legislative Issues – Elaine Yeatts

Ms. Yeatts presented the chart of regulatory actions as of July 28, 2021. She noted that 18VAC85-160 Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists were currently at the Department of Planning and Budget.

She also highlighted several 2021 General Assembly Regulatory/Policy Actions including SB1189, which requires emergency regulations for the Occupational Therapy Compact.

Both of these items were for informational purposes only and did not require any action.

2. Regulatory Action – Adoption of Emergency Regulations

Ms. Yeatts advised that SB1189 of the 2021 General Assembly adopted the Occupational Therapy Compact, thereby making Virginia its first member state. She said that the regulations to implement the Compact must include a fee for the initial Compact privilege and a biennial renewal fee to continue the privilege to practice. A Compact privilege in Virginia will hold OT's and OTA's privileged to practice in Virginia to the laws and regulations of the Board of Medicine. She also advised that the regulations presented for consideration were discussed with the members of the Advisory Board on Occupational Therapy on May 25th.

MOTION: Dr. Edwards moved to approve the emergency regulations for implementation of the Occupational Therapy Compact and to adopt a Notice of Intended Regulatory Action to replace the emergency regulations. The motion was seconded by Dr. Stokes and carried unanimously.

3. Adoption of Exempt Regulations Pursuant to 2021 Legislation

Ms. Yeatts provided a summary of the following:

1. HB1737 – Practice of Nurse Practitioners without practice agreements (reduction of years in clinical practice to qualify for autonomous practice from 5 years to 2 years.

2. HB1747 – Practice of Clinical Nurse Specialists (CNS) as Nurse Practitioners (elimination of registration of CNS's under the Board of Nursing and initiation of licensure under the Joint Boards; requirement for a practice agreement; prescriptive authority for CNS's who qualify)

3. HB1817 – Practice of Certified Nurse Midwives (CNM) without a practice agreement (1,000 hours of clinical practice under a practice agreement with a patient care team physician OR with a certified nurse midwife who has at least 2 years of experience required for autonomous practice).

Ms. Yeatts noted that the amendments may be adopted as an exempt action because they have been reviewed by the Assistant Attorney General and determined to conform the regulations to the changes in the Code. The draft regulations were reviewed by the Committee of the Joint Boards and recommended for adoption in June, and the Board of Nursing adopted the changes to Title 54.1-Chapters 30 and 40 on July 20th.

MOTION: Dr. Edwards moved to adopt changes to Chapters 30 (Nurse Practitioners) and 40 (Prescriptive Authority for NP's) to conform the regulations to the changes in the Code of Virginia. The motion was seconded by Dr. Stokes and carried unanimously.

4. Adoption of Proposed Regulations for Clinical Nurse Specialist Registration as a Fast-Track Action

Ms. Yeatts highlighted the necessary changes for renewal of licenses for CNS's (HB1747). She stated that the changes are not simply to conform to the Code, so they cannot be deemed exempt regulatory actions. She also advised that the Board of Nursing adopted these changes on July 20th.

MOTION: Dr. Edwards moved to adopt the amendments as proposed regulations by a fast-track action. The motion was seconded by Dr. Stokes and carried unanimously.

5. Board Action – Adoption of Notice of Intended Regulatory Action (NOIRA) – Licensed Certified Midwives

Ms. Yeatts stated that the NOIRA will identify the general requirements for licensure, renewal, and practice of Licensed Certified Midwives (LCM) under the joint regulation of the Boards of Nursing and Medicine. She also noted that the Board of Nursing adopted the NOIRA on July 20th.

MOTION: Dr. Edwards moved to approve the issuance of a Notice of Intended Regulatory Action to promulgate a new chapter in the Administrative Code for the licensure of LCM's. The motion was seconded by Dr. Stokes and carried unanimously.

6. Adoption of Final Regulations for Waiver of Electronic Prescribing

Ms. Yeatts reviewed the proposed amendments to 18VAC90-40, Regulations Governing Prescriptive Authority for Nurse Practitioners. She advised that the amendments were identical to the emergency regulations that became effective on December 23, 2019. No comment has been received on these proposed final regulations.

MOTION: Dr. Edwards moved to adopt the final regulations for nurse practitioners to replace the emergency regulations for a temporary waiver for e-prescribing of opioids. The motion was seconded by Dr. Stokes and carried unanimously.

7. Guidance Document – Revision of 90-56 – Practice Agreements for Nurse Practitioners

Ms. Yeatts advised that Guidance Document 90-56 on practice agreements has been substantially revised to conform the guidance to statutory revisions from the 2021 Session of the General Assembly. She noted that the Board of Nursing adopted the revised document on July 20th, and it must be jointly adopted by the Board of Medicine.

MOTION: Dr. Edwards moved to adopt the revised Guidance Document 90-56 as presented. The motion was seconded by Dr. Stokes and carried unanimously.

8. Report on the Implementation of HB 793 (2018)

Mr. Marchese led the discussion on this report. He reminded the Committee that in 2018, HB793 established a pathway to autonomous practice for nurse practitioners. The Enactment Clause in the bill requires the Boards of Nursing and Medicine to report certain data to the Chairmen of the House Committee on Health, Welfare and Institutions, the Senate Committee on Education and Health, and the Joint Commission on Health Care by November 1, 2021.

Board members reviewed the Enactment Clause and the Draft Report, as well as comment from the Medical Society of Virginia, Virginia Academy of Family Physicians, Virginia Orthopedic Society, Virginia Society of Eye Physicians and Surgeons, Virginia College of Emergency Physicians, Virginia Society of Anesthesiologists, Psychiatric Society of Virginia, Virginia Chapter of the American Academy of Pediatrics, Virginia Chapter of the American College of Surgeons, and the Richmond Academy of Medicine.

Dr. Archer said the one area that was categorically difficult was if sufficient evidence existed to distinguish the impact of 2 years and 5 years of clinical experience. In 2018, the argument was that autonomous practice would provide greater access to care in rural areas of the state. However, the data presented does not support that. This data is observational and not statistical, so the Board's interpretation of the data is just as valid as any other interpretation.

Recommended Modifications of Act to Amend and Reenact Select Sections of the Code of Virginia Relating to Nurse Practitioners; Practice Agreements

1. Apply existing national data and data to be collected during the DHP study (Budget Amendment – SB1100) on Advanced Practice Registered Nurses ("APRNs") to decisions regarding amending of this Act.

BOM recommendation – Change "apply" to "consider". The existing national data may help inform the General Assembly's perspective, but the Virginia data will be most crucial to its decision.

2. Adopt the criteria for APRN practice as outlined in the National Council of State Boards of Nursing APRN Compact in order to better respond to healthcare heeds by increasing

access to nurse practitioners across state lines through standardizing APRN scope of practice.

BOM recommendation – Accept as presented. The APRN practice criteria may or may not increase access to care. However, they will facilitate practice across state lines.

3. Amend the Act to enable nurse practitioners who hold licenses in both Virginia and another jurisdiction to use attestation of clinical experience in the other jurisdiction for the requisite years to practice without a practice agreement.

BOM recommendation – Accept as presented. Many nurses hold a license in more than one state. It is reasonable that **any** clinical experience under a practice agreement can be used to fulfill the requisite years of experience.

4. Follow the precedent that was set in 2021 legislation regarding licensed nurse practitioners in the category of certified nurse midwives (see §54.1-2957(H)) by providing the option for experienced nurse practitioners to enter into a practice agreement with less experienced nurse practitioners.

BOM recommendation – Strike this amendment. A less experienced nurse practitioner should establish a practice agreement with a physician, not an autonomous NP. There is value in the collaborative team model.

5. Permit a licensed nurse practitioner to provide documentary evidence of completion of two years of clinical experience directly to the Boards in lieu of the patient care team physician attestation in order to practice without a practice agreement.

BOM recommendation – Accept with the recommendation of "two" being removed and replaced with "the" years of service.

6. Collect data on nurse practitioners who have completed two years of clinical experience prior to being permitted to practice without a practice agreement for comparison to the data on those who have completed five years of experience.

BOM recommendation – Accept as presented.

7. Permanently modify the Act to require two years of clinical experience prior to practicing without a practice agreement.

BOM recommendation – Continue with the 2018 legislation and require 5 years of clinical experience prior to practicing without a practice agreement.

8. Eliminate the practice agreement requirement from the Act because 1) a core competency of nurse practitioner education includes collaboration with the patient care team to achieve optimal care outcomes, and 2) disciplinary actions against nurse practitioners who have practiced without a practice agreement identified in this Report did not reveal a greater safety risk to the public.

BOM recommendation - Strike this amendment.

MOTION: Dr. Stokes moved to accept the Committee's recommendations on the proposed modifications of the Act to amend and reenact select sections of the Code of Virginia, relating to nurse practitioners; practice agreement. The motion was seconded by Dr. Edwards and carried unanimously.

ANNOUNCEMENTS

There were no announcements.

The next meeting of the Executive Committee will be December 3, 2021 @ 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:24 a.m.

Blanton Marchese
President

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

Agenda Item: DHP Director's Report

Staff Note: Dr. Brown will provide comments on a number of topics including the Reports to the General Assembly in the following pages.

Action: For information only.

REPORTS TO THE GENERAL ASSEMBLY

RD625 - Report on the Implementation of 2018 House Bill 793: Nurse Practitioners; Practice Agreements – October 1, 2021

Published: 2021
Author: Board of Medicine and Board of Nursing
Enabling Authority: Chapter 776 Enactment Clause 4. (Regular Session, 2018)

Executive Summary:
House Bill 793 (2018)(*1) permitted Licensed Nurse Practitioners, excluding certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists, to practice without a practice agreement upon submission of proof of completion of the equivalent of five years of full-time clinical experience (hereafter referred to as Autonomous LNP). This Report is provided to the Virginia General Assembly pursuant to the HB 793 Enactment Clause.

The study period of this Report is February 6, 2019 through June 30, 2021. Of the 1,257 Autonomous LNPs identified, approximately 90% reported primary care and psych/mental health specialties. The geographic distribution of Autonomous NPs is presented by County both in composite and per 1,000 residents. The per capita data (see page 3) suggests that Autonomous NPs provide at least some care in the more underserved areas of the Commonwealth, including the Eastern Shore, Southwest, Northern Neck, Southside, and Shenandoah Valley.

The complaint rate of both Autonomous NPs and physicians is higher compared to other professions regulated by the Department of Health Professions, but the violation rate is lower. The five (5) Autonomous LNP cases involved the inability to safely practice; drug-related, patient care, and criminal activity. These are similar case categories to other nursing and medicine cases.

Finally, the recommendations identified and discussed (but not voted on) by the Committee of the Joint Boards of Nursing and Medicine at its meeting on June 16 were compiled by DHP staff into an initial draft of this Report, which was then provided to the Boards of Nursing and Medicine for consideration at each board's subsequent business meeting.

At its meeting on July 20, 2021, the Board of Nursing approved the Report as written (see page 5). The Executive Committee of the Board of Medicine, at its meeting on August 6, 2021, accepted some but not all of the recommended modification of the Act (see table on page 6).

The key differences between the Board of Nursing and Board of Medicine recommendations are that the Board of Medicine supported continuing to require 5 years of collaboration with a physician before autonomous practice, while the BON supported requiring only 2 years of collaboration, with either a physician or experienced licensed nurse practitioner, or eliminating the practice agreement requirement entirely.

(*1) See House Bill 793 for the legislative summary, text, and history of the bill.

REPORTS TO THE GENERAL ASSEMBLY

HD18 - Report on Advanced Practice Registered Nurses (Chapter 552, Item 309.C., 2021)

Published: 2021
Author: Department of Health Professions
Enabling Authority: Appropriation Act - Item 309 C. (Special Session I, 2021)

Executive Summary:
This Report is in response to a request in the 2021 Special Session I Virginia General Assembly Budget Bill, which reads, *"The Department of Health Professions (DHP) shall study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and regulations on practice and patient outcomes. The department shall report its findings to the Governor and General Assembly by November 1, 2021."*

Regulation of APRNs varies significantly from state to state. In 2008, the National Council of State Boards of Nursing developed the Consensus Model for APRN regulation, which presents recommendations for state legislatures and boards regarding the regulatory structure for APRNs (Certified Nurse Practitioners, Certified Nurse Midwives, Clinical Nurse Specialists and Certified Registered Nurse Anesthetists).

Virginia has been moving towards alignment with the APRN Consensus Model but differs in two significant ways:

1) Virginia does not grant all APRNs the ability to practice independently; and

2) Virginia does not regulate APRNs solely through the Board of Nursing. DHP found a number of recent studies responsive to the impact of regulation on practice and patient outcomes. These studies indicate that granting APRNs independent practice authority may increase APRN supply without reducing quality of care.

Recommendations from DHP are to:

1) Amend statutory and regulatory definitions to conform to those in the APRN Consensus Model;

2) Consider amending Virginia laws and regulations to align with the APRN Consensus Model; and

3) Pursue participation in the APRN Licensure Compact.

REPORTS TO THE GENERAL ASSEMBLY

SD12 - Report on Midwifery Licensing Entity (Chapter 201, 2021 SSI)

Published: 2021
Author: Department of Health Professions
Enabling Authority: Chapter 201 Enactment Clause 2. (Special Session I, 2021)

Executive Summary:
***This report was replaced in its entirety by the Department of Health Professions on November 9, 2021.**

In the 2021 Special Session I of the Virginia General Assembly, HB 1953, patroned by Delegate Gooditis, established a new category of midwife, (Licensed Certified Midwife), and contained the following enactment clause:

That the Department of Health Professions (the Department) shall convene a work group to study the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals. The Department shall report its findings and conclusions to the Governor and the General Assembly by November 1, 2021.

The midwifery workgroup met on September 8, 2021 and September 27, 2021 with the following representatives:

Certified Midwife
Karen Kelly
Elle Schnetzler

Certified Nurse Midwife
Katie Page
Kwuan Paruchabutr

Licensed Midwife (Certified Professional Midwife)
Becky Banks
Tammi McKinley

Office of the Secretary of Health
Vanessa Walker Harris

Board of Nursing
Jay Douglas

Board of Medicine
William Harp

Professional Midwifery Associations
Becky Bowers-Lanier
Julianne Condrey

Department of Health Professions
Barbara Allison-Bryan
David Brown

REPORTS TO THE GENERAL ASSEMBLY

RD620 - Report on the Development of Recommendations for Possible Statewide Protocols for Pharmacists to Initiate Treatment for Tobacco Cessation and other Specific Conditions: HB2079 – October 15, 2021

Published: 2021
Author: Board of Pharmacy
Enabling Authority: Chapter 214 Enactment Clause 4. (Special Session I, 2021)

Executive Summary:
Pursuant to the fourth enactment clause of House Bill 2079 passed during the 2021 General Assembly Session, the Board of Pharmacy convened a work group on August 16, 2021 to develop recommendations for possible statewide protocols for pharmacists to initiate treatment for tobacco cessation and conditions for which CLIA-waived tests may be used to guide clinical diagnosis and treatment, including influenza, Group A Streptococcus, and urinary tract infections. Motions regarding recommendations for statewide protocols for tobacco cessation, Group A Streptococcus, and urinary tract infections failed and therefore, no recommendations resulted. A motion to not recommend a statewide protocol for treating influenza passed 3:1.

Work Group Members:

Kris Ratliff, DPh
Work Group Chairman
Board of Pharmacy member*

Sarah Melton, PharmD
Board of Pharmacy member*

Jacob Miller, D.O.
Board of Medicine member*

Brenda Stokes, M.D.
Board of Medicine member*

Laurie Forlano, D.O., MPH
Deputy Director, Office of Epidemiology, Virginia Department of Health

Will Hockaday
Tobacco Control Program/Outreach Coordinator, Virginia Department of Health

Kristin Collins, MPH
Policy Analyst, Office of Epidemiology, Virginia Department of Health

Kelly Goode, PharmD, BCPS, FAPhA, FCCP
Virginia Commonwealth University School of Pharmacy

Iain Pritchard, PharmD, BCACP
Shenandoah University, Bernard J. Dunn School of Pharmacy

Zahra Raza, M.D.
Virginia Commonwealth University School of Pharmacy

John R. Lucas, D.O.
Edward Via College of Osteopathic Medicine

Michelle Thomas, PharmD, CDE, BCACP
Virginia Pharmacists Association

Wendy Klein, M.D.

Agenda Item: Executive Director's Report

Staff Note: In the following pages, you will find the recent item on mental health treatment that was in #93 of the Board Briefs as well as in a blast email that went to all Medicine licensees, comment from the American Foundation for Suicide Prevention on the item, the results of the 2021 Federation of State Medical Boards (FSMB) Annual State Medical Board Survey, and a communication from FSMB regarding Veterans Affairs National Standards of Practice. Dr. Harp will provide an update on efforts towards reciprocity with Maryland and the District of Columbia, as well as a brief administrative item from the Credentials Committee.

Action: None anticipated.

Virginia Department of
Health Professions

Virginia Board of Medicine

Dear Colleague:

You should have recently received edition #93 of the Board Briefs. I hope you took a look at it, particularly the first item on mental health treatment. This item was prompted by a fellow physician who was concerned that healthcare professionals, and not just physicians, were reluctant to seek mental health treatment for a variety of reasons. One of those reasons is concern about how the Board of Medicine views mental health treatment. At its October 14th meeting, the Board thought the attached one-pager should be sent as a stand-alone in hopes of allaying concerns about seeking mental health treatment.

The Board would like to have this information spread as far and wide as possible. If you are the Dean of a medical or nursing school, please make it available to your students. If you are a residency program director, please make it available to your residents. If you are the director of a training program, be it respiratory therapy, occupational therapy, athletic training or one of the other many professions the Board licenses, please make it available to your students. If you are an officer in your local or state professional society, please see that your membership gets it. And if you have colleagues that may not have read it, please mention "The Board's Perspective on Mental Health Treatment," so we can all be on the same page.

Thanks and kindest regards,

William L. Harp, MD
Executive Director
Virginia Board of Medicine

THE BOARD'S PERSPECTIVE ON MENTAL HEALTH TREATMENT

This item is in response to a psychiatric colleague's recognition that healthcare practitioners are reluctant to seek mental health treatment when they need it.

We all know that practicing the professions licensed by the Board of Medicine can be stressful, and at times that stress can be additive to other circumstances occurring in our lives. This has been particularly so during the COVID-19 pandemic. According to The Physicians Foundation 2021 Physician Survey: COVOD-19 Impact Edition: A Year Later, more than half of physicians (57%) have felt inappropriate feelings of anger, tearfulness or anxiety because of COVID-19. 46% of physicians have withdrawn or isolated themselves from others. 34% have felt hopeless or without purpose. Despite these symptoms, only 14% of physicians sought medical attention. Board Briefs does not know if these numbers are characteristic of the other professions licensed by the Board of Medicine, but it would not be surprising to see that they had similar responses. These numbers may show that even when the individual knows they need some help and want to get help, there is reluctance to do so for fear of a licensing sanction from the Board of Medicine. So Board Briefs hopes the following is helpful.

The mission of the Board is to protect the public. Part of that mission is to protect the public from impaired physicians and other healthcare providers that may not be safe to practice due to mental health issues. Obviously, the Board wants all its licensees to be safe to practice and heartily supports mental health treatment for all who wish to seek it. A healthier, happier healthcare professional is more likely to be safer and more effective. And mental health treatment can help accomplish that.

Everyone should understand that the Board is about conduct. Its mission is to ensure licensees are able to safely and competently conduct their practice, not about a diagnosis that they may carry.

As you may know, the Board's disciplinary system is complaint and report driven. Healthcare professionals that treat other healthcare professionals have reporting requirements that perhaps have been misunderstood by those who would like to get mental health treatment. And yes, there are reporting requirements. A treatment provider has the responsibility to report a licensee in treatment to the Board "unless the attending practitioner has determined that there is a reasonable probability that the person being treated is competent to continue in practice or would not constitute danger to himself or to the health and welfare of his patients or the public." The attending practitioner's discretion is applicable to outpatient and inpatient treatment.

Some of this discretion for reporting has recently been extended to CEO's and Chiefs of Staff in hospitals, as well as administrators of some other facilities. A healthcare professional is to be reported within 30 days if admitted voluntarily to a hospital "for treatment of substance abuse or a psychiatric illness that may render the health professional a danger to himself, the public or his patients." Note that this language allows the CEO/Chief of Staff to coordinate with the

attending practitioner on the clinical decision if a patient meets the threshold for reporting by representing a danger to himself, the public or his patients. If the threshold for reporting is not met by the time of discharge, no report is required. However, if a licensee is involuntarily admitted to a facility, then the CEO or Chief of Staff must report within 5 days.

BOTTOM LINE: Get help if you need it. The Board wants its licensees in good shape to serve the patients of the Commonwealth.

Colanthia Opher

From:	Harp, William <william.harp@dhp.virginia.gov> on behalf of Harp, William
Sent:	Monday, November 15, 2021 3:15 PM
To:	Colanthia D. Morton
Subject:	Fwd: FW: AFSP NCAC Response to Virginia Board of Medicine Board Brief #93
Attachments:	AFSP NCAC Reponse to Virginia Board of Medicine Board Brief #93.pdf

for EXEC COMM - thanks

---------- Forwarded message ---------
From: <medbd@dhp.virginia.gov>
Date: Wed, Nov 10, 2021 at 8:35 AM
Subject: FW: AFSP NCAC Response to Virginia Board of Medicine Board Brief #93
To: Harp, William <william.harp@dhp.virginia.gov>

From: Ali Walker <aliwalk13@gmail.com>
Sent: Monday, November 8, 2021 2:02 PM
To: medbd@dhp.virginia.gov
Subject: AFSP NCAC Response to Virginia Board of Medicine Board Brief #93

Dear Members of the Virginia Board of Medicine,

Please see the attached letter written in response to Board Brief #93, "The Board's Perspective on Mental Health Treatment." I would welcome the opportunity to share recommendations and resources available through the American Foundation for Suicide Prevention (AFSP) to support and further your efforts to connect at-risk clinicias to care and minimize perceived barriers.

Sincerely,

Ali Walker, PA-C, RRT (she/her)

Physician Assistant

Board Chair, National Capital Area Chapter

The American Foundation for Suicide Prevention

585.880.5013 | aliwalk13@gmail.com

American Foundation for Suicide Prevention
National Capital Area

Virginia Board of Medicine
9960 Mayland Dr, Suite 300
Richmond, VA 23233

Dear Members of the Virginia Board of Medicine,

I am writing you as a practicing Physician Assistant and Chair of the Board of Directors at the National Capital Area Chapter of the American Foundation for Suicide Prevention (AFSP). This letter is in response to Board Brief #93, issued by the Virginia Department of Health Professions, Board of Medicine in September 2021, with specific concern regarding the language used in 'The Boards Perspective on Mental Health Treatment'.

Addressing mental health treatment for clinicians is timely, as the COVID-19 pandemic, health professional shortages, and personal demands associated with provisioning health services have accelerated burnout, depression and other mental health conditions within the medical community. The 'Physicians Foundation 2021 Physician Survey: COVID-19 Impact Edition: A Year Later' cited in your brief is one of several publications highlighting these trends.

As acknowledged in the brief, there remains a significant gap between the percentage of people experiencing distress and those seeking treatment. Clinician disinclination to pursue mental health treatment is well established, with notable barriers such as confidentiality concerns and fear of negative ramifications related to professional reputation and ability to practice.[1,2] We also know that physicians who died by suicide were less likely to be receiving mental health treatment than nonphysicians who took their lives despite the prominent role of depression as a risk factor of similar rate among both groups.[2]

The language included in Board Brief #93 while unintentional, may deter otherwise competent medical professionals from seeking mental health treatment when they could benefit from such services. The emphasis on the Board's duty to protect the public from impaired clinicians implies that those living with mental health conditions are perceived as a threat. This may perpetuate harmful stigma that those with mental illness are dangerous or that one cannot thrive while living with a mental health condition. The description of mandatory reporting requirements was phrased such that the reader is led to believe that treating providers will by default report all clinicians receiving care unless unique exceptions are met. This may heighten concerns that seeking help will result in actions against one's license and livelihood. And the concluding statement, *"Bottom Line: Get help if you need it. The board wants its licensees in good shape to serve the patients of the*

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[1] Moutier C. Creating a Safety Net: Preventing Physician Suicide. AAMC. https://www.aamc.org/news-insights/creating-safety-net-preventing-physician-suicide. Published 2016. Accessed October 1, 2021.
[2] Moutier C. Physician Mental Health: An Evidence-Based Approach to Change. *J Med Regul.* 2018;104(2):7-13.

Commonwealth", places more emphasis on workforce attendance and compliance rather than clinician wellness. Such messaging may reinforce feelings of worthlessness and isolation.

It is imperative that efforts to reach struggling clinicians are compassionate and highlight the strength and reward of help-seeking. This reduces stigma and gives hope to clinicians that seeking support will not jeopardize their professional reputation or license. I would welcome the opportunity to share recommendations and resources available through AFSP to support and further your efforts to connect at-risk clinicians to care and minimize perceived barriers.

Sincerely,

Alexandra Walker, PA-C, RRT
Chair, National Capital Area Chapter
American Foundation for Suicide Prevention

Commonwealth of Virginia

Harp, William <william.harp@dhp.virginia.gov>

FSMB Annual Survey Findings

1 message

Humayun Chaudhry <hchaudhry@fsmb.org> Wed, Nov 10, 2021 at 3:11 PM
To: Humayun Chaudhry <hchaudhry@fsmb.org>
Cc: "Sandy McAllister (FSMB)" <SMcAllister@fsmb.org>, Katie Arnhart <karnhart@fsmb.org>

Dear Executive Directors,

The FSMB has completed and compiled the results from our 7th Annual Survey of State Medical Boards. We once again had exceptional participation, with 83% of member boards completing the survey. We appreciate your continued support of this project as it provides us with valuable information about where to focus our work, resources, and educational programming to better serve your needs in the coming year.

Please find a summary below of key findings from this year's survey. If you have any questions, please do not hesitate to reach out to me or contact Katie Arnhart, PhD, FSMB's Research Project Manager, at karnhart@fsmb.org.

With great thanks,

Hank

Key Findings

- 5 most important topics to boards at this time:
  - Opioid Prescribing (69%)
  - Physician Impairment (59%)
  - Physician Sexual Misconduct (57%)

- Telemedicine/Direct to Consumer Telemedicine (55%)
- Physician Wellness and Burnout (48%)

- Procedure and Regulation Changes Due to COVID-19
  - 88% have developed new emergency procedures
  - 60% have activated existing emergency procedures
  - 24% have made COVID-19 licensing waivers or changes permanent
  - 41% plan to add or update telemedicine rules and regulations after the pandemic
  - 30% have been impacted by new regulations for the administration of COVID-19 vaccinations

- Complaints and Actions Related to COVID-19
  - 67% have experienced an increase in complaints related to licensee dissemination of false or misleading information
  - 21% have taken action against a licensee disseminating false or misleading information
  - 39% have received complaints about COVID-19 vaccine administrations
    - Of these boards, 50% have seen an increase in the number of complaints related to vaccine administration since the COVID-19 vaccines became available

- Media Topics

  - Disciplinary actions (85%), followed by COVID-19 misinformation/disinformation (82%) and COVID-19 licensure waivers (47%) were the most frequent topics why media outlets contacted boards

- Diversity, Equity and Inclusion
  - 51% assign a high priority level to equity in the ways in which it regulates the profession of medicine, 51% for inclusion and 45% for diversity
  - 23% have educational requirements for licensees related to cultural competency or sensitivity
  - 40% offer training in bias recognition and mitigation for board staff

- Opioid Abuse Prevention
  - 88% are aware of efforts in their state aimed at preventing or treating opioid use disorder
  - 78% use their state's Prescription Drug Monitoring Program when licensing or disciplining physicians

Humayun "Hank" Chaudhry, DO, MS, MACP, FRCP (Lon.)

President and Chief Executive Officer

Federation of State Medical Boards

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817-868-4044 direct | 817-868-4144 fax

hchaudhry@fsmb.org | www.fsmb.org

---------- Forwarded message ---------
From: **Kandis McClure** <KMcClure@fsmb.org>
Date: Wed, Oct 27, 2021 at 9:16 AM
Subject: VA National Standards of Practice
To: Kandis McClure <KMcClure@fsmb.org>
Cc: Lisa A. Robin (FSMB) <LRobin@fsmb.org>

Dear Executive Directors and Board Chairs,

Please see information below about an initiative the Department of Veterans Affairs is undertaking to establish National Standards of Practice (NSP) for VA health care providers. The FSMB has spoken with the VA to learn more about the project, which will cover over 40 medical professions, and has highlighted some of the challenges that such a project may create for state-based licensure. We are pleased that the VA has advised us that they plan to reach out to state medical boards for feedback on this project.

The links below provide background information on the project, including: a response letter the VA sent to the American Medical Association, a list of questions and answers about the project, and a chart detailing how the process will move forward. Outreach to state boards is noted as part of the process in both the letter and the flow-chart.

The project is currently in its early stages and documents will be placed on the Federal Register for public comment before being finalized.

We will continue to communicate with the VA and will keep you informed as we learn more about the project and the process.

Please let us know if you have any questions.

Thank you,

Kandis

VA Letter to American Medical Association and Physician Organizations:
https://www.va.gov/health/docs/SECVA_signed_10-8-2021_VIEWS_5597376_508v.pdf

Questions and Answers: https://www.va.gov/health/docs/Enclosure_508v.pdf

Project Flow-Chart:
https://www.va.gov/health/docs/National_Standards_of_Practice_Development_and_Engagement_Approach_20211001_508.pdf

Kandis McClure

Director, Federal Advocacy & Policy
Federation of State Medical Boards
2101 L St. NW | Suite 800 | Washington, DC 20037
202 463 4003 direct
kmcclure@fsmb.org | www.fsmb.org

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

October 8, 2021

Dear American Medical Association and Physician Organizations:

Thank you for your July 28, 2021, co-signed letter to the Department of Veterans Affairs (VA) addressing the development of national standards of practice for VA health care professionals.

The Veterans Health Administration (VHA) is developing national standards to ensure safe, high-quality care for the Nation's Veterans in VA's integrated health care system and to ensure that VA health care professionals can meet the needs of Veterans when practicing within the scope of their VA employment. National standards are designed to increase Veterans' access to health care, thereby improving health outcomes for our Nation's Veterans.

As the Nation's largest integrated health care system, VA believes it is critical to develop national standards of practice that ensure Veterans receive the same high-quality care regardless of where they enter the system. The importance of this initiative has been underscored by the COVID-19 pandemic. With an increased need for mobility in our workforce, including through VA's Disaster Emergency Medical Personnel System (DEMPS), creating a uniform standard of practice better supports VA health care professionals who already practice across State lines. In addition, the development of national standards of practice aligns with VA's long-term deployment of a new electronic health record (EHR). National standards of practice are critical for optimal EHR implementation to enable the specific roles for each health care profession in EHR to be consistent across VHA and to support increased interoperability between VA and the Department of Defense (DoD).

Throughout the development process, VA has had continued engagement with external stakeholders. VA has also provided quarterly informational briefings to Congress, beginning in November 2020. Similarly, VA has provided briefings to Veterans Service Organizations (VSOs) beginning in November 2020. VA will continue to brief Congress, VSOs, and other external stakeholders as needed.

With this in mind, we would like to emphasize that in most cases, VA will be adopting standards that are consistent with current State requirements and will only deviate to the extent necessary to effectively furnish health care services to Veterans. VA is committed to ensuring that State Boards are engaged in the process to develop national standards of practice. VA will send every State Board a letter with information on the impact of the proposed national standard of practice on the specific State, with an opportunity for the State Board to respond. In addition, every draft national standard will be published in the Federal Register for public comment.

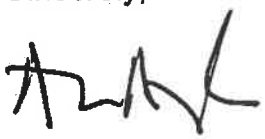
When VA has a need to deviate from a State requirement to effectively furnish health care services to Veterans, we will continue to require adherence to VA's qualification standards, local privileges, scopes of practice, and functional statements that ensure competent, safe, and appropriate care for Veterans. Privileges, scopes of practice, and functional statements will continue to be specific to individuals based upon their education, training, experience, skill, and clinical assignment.

Although this comprehensive initiative is new, the concept of Federal standards of practice is not. DoD has historically standardized practice for certain health care professionals, and VHA is closely partnered with DoD to learn from their experience. In addition, VA already has a longstanding practice of authorizing VA health care professionals to practice health care consistent with their Federal duties to meet the needs of Veterans and consistently and reliably deliver high quality health care. In 2017, VHA established national standards for three classes of Advanced Practice Registered Nurses; and in 2018, VHA established "anywhere to anywhere" care through telehealth, allowing health care providers to provide telehealth services from anywhere in the country to a beneficiary in any location. This has allowed physicians and other health care professionals to deliver high quality care to Veterans across the Nation. In undertaking this new endeavor, we emphasize that the development of national standards within VA will not change the way most VA health care professionals practice health care, and it does not allow for the performance of a task or duty that is beyond the professional's education, training, experience, and skill.

We are grateful for your thoughtful views on this project and have already incorporated some of your feedback into our development strategy. We also recognize that you may not have had complete information about this initiative, and we offer an enclosure that provides additional information in response to your feedback.

This response has also been provided to the other signatories of your letter. Thank you for your support of our Nation's Veterans.

Sincerely,



Denis McDonough

Enclosure

Agenda Item: Regulatory Actions - Chart of Regulatory Actions

Staff Note: Attached is a chart with the status of regulations for the Board as of November 17, 2021

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412] Final - *At Governor's Office for 12 days*
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	Implementation of the OT Compact [Action 5797] Emergency/NOIRA - *At Governor's Office for 12 days*
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	Name changes for accrediting bodies [Action 5869] Fast-Track - *DPB Review in progress*
[18 VAC 85 - 160]	Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists	Amendments for surgical assistants consistent with a licensed profession [Action 5639] Proposed - *At Governor's Office for 38 days*

Nurse Practitioner Regulations

[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Changes relating to clinical nurse specialists as nurse practitioners [Action 5800] Fast-Track - *At Governor's Office for 13 days*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Unprofessional conduct/conversion therapy [Action 5441] Final - *At Governor's Office for 12 days*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	(E) Conforming to 2021 legislation [Action 5799] Final - *Register Date: 10/11/21* *Effective: 11/10/21*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Final - *At Governor's Office for 12 days*
[18 VAC 90 - 70]	Regulations Governing the Practice of Licensed Certified Midwives	New regulations for licensed certified midwives [Action 5801] NOIRA - *At Governor's Office for 89 days*

Department of Health Professions
Regulatory/Policy Actions – 2021 General Assembly
Board on Medicine

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
SB1189	Occupational therapy compact	Medicine	8/6/21	By 12/23/21

EXEMPT REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1737	Revise autonomous practice reg consistent with 2 years	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21
HB1747	Licensure of CNS as nurse practitioners – Amend Chapters 30 and 40 Delete sections of Chapter 20 with reference to registration of CNS	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21
HB1817	Autonomous practice for CNMs with 1,000 hours	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21
HB1988	Changes to pharmaceutical processors	Pharmacy	7/6/21	9/1/21
HB2218/SB1333	Sale of cannabis botanical products	Pharmacy	7/6/21	9/1/21
HB2039	Conform PA regs to Code	Medicine	6/24/21	9/15/21
HB2220	Change registration of surgical technologists to certification	Medicine	6/21/21	9/1/21
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	6/24/21	9/1/21

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any	November 1, 2021

		recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	
SB431	Behavioral health/medicine/legal	Continuance of study of mental health services to minors and access to records *Requested an extension of 2020 study*	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and regulations on practice and patient outcomes.	November 1, 2021
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals.	November 1, 2021
HB2079	Pharmacy (with Medicine & VDH)	To establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment available over-the-counter by pharmacists in accordance with § **54.1-3303.1**. Such protocols shall address training and continuing education for pharmacists regarding the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment.	Concurrent with emergency regulations
HB2079	Pharmacy	To convene a work group to provide recommendations regarding the development of protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment by pharmacists to persons 18 years of age or older, including (i) controlled substances, devices, controlled paraphernalia, and supplies and equipment for the treatment of diseases or conditions for which clinical decision-making can be guided by a clinical test that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988, including influenza virus, urinary tract infection, and group A Streptococcus bacteria, and (ii) drugs approved by the U.S. Food and Drug Administration for tobacco cessation therapy, including nicotine replacement therapy. The work group shall focus its work on developing protocols that can improve access to these treatments while maintaining patient safety.	November 1, 2021
HB2300	Department	Together with the Department of Health, to convene a work group to develop recommendations for best practices for the	November 1, 2021

		treatment and discharging of patients in emergency departments experiencing opioid-related emergencies, including overdose, which shall include recommendations for best practices related to (i) performing substance use assessments and screenings for patients experiencing opioid-related overdose and other high-risk patients; (ii) prescribing and dispensing naloxone or other opioid antagonists used for overdose reversal; (iii) connecting patients treated for opioid-related emergencies, including overdose, and their families with community substance abuse resources, including existing harm reduction programs and other treatment providers; and (iv) identifying barriers to and developing solutions to increase the availability and dispensing of naloxone or other opioid antagonist used for overdose reversal at hospitals and community pharmacies and by other community organizations. The work group shall include representatives of the Virginia Hospital and Healthcare Association, the Virginia College of Emergency Physicians, the Medical Society of Virginia, the Virginia Society of Health-System Pharmacists, the Virginia Harm Reduction Coalition, the Virginia Pharmacists Association, and such other stakeholders as the Department of Health Professions shall deem appropriate.	

Future Policy Actions:

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

Agenda Item: Credentials Committee Recommendations

Staff Note: On October 14th, the full Board approved the recommendations from the September 20th Credentials Committee meeting for streamlining the licensing processes of the MD, DO, DPM, PA and RT professions. The Credentials Committee asked Board staff to collect recommendations from the other professions licensed by the Board at their respective Advisory Board meetings. The Credentials Committee reviewed the suggested revisions from the Advisories on November 8th. In the following pages, you will find the minutes of the November 8, 2021 Credentials Committee meeting and a table of the recommendations by profession. Note that the columns list documents that must be primary-source verified, documents for which copies are acceptable, and documents that are no longer needed.

Action: Review, revise and approve the recommendations or not.

DRAFT UNAPPROVED

VIRGINIA BOARD OF MEDICINE

CREDENTIALS COMMITTEE BUSINESS MEETING

Monday, November 8, 2021 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Miller called the meeting to order at 9:16 a.m.

MEMBERS PRESENT: Jacob Miller, DO - Chair
Khalique Zahir, MD
Jane Hickey, JD
Pradeep Pradhan, MD
Alvin Edwards, MDiv

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director, Licensing

GUESTS PRESENT: Andrew Densmore - Medical Society of Virginia
Ben Traynham – Hancock, Daniel, Johnson, P.C.

Call to Order

Dr. Miller called the meeting to order at 9:16 am.

Emergency Egress

Dr. Miller read the emergency egress instructions.

Roll Call

Mr. Sobowale called the roll; a quorum was declared.

Approval of Minutes

Dr. Edwards moved approval of the minutes of the September 20, 2021 meeting with an amendment to the minutes to change Ms. Hickey's first name to Jane instead of "Janet". Motion was seconded by Dr. Zahir. Minutes approved.

Approval of the Agenda

Ms. Hickey moved approval of the agenda as presented. Dr. Zahir seconded the motion. The agenda was unanimously approved.

Public Comment

None

Overview

Dr. Harp provided brief comments on the purpose of the meeting. He reminded members that when the Committee met on September 20th, certain recommendations were made with regards to further streamlining the licensing process for the five professions whose licensing processes were expedited during the pandemic - MD, DO, DPM, PA, and RT. The recommendations made at that meeting were ratified by the full Board at its meeting on October 14, 2021. The Committee asked that streamlining for the rest of the professions to be addressed at their upcoming Advisory Board meetings. Any recommendations made were to be presented back to the Committee for consideration and approval. Those recommendations from the various Advisory Boards are presented in the agenda packet.

New Business:

1. **Consider Recommendations from the Advisory Boards**

   The Committee reviewed the current licensure requirements in each allied health profession's regulations. It also reviewed each advisory board's recommendations for documents required during the application process. The discussion included documents for which primary-source verification is required, documents for which copies could be accepted, and documents that are no longer necessary to the application process.

   After discussion of the recommendations made by the advisory boards, the Committee unanimously voted upon a motion made by Dr. Edwards, seconded by Dr. Zahir, to approve the recommendations presented for each allied profession as follows:

Genetic Counseling

A license applicant should submit primary source verification of the following documents: Professional Education /School Transcripts, American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG) Certificate, ABGC Active Candidate status letter for temporary license applicants, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Occupational Therapy and Occupational Therapist Assistant

A license applicant should submit primary source verification of the following documents: professional education/ school transcripts, National Board for Certification in Occupational Therapy (NBCOT) Certificate, Test of English as a Foreign Language (TOEFL) result and Program Director's letter verifying completion of professional education for an internationally-trained applicant, National Practitioner Data

Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Licensed Acupuncture

A license applicant should submit primary source verification of the following documents: professional education /school transcripts, National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), Test of English as a Foreign Language (TOEFL) result and United States evaluation of international professional education for an internationally-trained applicant, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Radiologic Technology, Radiologic Technology-Limited, and Radiologic Assistant

A radiologic technology license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

A radiologic technology- limited license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

A radiologic assistant license applicant should submit primary source verification of the following documents: American Registry of Radiologic Technologists (ARRT) certification, current certification in Advanced Cardiac Life Support (ACLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

For these professions, copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, pursuant to 18VAC85-101-27, radiologic assistants are graduates of an ARRT-recognized educational program prior to being allowed to sit for the ARRT certifying examination leading to the radiologic assistant credential. It is no longer necessary for a radiologic assistant license applicant to present school transcripts in the application process.

Athletic Training

The Advisory Board on Athletic Training did not form a quorum at their meeting held on October 7, 2021 but the Committee accepted the consensus reached during deliberation by members in attendance at the meeting as follows: A license applicant should submit primary source verification of the following documents: A credential issued by the National Athletic Trainers' Board of Certification (BOC), National

Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Licensed Professional Midwives

The Advisory Board on Midwifery did not form a quorum at their meeting held on October 8, 2021 but the Committee accepted the consensus agreed to during deliberation by members in attendance at the meeting as follows: A license applicant should submit primary source verification of the following documents: Certification from North American Registry of Midwives (NARM), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Polysomnographic Technology

A license applicant should submit primary source verification of the following documents: evidence of one of three credentialing pathways: 1. current certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists; 2. documentation of the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS); or 3. a professional certification or credential approved by the board from an organization or entity that meets the accreditation standards of the Institute for Credentialing Excellence belonging to the National Organization for Competency Assurance. In addition, they must provide primary source evidence of current certification in Basic Cardiac Life Support (BCLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, it is no longer necessary to a notarized BCLS certificate as a copy will suffice.

Licensed Surgical Assistant and Certified Surgical Technologist

A license applicant as a surgical assistant should submit primary source verification of the following evidence of one of three credentialing pathways: 1. a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or the National Commission for Certification of Surgical Assistants (NCCSA) or their successors; 2. successful completion of a surgical assistant training program during the applicant's service as a member of any branch of the armed forces of the United States; or 3. practice as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

An applicant registering with the Board for certification as a surgical technologist should submit primary source verification of the following evidence of one of three credentialing pathways: 1. a current credential as a surgical technologist issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or its successor; 2. successful completion of a training program for surgical technology during

the applicant's service as a member of any branch of the armed forces of the United States; or 3. practice as a surgical technologist at any time in the six months immediately prior to July 1, 2021.

For these professions, copies of the following documents could be accepted: a notarized copy of the NBSTSA credential, if mailed by the applicant and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, it is no longer necessary to a notarized BCLS certificate as a copy will suffice.

Behavior Analyst and Assistant Behavior Analyst

The Advisory Board on Behavior Analysis did not form a quorum to hold their meeting scheduled on October 4, 2021 but upon a motion made by Jane Hickey, seconded by Dr. Miller, the Committee unanimously voted to adopt the same requirements listed for the rest of the allied professions as follows: in addition to submitting primary source verification of current certification or credential as a Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA) issued by the Behavior Analyst Certification Board (BACB), a license applicant should also provide primary source verification of the National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

The Committee also noted that if the advisory board have a different set of recommendations apart from these, they should be presented back to the Board.

2. **Contiguous States License Reciprocity**
   Dr. Harp led the discussion. He reminded members of the passage into legislation of Senate Bill 757/House Bill 1701 of 2020 which instructed the Board of Medicine to consider reciprocal agreements with states that are contiguous to Virginia for the licensure of medical doctors, doctors of osteopathic medicine, physician assistants and nurse practitioners. He has contacted the Board Executives of the various states that are situated contiguously to Virginia, including the Board Executives in Pennsylvania and Delaware. So far, only the District of Columbia and Maryland have expressed a strong interest in entering into a reciprocal agreement with Virginia.

   During subsequent meetings held with the Board Executives in Maryland and the District of Columbia, it was mentioned that there may be some limitations to terms in the reciprocal licensure agreement that may eventually be formed regarding issuing a license by reciprocity to international medical school graduates. Part of the consideration is that Virginia requires just a year of postgraduate training in order to license an international medical school graduate, whereas Maryland and the District of Columbia require more years of postgraduate training. An internationally-trained medical school graduate could not apply for a license in their state with only 1 year of US or Canadian postgraduate training.

   Jane Hickey encouraged the Board to continue in its effort to pursue licensure reciprocity with contiguous jurisdictions. Dr. Pradhan mentioned that he could see the advantages of pursuing licensure reciprocity with contiguous states in terms of increased patient access to care and the ability of the provider to extend care for patients that may be situated in a border state. Dr. Zahir discussed that the issue of licensure reciprocity is very important for the Board to pursue,

especially for providers and patients located in the "DMV" area where there is a lot of population.

Upon full discussion of the issue and a motion made by Dr. Zahir, the Committee voted to recommend that the Board, in principle, form a reciprocal licensure agreements with Maryland and the District of Columbia. Dr. Pradhan seconded the motion. There were no abstentions. Dr. Miller voted 'No'.

3. **Designation of Professional Credential on License**
Dr. Harp led the discussion. Board staff has become aware that other boards in the Department of Health Professions may have different procedures from the Board of Medicine regarding the professional credential placed on the wall certificate and license. Medicine puts MD, DO, DPM and DC on the documents, but it does not put the credentials on documents of the allied professions. Members discussed that not placing the degree on the documents could result in a blurring of the lines for the public regarding the medical services that a practitioner can provide. The consensus of the members was to leave the credentials on licenses of doctors. Upon a motion by Dr. Pradhan, seconded by Dr. Zahir, the Committee unanimously voted for the Board to maintain the status quo for credentials on wall certificates and licenses.

With no additional business, the meeting adjourned 10:58 a.m.

Jacob Miller, DO
Chair

William L. Harp, MD
Executive Director

Michael Sobowale, LL.M.
Deputy Executive Director, Licensing

Credentials Committee Approved Recommendations of Allied Professions Licensure Requirements			
Profession/Advisory Board Meeting Date	**Primary Source Verification**	**Copies Accepted**	**No Longer Necessary**
Genetic Counseling 10/4/21	✓ Professional Education School Transcripts ✓ **ABGC** or **ABMG** Certificate ✓ **ABGC Active Candidate** status letter – Temporary License Applicants ✓ NPDB self-query report ✓ 1 state license verification	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form B" employment verification
Occupational Therapy – Occupational Therapist & Occupational Therapy Assistant 10/5/21	✓ Professional Education (School Transcripts) ✓ **NBCOT** credentials ✓ **TOEFL** and **NBCOT-required** Program Director's verification letter of professional education completion - internationally-trained applicants ✓ NPDB self-query report ✓ 1 state license verification	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application from deemed non-routine	"Form B" employment verification
Licensed Acupuncture 10/6/21	✓ Professional Education School Transcripts ✓ **NCCAOM** Certification ✓ U. S. Evaluation of International Professional Education – internationally-trained applicants ✓ **TOEFL** – internationally-trained applicants ✓ NPDB self-query report ✓ 1 **most-recent** state license verification	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form B" employment verification

Radiologic Technology 10/6/21	✓ Proof of Professional Education (Transcripts) ✓ **AART or NMTCB** Certifying Examination ✓ NPDB self-query report ✓ 1 state license verification in which the applicant most recently obtained a license	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form L" – Proof of Education. "Form B" employment verification
Radiologic Technology-Limited 10/6/21	✓ Proof of Professional Education and Clinical Training (Transcripts) ✓ **AART** Certifying Examination ✓ Certification of Completion of Clinical Training on board provided form ✓ NPDB self-query report ✓ 1 state license verification in which the applicant most recently obtained a license	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report	"Form B" employment verification
Radiologic Assistant 10/6/21	✓ **AART** Certifying Examination ✓ Current Certification in Advanced Cardiac Life Support (**ACLS**) ✓ NPDB self-query report ✓ 1 state license verification in which the applicant most recently obtained a license	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	Transcripts. RAs are graduates of an ARRT recognized educational program prior to being allowed to sit for the ARRT Certifying Examination leading to the RA credential - **18VAC85-101-27** "Form B" employment verification
Athletic Training *10/7/21 *No Quorum*	✓ **BOC** Certifying Examination/Credential ✓ NPDB self-query report ✓ 1 state license verification	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form B" employment verification

Licensed Professional Midwives *10/8/21 *No Quorum*	✓ Certification from North American Registry of Midwives (**NARM**) ✓ NPDB self-query report ✓ 1 state license verification	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form A" – Malpractice Claims History Form. (Applicant to provide supporting claim documents with explanation as a supplement to application form.) "Form B" employment verification
Polysomnographic Technology 10/8/21	✓ Evidence of one of three (3) credentialing pathways: ✓ **RPSGT**, or ✓ **Sleep Disorders Specialist Credential issued by NBRC**, or ✓ professional credential/certification approved by the Board from an entity belonging to the **National Organization for Competency Assurance** ✓ Basic Cardiac Life Support (**BCLS**) certification ✓ NPDB self-query report ✓ 1 state license verification	Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report Supporting document for question answered 'Yes' on the application form deemed non-routine	Notarization of BCLS certification no longer needed. Copy of certification will suffice. "Form B" employment verification
Surgical Assistant 10/12/21	✓ Evidence of one of three (3) credentialing pathways: ✓ current credential issued by **NBSTSA or NCCSA**, or ✓ completion of surgical assistant training program in a branch of the U.S. armed forces, or ✓ practice as a surgical assistant in the Commonwealth at any time in the six (6) months prior to July 1, 2020	Supporting document for question answered 'Yes' on the application form deemed non-routine Original notarized copy of NBSTSA credential accepted, if mailed by the applicant	"Form B" employment verification
Surgical Technologist	✓ Evidence of one of three (3) credentialing pathways: ✓ successful completion of an accredited surgical technologist training program	Supporting document for question answered 'Yes' on the application form deemed non-routine	"Form B" employment verification

10/12/21	and **NBSTSA**, or ✓ completion of a training program as a surgical technologist in a branch of the U.S. armed forces, or ✓ practice as a surgical technologist at any time in the six (6) months prior to July 1, 2021	Original notarized copy of NBSTSA credential accepted, if mailed by the applicant	
Behavior Analysis – Behavior Analyst and Assistant Behavior Analyst *10/4/21 *Did not meet*	✓ Current BCBA or BCaBA certification by the BACB ✓ NPDB self-query report ✓ 1 state license verification	Supporting document for question answered 'Yes' on the application form deemed non-routine Other state license verifications, if submitted Digitally-certified electronic copy of NPDB report, in lieu of a mailed report	"Form B" employment verification

Agenda Item: Recommendation on Adoption of Fast-track regulation

Included in your agenda package:

- Copy of amended regulations Licensure by Endorsement for Chapter 20
- Copy of amended regulations for physician assistants and radiologic technology
- Copy of current regulation for occupational therapy (included for consistency in language with all the allied professions)

Board motion:

To accept the recommendation of the Credentials Committee to require verification of one (the most recent) license from another jurisdiction for licensure by endorsement.

Project 7034 - Fast-Track

Board Of Medicine

Licensure by endorsement

18VAC85-20-141. Licensure by endorsement.

To be licensed by endorsement, an applicant shall:

1. Hold at least one current, unrestricted license in a United States jurisdiction or Canada for the five years immediately preceding application to the board;

2. Have been engaged in active practice, defined as an average of 20 hours per week or 640 hours per year, for five years after postgraduate training and immediately preceding application;

3. Verify that ~~all licenses~~ the most recent license held in another United States jurisdiction or in Canada ~~are~~ is in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement;

4. Hold current certification by one of the following:

a. American Board of Medical Specialties;

b. Bureau of Osteopathic Specialists;

c. American Board of Foot and Ankle Surgery;

d. American Board of Podiatric Medicine;

e. Fellowship of Royal College of Physicians of Canada;

f. Fellowship of the Royal College of Surgeons of Canada; or

g. College of Family Physicians of Canada;

5. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and

6. Have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

18VAC85-50-50. Licensure: entry requirements and application.

A. The applicant seeking licensure as a physician assistant shall submit:

1. A completed application and fee as prescribed by the board.

2. Documentation of successful completion of an educational program as prescribed in § 54.1-2951.1 of the Code of Virginia.

3. Documentation of passage of the certifying examination administered by the National Commission on Certification of Physician Assistants.

4. ~~Documentation that the applicant has not had a license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another~~ If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.

B. The board may issue a license by endorsement to an applicant for licensure if the applicant (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

18VAC85-101-28. Licensure requirements.

A. An applicant for licensure as a radiologist assistant shall:

1. Meet the educational requirements specified in 18VAC85-101-27;

2. Submit the required application, fee, and credentials to the board;

3. Hold certification by the ARRT as an R.T.(R) or be licensed in Virginia as a radiologic technologist;

4. Submit evidence of passage of an examination for radiologist assistants resulting in national certification as an Registered Radiologist Assistant by the ARRT; and

5. Hold current certification in Advanced Cardiac Life Support (ACLS).

B. If an applicant has been licensed or certified in another jurisdiction as a radiologist assistant or a radiologic technologist, ~~he shall provide information on the status of each license or certificate held~~ the application shall include verification that there has been no disciplinary action taken or pending in that jurisdiction.

C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 85. Board Of Medicine
Chapter 80. Regulations Governing the Practice of Occupational Therapy

18VAC85-80-35. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-80-26.

2. Verification of professional education in occupational therapy as required in 18VAC85-80-40.

3. Verification of practice as required in 18VAC85-80-60 and as specified on the application form.

4. Documentation of passage of the national examination as required in 18VAC85-80-50.

5. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in tha jurisdiction.

Statutory Authority
§§ 54.1-2400, 54.1-2956.1, and 54.1-2956.2 of the Code of Virginia.

Historical Notes
Derived from Virginia Register Volume 16, Issue 7, eff. January 19, 2000; amended, Virginia Register Volume 19, Issue 1, eff. October 23, 2002.

Next Meeting Date of the Executive Committee is

April 8, 2022

Please check your calendars and advise staff of any known conflicts that may affect your attendance.

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher **within 30 days after completion of their trip"**. (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30 day deadline, please provide a justification for the late submission.

In order for the agency to be in compliance with the travel regulations, please submit your request for today's meeting no later than

January 3, 2022