

Advisory Board on Surgical Assisting

Virginia Board of Medicine

February 7, 2022

10:00 a.m.

**PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)**

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Training Room 2

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When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

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Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Advisory Board on Surgical Assisting

Board of Medicine

Monday, February 7, 2022 @ 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

	Page
Call to Order – Deborah Redmond, LSA, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Delores Cousins	
Approval of Minutes of October 12, 2021	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Proposed Regulations for Public Hearing Elaine Yeatts	5 - 10
2. Report of Regulatory Actions and 2022 General Assembly Elaine Yeatts	11 – 28
3. Grace Period for Registration of Surgical Technologists for Certification Deborah Redmond	-- --
4. Graduate Students and Licensure Deborah Redmond	-- --
5. Reinstatement of Certification for Surgical Technologists Michael Sobowale	-- --

Announcements:

Next Scheduled Meeting: May 31, 2022 @ 10:00 a.m.

Adjournment

<< DRAFT >>

ADVISORY BOARD ON SURGICAL ASSISTING

Minutes

October 12, 2021

The Advisory Board on Surgical Assisting met on Tuesday, October 12, 2021 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Deborah Redmond, LSA - Chair
Jessica Wilhelm, LSA - Vice-Chair
Srikanth Mahavadi, MD
Nicole Meredith, RN

MEMBERS ABSENT: Thomas Gochenour, LSA

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Delores Cousins, Licensure Specialist

GUESTS PRESENT: David B. Jennette, NSAA
Kelsey Wilkinson, Medical Society of Virginia

Call to Order

Deborah Redmond called meeting to order at 10:04 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress procedures.

Roll Call

Delores Cousins called the roll, and a quorum was declared.

Approval of Minutes

Nicole Meredith moved to approve the minutes of the June 1, 2021 meeting as presented. Dr. Mahavadi seconded the motion. The motion carried.

Adoption of Agenda

Jessica Wilhelm moved to approve the agenda as presented. Dr. Mahavadi seconded the motion. The motion carried.

Public Comment

David Jennette, Chief Administrative Officer for the National Surgical Assistant Association (NSSA), provided brief comments on NSSA's licensed surgical assistant renewal process. He mentioned that surgical assistants can obtain National Commission for the Certification of Surgical Assistants (NCCSA) credits through its recertification process. The Board can validate continuing education units or courses taken, as verified by the NCCSA. He also expressed NSSA's support of the National Center for Competency Testing's (NCCT) request to add it as a credentialing pathway for surgical technologists, in addition to the National Board of Surgical Technology and Surgical Assisting.

New Business

1. 2021 Legislative Update and 2022 Proposals

Dr. Harp provided an update on legislative actions from the 2021 General Assembly that were of interest to members and briefly mentioned several 2022 DHP legislative proposals.

2. Regulatory Report

Dr. Harp gave a brief report of the regulatory actions for the Board of Medicine from the 2021 General Assembly. He made special mention of the action voted upon by the Advisory Board at the June meeting to amend regulations to conform its regulation to the 2021 legislation for certification of surgical technologists and approve an amendment for surgical assistants consistent with other licensed professions.

3. Correspondence re: NCCT Credential, Renewal Application & Licensure/Certification

Ms. Redmond led the discussion. The correspondence received by the Board pertaining to renewal application for surgical assistants have been addressed to her satisfaction prior to the meeting. It was discussed that NCCT could have sought to be added as a credentialing organization prior to the passage of the legislation and approval of regulations for surgical technologists.

4. Review of Licensure/Certification Requirements

Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend

which documents required in the licensing process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8th.

Members reviewed current licensure requirements for surgical assistants and certification of surgical technologists. It was the consensus of members that the application process could be simplified for applicants while still protecting the public. The Board approved licensure requirements as follows:

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 NBSTSA or 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 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 or NCCSA 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.

5. Approval of 2022 Meeting Calendar

Nicole Meredith moved to approve the proposed meeting dates for the Advisory Board for 2022. Dr. Mahavadi seconded the motion. The schedule of meetings in 2022 was unanimously approved.

6. Election of Officers

Jessica Wilhelm moved to nominate Deborah Redmond to continue as Chair. The motion was seconded by Dr. Mahavadi. Ms. Redmond moved to nominate Jessica

Wilhelm as Vice-Chair. Dr. Mahavadi seconded the motion. The slate of officers was unanimously approved.

Announcements:

Delores Cousins provided licensing statistics as follows: there are currently 395 licensed surgical assistants total with 337 current active in Virginia and 58 out-of-state. There are currently 269 registered surgical technologists in total, with 259 current active in Virginia and 10 out-of-state.

Next Scheduled Meeting:

The next scheduled meeting will be February 7, 2022 @ 10:00 a.m.

Adjournment

There being no other business, the meeting was adjourned at 11:35 a.m.

Deborah Redmond LSA, Chair

William L. Harp, MD, Executive Director

Delores Cousins, Licensing Specialist

**VIRGINIA**
REGULATORY TOWN HALL**Agency** Department of Health Professions**Board** Board of Medicine**Chapter** Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists [18 VAC 85 - 160]**Action:** Amendments for surgical assistants consistent with a licensed profession

General Information

Action Summary	Legislation passed by the 2020 General Assembly changed regulation of surgical assistants from registration to licensure, and amendments that conformed to the statute were enacted. Additional amendments are necessary to provide for consistency with other licensed allied professions regulated by the Board of Medicine in the fee structure, continuing competency, inactive licensure, and standards of practice. Additionally, the Board intends to amend regulations for renewal of registration for surgical technologists.
Chapters Affected	Only affects this chapter.
Exempt from APA	No, this action is subject to Article 2 of the Administrative Process Act.
RIS Project	Yes [6696]
Associated Mandates	<ul style="list-style-type: none"> • <u>Licensure of surgical assistants</u> • <u>Certification of surgical technologists</u>
New Periodic Review	This action will not be used to conduct a new periodic review.

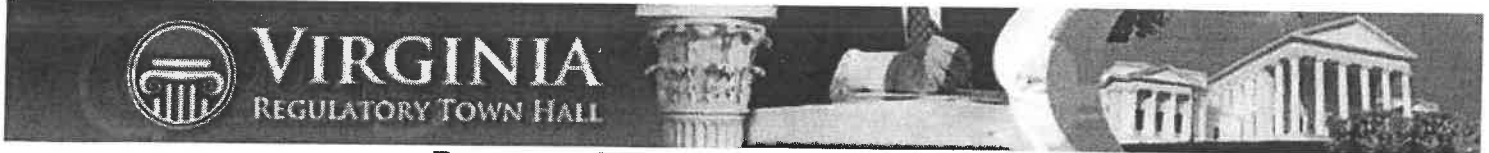
Stages

Stages associated with this regulatory action.

Stage ID	Stage Type	Status
9122	NOIRA	Stage complete. Comment period ended 03/31/2021.
9324	Proposed	Comment period is underway and will end on 04/01/2022.

Contact Information

Name / Title:	William L. Harp, M.D. / <i>Executive Director</i>
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Proposed Text

[highlight](#)

Action: Amendments for surgical assistants consistent with a licensed ...

Stage: Proposed

1/27/22 9:31 AM [latest] ▼

18VAC85-160-40 Fees

A. The following fees have been established by the board:

1. The fee for licensure as a surgical assistant shall be \$130 or certification as a surgical technologist shall be \$75.
2. The fee for renewal of licensure ~~or certification~~ as a surgical assistant shall be \$70 \$135 and for certification as a surgical technologist, it shall be \$70. Renewals shall be due in the birth month of the licensee or certificate holder in each even-numbered year. ~~For 2020, the renewal fee shall be \$54.~~
3. The additional fee for processing a late renewal application within one renewal cycle shall be ~~\$25~~ \$50 for a surgical assistant and \$25 for a surgical technologist.
4. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
5. The fees for inactive license renewal shall be \$70 for a surgical assistant and \$35 for inactive certification renewal for a surgical technologist.
6. The fee for reinstatement of a surgical assistant license that has been lapsed for two years or more shall be \$180; for a surgical technologist certification, it shall be \$90.
7. The fee for a letter of good standing or verification to another jurisdiction for a license shall be \$10.
8. The fee for reinstatement of licensure as a surgical assistant pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.

B. Unless otherwise provided, fees established by the board are not refundable.

18VAC85-160-60 Renewal of licensure for a surgical assistant

A. A surgical assistant who was licensed based on a credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting or the National Commission for the Certification of Surgical Assistants or their successors shall attest that the credential is current at the time of renewal.

B. A surgical assistant who was licensed based on successful completion of a surgical assistant training program during the person's service as a member of any branch of the armed forces of the United States or based on practice as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020, shall attest to completion of 38 hours of continuing education recognized by the National Surgical Assistant Association at the time of biennial renewal.

18VAC85-160-65 Renewal of certification for a surgical technologist

2/2/22, 4:01 PM

A. A surgical technologist who was certified based on certification as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor shall attest that the credential is current at the time of renewal.

B. A surgical technologist who was certified based on successful completion of a training program for surgical technology during the person's service as a member of any branch of the armed forces of the United States, or based on practice as a surgical technologist at any time in the six months prior to July 1, 2021, shall attest to completion of 30 hours of continuing education recognized by the Association of Surgical Technologists at the time of biennial renewal.

18VAC85-160-70 Reinstatement or reactivation of surgical assistant licensure

A. A licensed surgical assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain hours of active practice or meet the continued competency requirements of 18VAC85-160-60 and shall not be entitled to perform any act requiring a license to practice surgical assisting in Virginia.

B. An inactive licensee may reactivate his license upon submission of the following:

1. An application as required by the board;
2. A payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and
3. Documentation of completed continued competency hours as required by 18VAC85-160-60.

C. A surgical assistant who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit a reinstatement application to the board and information on any practice and licensure or certification in other jurisdictions during the period in which the license was lapsed and shall pay the fee for reinstatement of licensure as prescribed in 18VAC85-160-40.

D. The board reserves the right to deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

E. A surgical assistant whose license has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of his license as prescribed in 18VAC85-160-40 pursuant to § 54.1-2408.2 of the Code of Virginia.

18VAC85-160-80 Confidentiality

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-160-90 Patient records

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or the patient's personal representative in a timely manner and in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible, and complete patient records.

D. Practitioners who are employed by a health care institution or other entity in which the individual practitioner does not own or maintain the practitioner's own records shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or the patient's personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. Post information or in some manner inform all patients concerning the timeframe for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling, or relocating his practice, the practitioner shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-160-100 Communication with patients; termination of relationship

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or the patient's legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make the practitioner's services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-160-110 Practitioner responsibility

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which the practitioner is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or the subordinate's area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

18VAC85-160-120 Sexual contact

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient means spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-160-130 Refusal to provide information

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A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Status of Regulatory Actions - Board of Medicine		
Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<u>Licensure by endorsement - expedited process</u> [Action 5890] Fast-Track - Register Date: 2/14/22 Effective: 4/1/22
	Regulations Governing the Licensure of Radiologic Technology	
	Regulations Governing the Practice of Physician Assistants	
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412] Final - Register Date: 1/3/22 Effective: 2/2/22
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	<u>Implementation of the OT Compact</u> [Action 5797] Emergency/NOIRA - Register Date: 1/17/22 Comment period on NOIRA ends: 2/16/22
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	Name changes for accrediting bodies [Action 5869] Fast-Track - Register Date: 1/31/22 Effective: 3/18/22
[18 VAC 85 - 160]	Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists	<u>Amendments for surgical assistants consistent with a licensed profession</u> [Action 5639] Proposed - Register Date: 1/31/22 Public hearing: 2/7/22 Comment period ends: 4/1/22

2022 SESSION

INTRODUCED

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HOUSE BILL NO. 598
Offered January 12, 2022
Prefiled January 11, 2022

A BILL to amend and reenact § 54.1-2956.12 of the Code of Virginia, relating to registered surgical technologist; criteria for registration.

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Patron—Hayes

Committee Referral Pending

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Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2956.12 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2956.12. Registered surgical technologist; use of title; registration.

A. No person shall hold himself out to be a surgical technologist or use or assume the title of "surgical technologist" or "certified surgical technologist," or use the designation "C.S.T." or "S.T." or any variation thereof, unless such person is certified by the Board. *No person shall use the designation "C.S.T." or any variation thereof unless such person (i) is certified by the Board and (ii) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor.*

B. The Board shall certify as a surgical technologist any applicant who presents satisfactory evidence that he (i) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor, (ii) has successfully completed a training program for surgical technology during the person's service as a member of any branch of the armed forces of the United States, or (iii) has practiced as a surgical technologist *or attended a surgical technologist training program* at any time ~~in the six months~~ prior to ~~July 1, 2021~~ *October 1, 2022*, provided he registers with the Board by December 31, ~~2021~~ 2022.

INTRODUCED

HB598

Report of the 2022 General Assembly Board of Medicine Advisory Boards

HB 45 Health carriers; licensed athletic trainers.

Chief patron: Ware

Summary as introduced:

Health carriers; licensed athletic trainers. Requires health insurers and health service plan providers whose policies or contracts cover services that may be legally performed by a licensed athletic trainer to provide equal coverage for such services when rendered by a licensed athletic trainer. This bill is a recommendation of the Health Insurance Reform Commission.

01/27/22 House: Read first time

01/28/22 House: Read second time

01/28/22 House: Committee amendment agreed to (Moves effective date to 2023)

01/28/22 House: Printed as engrossed 22101946D-E

HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.

Chief patron: Davis

Summary as introduced☺

Healthcare Regulatory Sandbox Program; established. Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

01/04/22 House: Prefiled and ordered printed; offered 01/12/22 22101894D

01/04/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #1

HB 102 Prescriptions; off-label use.

Chief patron: Greenhalgh

Summary as introduced:

Prescriptions; off-label use. Provides that a licensed health care provider with prescriptive authority may prescribe, administer, or dispense a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use when the health care provider determines, in his professional judgement, that such off-label use is appropriate for the care and treatment of the patient, and prohibits a pharmacist from refusing to dispense a drug for off-label use if a valid prescription is presented. The bill also requires the Board of Health to include in regulations governing hospitals a provision that no hospital shall deny, revoke, terminate, diminish, or curtail in any way any professional or clinical privilege to a health care provider with prescriptive authority solely on the grounds that such health care provider prescribes, administers, or dispenses a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use.

01/06/22 House: Prefiled and ordered printed; offered 01/12/22 22103672D

01/06/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #1

HB 145 Physician assistants; practice.

Chief patron: Head

Summary as introduced:

Practice of physician assistants. Removes the requirement that physician assistants appointed as medical examiners practice as part of a patient care team. For hospice program licensing, the bill adds physician assistants to the list of hospice personnel who may be part of a medically directed interdisciplinary team. The bill removes a reference to physician assistants in the definition of patient care team podiatrist. Finally, the bill permits physician assistants working in the field of orthopedics as part of a patient care team to utilize fluoroscopy for guidance of diagnostic and therapeutic procedures, provided other requirements are met.

01/27/22 House: Read first time

01/28/22 House: Read second time

01/28/22 House: Committee amendments agreed to

HB 192 Opioids; repeals sunset provisions relating to prescriber requesting information about a patient.

Chief patron: Hodges

Summary as introduced:

Prescription of opioids; sunset. Repeals sunset provisions for the requirement that a prescriber registered with the Prescription Monitoring Program request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days.

01/10/22 House: Prefiled and ordered printed; offered 01/12/22 22101714D

01/10/22 House: Referred to Committee on Health, Welfare and Institutions

HB 243 Medicine, osteopathy, chiropractic, and podiatric medicine; requirements for practitioners.

Chief patron: Adams, D.M.

Summary as introduced:

Practitioners of medicine, osteopathy, chiropractic, and podiatric medicine; requirements. Increases the duration of postgraduate training required issuance of a license to practice medicine, osteopathy, chiropractic, or podiatric medicine from 12 months to 36 months requires every practitioner licensed to practice medicine, osteopathy, chiropractic, and podiatric medicine to obtain and maintain coverage by or to be named insured on a professional liability insurance policy with limits equal to the current limitation on damages set forth in the Code of Virginia.

01/10/22 House: Prefiled and ordered printed; offered 01/12/22 22101322D

01/10/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #3

HB 264 Public health emergency; out-of-state licensees, deemed licensure.

Chief patron: Head

Summary as introduced:

Public health emergency; out-of-state licensees; deemed licensure. Provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, a practitioner of a profession regulated by the Board of Medicine who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession shall not be prevented or prohibited from engaging in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship.

The bill also provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, individuals licensed or certified to practice medicine, osteopathic medicine, or podiatry or as a physician assistant, respiratory therapist, advanced practice registered nurse, registered nurse, licensed practical nurse, or nurse aide by another state, the District of Columbia, or a United States territory or possession shall be deemed to be licensed or certified to practice in the Commonwealth for a period of 30 days when certain criteria are met.

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #2

01/27/22 House: House subcommittee amendments and substitutes offered

01/27/22 House: Subcommittee recommends reporting with substitute (9-Y 0-N)

HB 286 Nurse practitioners; declaration of death and cause of death.

Chief patron: Adams, D.M.

Summary as introduced:

Nurse practitioners; declaration of death and cause of death. Authorizes autonomous nurse practitioners, defined in the bill, to declare death and determine cause of death; allows nurse practitioners who are not autonomous nurse practitioners to pronounce the death of a patient in certain circumstances; and eliminates the requirement for a valid Do Not Resuscitate Order for

the deceased patient for declaration of death by a registered nurse, physician assistant, or nurse practitioner who is not an autonomous nurse practitioner.

01/18/22 House: Assigned HWI sub: Subcommittee #1

01/25/22 House: Subcommittee recommends reporting with amendments (9-Y 0-N)

01/27/22 House: Reported from Health, Welfare and Institutions with amendment(s) (22-Y 0-N)

01/27/22 House: House committee, floor amendments and substitutes offered

HB 353 Unaccompanied homeless youth; consent to medical care.

Chief patron: Willett

Summary as introduced:

Unaccompanied homeless youth; consent to medical care. Provides that except for the purposes of sterilization or abortion, a minor who is 14 years of age or older and who is an unaccompanied homeless youth shall be deemed an adult for the purpose of consenting to surgical or medical examination or treatment, including dental examination and treatment, for himself or his minor child. The bill describes evidence sufficient to determine that a minor is an unaccompanied homeless youth and provides that no health care provider shall be liable for any civil or criminal action for providing surgical or medical treatment to an unaccompanied homeless youth or his minor child without first obtaining the consent of his parent or guardian provided in accordance with the law, with the exception of liability for negligence in the diagnosis or treatment of such unaccompanied homeless youth.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22103664D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #2

HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.

Chief patron: Bennett-Parker

Summary as introduced:

Virginia Freedom of Information Act; meetings conducted through electronic meetings. Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the

public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

01/11/22 House: Referred to Committee on General Laws

01/19/22 House: Impact statement from DPB (HB444)

01/21/22 House: Assigned GL sub: Subcommittee #4

01/25/22 House: Subcommittee recommends reporting (8-Y 0-N)

01/27/22 House: Reported from General Laws (22-Y 0-N)

HB 527 Interstate Medical Licensure Compact and Commission; created.

Chief patron: Helmer

Summary as introduced:

Interstate Medical Licensure Compact. Creates the Interstate Medical Licensure Compact to create a process for expedited issuance of a license to practice medicine in the Commonwealth for qualifying physicians to enhance the portability of medical licenses while protecting patient safety. The bill establishes requirements for coordination of information systems among member states and procedures for investigation and discipline of physicians alleged to have engaged in unprofessional conduct. The bill creates the Interstate Medical Licensure Compact Commission to administer the compact.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22101860D

01/11/22 House: Referred to Committee on General Laws

01/25/22 House: Stricken from docket by General Laws (22-Y 0-N)

HB 537 Telemedicine; out of state providers, behavioral health services.

Chief patron: Batten

Summary as introduced:

Telemedicine; out of state providers; behavioral health services. Allows certain practitioners of professions regulated by the Boards of Medicine, Counseling, Psychology, and Social Work who provide behavioral health services and who are licensed in another state, the District of Columbia, or a United States territory or possession and in good standing with such regulatory agency to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing

continuity of care through the use of telemedicine services and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. The bill provides that a practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22103670D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

HB 555 Health care providers; transfer of patient records in conjunction with closure, etc.

Chief patron: Hayes

Summary as introduced:

Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted. Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22102359D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

HB 580 Covenants not to compete; health care professionals, civil penalty.

Chief patron: VanValkenburg

Summary as introduced:

Covenants not to compete; health care professionals; civil penalty. Adds health care professionals as a category of employee with whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines health care professional as any physician, nurse, nurse practitioner, physician's assistant, pharmacist, social worker, dietitian, physical and occupational therapist, and medical technologist authorized to provide health care services in the Commonwealth. The bill provides that any employer that violates the prohibition against covenants not to complete with an employee health care professional is subject to a civil penalty of \$10,000 for each violation.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22101943D

01/11/22 House: Referred to Committee on Commerce and Energy

01/28/22 House: Assigned sub: Subcommittee #1

HB 598 Registered surgical technologist; criteria for registration.

Chief patron: Hayes

Summary as introduced:

Registered surgical technologist; criteria for registration. Requires the Board of Medicine to register as a surgical technologist any applicant who has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, and registers with the Board by December 31, 2022. Under current law, an applicant who practiced as a surgical technologist at any time in the six months prior to July 1, 2021, and registered by December 31, 2021, is eligible for certification by the Board. The bill also provides that no person shall use the designation "C.S.T." or any variation thereof unless such person (i) is certified by the Board and (ii) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22103959D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #2

01/27/22 House: Subcommittee recommends reporting (9-Y 0-N)

HB 745 Respiratory therapists; practice pending licensure.

Chief patron: Bell

Summary as introduced:

Respiratory therapists; practice pending licensure. Provides that a person who has graduated from an accredited respiratory therapy education program may practice with the title "Respiratory Therapist, License Applicant" or "RT-Applicant" until he has received a failing score on any examination required by the Board for licensure or six months from the date of graduation, whichever occurs sooner.

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/25/22 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

01/27/22 House: Read first time

01/28/22 House: Read second time and engrossed

HB 864 Professions and occupations; proof of identity to obtain a license, etc.

Chief patron: Lopez

Summary as introduced:

Professions and occupations; proof of identity. Replaces the requirement for proof of citizenship to obtain a license, certificate, registration, or other authorization issued by the Commonwealth to engage in a business, trade, profession, or occupation with a requirement to provide proof of identity. The bill contains technical amendments.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22103101D

01/12/22 House: Referred to Committee on General Laws

01/21/22 House: Assigned GL sub: Subcommittee #1

HB 896 Nurse practitioner; patient care team provider.

Chief patron: Adams, D.M.

Summary as introduced:

Nurse practitioner; patient care team provider. Replaces the term "patient care team physician" with the term "patient care team provider" in the context of requirements for collaboration and consultation for nurse practitioners and provides that a nurse practitioner who is authorized to practice without a practice agreement may serve as a patient care team provider providing collaboration and consultation for nurse practitioners who are not authorized to practice without a practice agreement. Currently, only a licensed physician may provide collaboration and consultation, as evidenced by a practice agreement, for a nurse practitioner.

The bill also eliminates authority of a physician on a patient care team to require a nurse practitioner practicing as part of a patient care team to be covered by a professional liability insurance policy and the requirement that a nurse practitioner practicing without a practice agreement obtain and maintain coverage by or be named insured on a professional liability insurance policy.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22101321D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

HB 921 Controlled substances; prescriber may establish practitioner-patient relationship.

Chief patron: Orrock

Summary as introduced:

Prescribing controlled substances; practitioner-patient relationship; telemedicine.

Provides that a prescriber may establish a practitioner-patient relationship for the purpose of prescribing Schedule II through V controlled substances via synchronous interaction with a patient and for the purpose of prescribing Schedule VI controlled substances via asynchronous interaction. The terms "synchronous interaction" and "asynchronous interaction" are defined in the bill.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22101451D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

HB 939 Necessary drugs and devices; Commissioner of Health to authorize administration and dispensing.

Chief patron: Robinson

Summary as introduced:

Commissioner of Health; administration and dispensing of necessary drugs and devices during public health emergency. Allows the Commissioner of Health to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so in accordance with protocols established by the Commissioner when the Board of Health has made an emergency order for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health. Current law limits the Commissioner's ability to make such authorizations to circumstances when the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22103968D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/27/22 House: House committee, floor amendments and substitutes offered

HB 976 Prescriptions; unapproved use.

Chief patron: LaRock

Summary as introduced:

Prescriptions; unapproved use. Provides that a licensed health care provider with prescriptive authority may prescribe, administer, or dispense a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an unapproved use when the health care provider determines, in his professional judgement, that such unapproved use is appropriate for the care and treatment of the patient and prohibits a pharmacist from refusing to dispense a drug for unapproved use if a valid prescription is presented.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22102844D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

HB 981 Health professions, certain; licensure by endorsement.

Chief patron: Scott, P.A.

Summary as introduced:

Certain health professions; licensure by endorsement. Requires the Boards of Dentistry, Medicine, and Nursing to grant an application by endorsement to any applicant who is licensed, certified, or registered in another state, the District of Columbia, or a United States territory or possession upon submission of evidence satisfactory to such board. Currently, the Boards of Dentistry, Medicine, and Nursing are authorized but not required to grant a license, certification, or registration by endorsement for applicants wishing to practice regulated professions.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22104006D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #2

HB 1095 Health care; decision making, end of life, penalties.

Chief patron: Kory

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and

dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22100984D

01/12/22 House: Referred to Committee for Courts of Justice

HB 1105 Practitioners, licensed; continuing education related to implicit bias and cultural competency.

Chief patron: McQuinn

Summary as introduced:

Board of Medicine; implicit bias and cultural competency. Requires all practitioners licensed by the Board of Medicine to complete two hours of continuing education in each biennium on topics related to implicit bias and cultural competency.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22102030D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #3

HB 1245 Nurse practitioners; practice without a practice agreement, repeals sunset provision.

Chief patron: Adams, D.M.

Summary as introduced:

Nurse practitioners; practice without a practice agreement; repeal sunset. Repeals the

sunset provision on the bill passed in 2021 that reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement.

01/20/22 House: Presented and ordered printed 22100642D

01/20/22 House: Referred to Committee on Health, Welfare and Institutions

01/27/22 House: Reported from Health, Welfare and Institutions (15-Y 7-N)

HB 1323 Pharmacists; initiation of treatment with and dispensing and administration of vaccines.

Chief patron: Orrock

Summary as introduced:

Pharmacists; initiation of treatment with and dispensing and administration of vaccines.

Provides that a pharmacist may initiate treatment with, dispense, or administer to persons three years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention or that have a current emergency use authorization from the U.S. Food and Drug Administration, and provides that the pharmacist may cause such vaccines to be administered by a pharmacy technician or pharmacy intern under the direct supervision of the pharmacist. The bill also requires the Department of Medical Assistance Services and accident and sickness insurance providers to provide reimbursement for such service in an amount that is no less than the reimbursement amount for such service by a health care provider licensed by the Board of Medicine.

01/21/22 House: Presented and ordered printed 22103764D

01/21/22 House: Referred to Committee on Health, Welfare and Institutions

01/25/22 House: Assigned HWI sub: Subcommittee #3

HB 1359 Health care; consent to services and disclosure of records.

Chief patron: Byron

Summary as introduced:

Health care; consent to services and disclosure of records. Eliminates authority of a minor to consent to medical or health services needed in the case of outpatient care, treatment, or

rehabilitation for medical illness or emotional disturbance and the disclosure of medical records related thereto. The bill also provides that an authorization for the disclosure of health records shall remain in effect until such time as it is revoked in writing to the person in possession of the health record subject to the authorization; shall include authorization for the release of all health records of the person created by the health care entity to whom permission to release health records was granted from the date on which the authorization was executed; and shall include authorization for the person named in the authorization to assist the person who is the subject of the health record in accessing health care services, including scheduling appointments for the person who is the subject of the health record and attending appointments together with the person who is the subject of the health record. The bill also provides that every health care provider shall make health records of a patient available to any person designated by a patient in an authorization to release medical records and that a health care provider shall allow a person to make an appointment for medical services on behalf of another person, regardless of whether the other person has executed an authorization to release medical records, provided that such health care provider shall not release protected health information to the person making the appointment for medical services on behalf of another person unless such person has executed an authorization to release medical records to the person making the appointment.

01/24/22 House: Unanimous consent to introduce

01/24/22 House: Presented and ordered printed 22104513D

01/24/22 House: Referred to Committee on Health, Welfare and Institutions

01/25/22 House: Assigned HWI sub: Subcommittee #3

SB 148 Public health emergencies; expands immunity for health care providers.

Chief patron: Norment

Summary as introduced:

Public health emergencies; immunity for health care providers. Expands immunity provided to health care providers responding to a disaster to include actions or omissions taken by the provider as directed by any order of public health in response to such disaster when a local emergency, state of emergency, or public health emergency has been declared.

01/09/22 Senate: Prefiled and ordered printed; offered 01/12/22 22102585D

01/09/22 Senate: Referred to Committee on the Judiciary

SB 169 Practical nurses, licensed; authority to pronounce death.

Chief patron: Peake

Summary as introduced:

Licensed practical nurses; authority to pronounce death. Extends to licensed practical nurses the authority to pronounce the death of a patient, provided that certain conditions are met. Current law provides that physicians, registered nurses, and physician assistants may pronounce death.

01/10/22 Senate: Prefiled and ordered printed; offered 01/12/22 22102397D

01/10/22 Senate: Referred to Committee on Education and Health

01/13/22 Senate: Assigned Education sub: Health Professions

01/28/22 Senate: Senate subcommittee amendments and substitutes offered

SB 317 Out-of-state health care practitioners; temporary authorization to practice.

Chief patron: Favola

Summary as introduced:

Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency. Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Department of Health Professions to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause.

EMERGENCY

01/24/22 Senate: Committee amendments agreed to

01/24/22 Senate: Engrossed by Senate as amended SB317E

01/24/22 Senate: Printed as engrossed 22103982D-E

01/25/22 Senate: Read third time and passed Senate (40-Y 0-N)

SB 350 Health records; patient's right to disclosure.

Chief patron: Surovell

Summary as introduced:

Health records; patient's right to disclosure. Requires a health care entity to include in its disclosure of an individual's health records any changes made to the health records and an audit trail for such records if the individual requests that such information be included in the health records disclosure.

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22100066D

01/11/22 Senate: Referred to Committee on Education and Health

01/21/22 Senate: Assigned Education sub: Health

SB 414 Nurse practitioners; patient care team physician supervision capacity increased.

Chief patron: Kiggans

Summary as introduced:

Nurse practitioners; patient care team physician supervision capacity increased. Increases from six to 10 the number of nurse practitioners a patient care team physician may supervise at any one time in accordance with a written or electronic practice agreement.

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22100912D

01/11/22 Senate: Referred to Committee on Education and Health

01/25/22 Senate: Assigned Education sub: Health Professions

01/28/22 Senate: Senate subcommittee amendments and substitutes offered

SB 456 Practitioners, licensed; continuing education related to implicit bias and cultural competency.

Chief patron: Locke

Summary as introduced:

Board of Medicine; implicit bias and cultural competency. Requires all practitioners licensed by the Board of Medicine to complete two hours of continuing education in each biennium on topics related to implicit bias and cultural competency.

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22103132D

01/11/22 Senate: Referred to Committee on Education and Health

01/25/22 Senate: Assigned Education sub: Health Professions

01/28/22 Senate: Senate subcommittee amendments and substitutes offered

SB 672 Pharmacists and pharmacy technicians; prescribing, dispensing, etc. of controlled substances.

Chief patron: Dunnavant

Summary as introduced:

Pharmacists and pharmacy technicians; prescribing, dispensing, and administering of controlled substances. Allows pharmacists and pharmacy technicians under the supervision of a pharmacist to initiate treatment with and dispense and administer certain drugs devices, and tests in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocol by November 1, 2022, and to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

01/20/22 Senate: Presented and ordered printed 22104494D

01/20/22 Senate: Referred to Committee on Education and Health

SB 676 Associate physicians; licensure and practice.

Chief patron: DeSteph

Summary as introduced:

Licensure and practice of associate physicians. Authorizes the Board of Medicine to issue a two-year license to practice as an associate physician to an applicant who is 18 years of age or older, is of good moral character, has graduated from an accredited medical school, has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination, and has not completed a medical internship or residency program. The bill requires all associate physicians to practice in accordance with a practice agreement entered into between the associate physician and a physician licensed by the Board and provides for prescriptive authority of associate physicians in accordance with regulations of the Board.

01/20/22 Senate: Presented and ordered printed 22103475D

01/20/22 Senate: Referred to Committee on Education and Health

01/25/22 Senate: Assigned Education sub: Health Professions