Board Meeting of the Virginia Board of Medicine

February 16, 2017
8:30 a.m.

Department of Health Professions

Please Note

HERE YOU WILL FIND AN AGENDA AND PACKET OF SUPPORTING MATERIALS.

THE PACKET IS SUBJECT TO UPDATING, AND THE LATEST VERSION WILL BE PROVIDED AT THE MEETING IN ACCORDANCE WITH VIRGINIA CODE SECTION 2.2-3708(D).

Board of Medicine

Thursday, February 16, 2017 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

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

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

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

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

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.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

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.

Agenda Item: **Approval of Minutes of the October 20, 2016**

Staff Note: Draft minutes that have been posted on Regulatory Townhall and the Board's website are presented. Review and revise if necessary.

Action: Motion to approve minutes.

---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES

October 20, 2016 | Department of Health Professions | Henrico, VA

CALL TO ORDER: Dr. Allison-Bryan called the meeting of the Board to order at 8:40 AM.

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

MEMBERS PRESENT:
Barbara Allison-Bryan, MD, President
Kevin O'Connor, MD, Vice-President
Ray Tuck, DC, Secretary-Treasurer
Syed Ali, MD
David Archer, MD
Randy Clements, DPM
Lori Conklin, MD
Alvin Edwards, MDiv, PhD
David Giammittorio, MD
The Honorable Jasmine Gore
Jane Hickey, JD
Isaac Koziol, MD
Maxine Lee, MD
Wayne Reynolds, DO
David Taminger, MD
Svinder Toor, MD
Kenneth Walker, MD

MEMBERS ABSENT: Deborah DeMoss Fonseca

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
Barbara Matusiak, MD, Medical Review Coordinator
Alan Heaberlin, Deputy Executive Director, Licensing
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant
Lisa Hahn, MPA, DHP Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
Tyler Cox, JD, MSV
Scott Johnson, JD, MSV
Lauren Bates-Rowe, MSV
Ralston King, MSV
Hunter Jamerson, JD, VOTA

Chrissy Vogeley, AOTA
Brent Rawlings, JD, VHHA
Pamela Grimm, JD

EMERGENCY EGRESS PROCEDURES

Dr. O'Connor provided the emergency egress procedures for Conference Room 2.

INTRODUCTION OF NEW BOARD MEMBERS

Dr. Allison-Bryan welcomed the Board's newest member, David Archer, MD who provided a brief overview of his medical career. The Board and staff welcomed him.

APPROVAL OF THE JUNE 16, 2016 MINUTES

Dr. Edwards moved to accept the minutes of June 16, 2016 as written. The motion was seconded and carried unanimously.

ADOPTION OF THE AGENDA

Dr. Toor moved to accept the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT ON AGENDA ITEMS

Scott Johnson, JD, representing MSV, stated that there was a lot of good work accomplished at the Credentials Committee meeting held the day before and advised that MSV was in full support of the recommendations from the Legislative Committee, including parity for International Medical Graduates, licensure by endorsement, and other administrative changes that will help streamline the licensure process. Mr. Johnson stated that MSV will carry bills for parity and endorsement in the 2017 General Assembly session.

Hunter Jamerson, JD, representing the Virginia Occupational Therapy Association (VOTA), shared concerns about the proposed change to 18VAC 85-80-71 stating that the change would outsource a duty of the Board to a third party and that is too much discretion for the Board to allow. Mr. Jamerson said that the new language would imply that the National Board for Certification in Occupational Therapy (NBCOT) was considered superior to other entities that offer continuing education courses. He asked that the Board send the recommendation back to the Advisory Board on Occupational Therapy for reconsideration.

Christie Vogeley, representing the American Occupational Therapy Association (AOTA), referred to AOTA's written objections (pages 121-129) to the proposed changes to 18VAC 85-80-71.

Dr. Harp asked Ms. Vogeley and Mr. Jamerson whether AOTA and VOTA considered NBCOT to be a sponsor or organization recognized by the profession; their response was yes.

DHP DIRECTOR'S REPORT

Ms. Hahn reminded the members of the upcoming Board member training scheduled for October 24th and encouraged all to attend.

Ms. Hahn spoke to the findings of the Final Audit Report prepared by the Citizen's Advocacy Center (CAC) on the Health Practitioners Intervention Program (HPIP) and DHP's response to the findings. Ms. Hahn said that DHP considered all of the CAC recommendations, agreed with some, disagreed with some, and has already implemented several.

HEALTHCARE WORKFORCE DATA CENTER UPDATE

Dr. Elizabeth Carter reviewed the 2015 Radiological Technologist Workforce survey. She then presented a snapshot of the future physician workforce and said that there will most likely be an 8% loss of physicians in next 12 months and 14% within 2 years, due to retirement. Dr. Carter requested the members submit any comments about the workforce report to Dr. Harp.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT'S REPORT

Dr. Allison-Bryan said that she, along with several other Board members, attended the Medical Society of Virginia (MSV) Annual Meeting and came away with great learning points. She noted that Dr. Bhushan Pandya is the first international graduate to be installed as President of MSV and that she will be serving as an advisor to the MSV Executive Committee. Dr. Allison-Bryan also provided an update on several resolutions that were of interest to the Board including licensure for associate physicians, telemedicine practitioners, obtaining PCP information, the interstate licensure compact, and maintenance of certification.

From her seat on the Board of Health Professions, Dr. Allison-Bryan provided a synopsis of the Chiropractic/CDL review by the Regulatory Research Committee. The meeting concluded that 1) health care providers should practice to the highest level of their education and training; 2) chiropractors who successfully complete the Federal Motor Carrier Safety Administration Medical Examiners training and testing do have the requisite education and training; and 3) the current chiropractic scope of practice is antiquated and should be reviewed by the Virginia Chiropractic Association.

VICE-PRESIDENT'S REPORT

Dr. O'Connor requested to defer his report until discussion of the Legislative Committee's recommendations.

SECRETARY-TREASURER'S REPORT

Dr. Tuck did not have a report.

EXECUTIVE DIRECTOR'S REPORT

- Revenue and Expenditures Report

Dr. Harp gave an updated financial report covering the first quarter of fiscal year 2017 and the Board's cash position, which allows for a 20% decrease in renewal fees the next biennium. Dr. Harp noted that the Board's FY17 and FY18 budget requests have been approved with the exception of the $681,100 in legal fees. However, funding will be available if needed.

This report was for informational purposes only and did not require any action.

- Health Practitioners Monitoring Program

Dr. Harp noted that Medicine currently has 110 participants in the program.

This report was for informational purposes only and did not require any action.

- Work Group on Board Education, Service and Training

Dr. Harp advised that Dr. Edwards attended Federation of State Medical Boards (FSMB) session on Board Education, Service and Training. The charge of the work group was to identify, study, develop and make available resources to support the roles and responsibilities associated with service on a state medical or osteopathic board.

Dr. Edwards added that the work group was very complimentary of Virginia. It was noted that Virginia was not acknowledged for several elements of its training on FSMB's chart of elements to be included in such training.

- Update on Buprenorphine Work Group

Dr. Harp provided an update on the progress of the Buprenorphine Work Group. He reminded the members that the Work Group was recommended by the Governor's Task Force on Prescription Drug and Heroin Abuse; it has met twice with Dr. Walker as Chair. The Group will probably be scheduled to reconvene one last time in January to review the specialty populations and prepare the recommendations for review by the full Board in February. It is anticipated that the document from the Work Group will be used by the Board to formulate regulations.

- Ad Hoc Committee on Opioid Continuing Education

Dr. Harp advised that Dr. Conklin and Dr. Taminger have agreed to serve on the Committee that will be meeting October 28th to determine how to identify prescribers that will be required to obtain continuing education on opioids. The Director of the Prescription Monitoring Program will be in attendance to help the Committee in its determination.

- Letter from Accreditation Council for Graduate Medical Education (ACGME)

Dr. Harp referred to the written correspondence from Thomas Nasca, MD, Chief Executive Officer with the ACGME, in which he asks that Milestones data not be requested or used in the licensure of physicians. Milestones are meant to be a tool to assess residents' progress in programs, not as a comment on their readiness for independent practice, a decision which is made at the completion of the program.

- American Cancer Society Action Network Report Card

Dr. Harp advised that Virginia was one of 13 states that had been awarded an "A" grade for its approach to pain management.

- Federation of State Medical Boards' Visit in February 2017

Dr. Harp relayed the FSMB's wish to visit the Board in February 2017 to discuss several topics, including the Compact.

Dr. Allison-Bryan stated FSMB is aware of Virginia's reluctance to join the Compact at this time, and for many reasons, the Compact Commission is busy reworking the Compact. She suggested that a visit from current Compact Commissioner, Dr. Jon Thomas, may be helpful.

- Recommendation from the Advisory Board on Occupational Therapy

Dr. Harp briefly outlined the discussion stating that the Advisory Board recommends that the Board of Medicine not approve the use of dry needling by occupational therapists at this time.

This was provided as information, and no action was needed.

COMMITTEE AND ADVISORY BOARD REPORTS

- Committee Appointments and Advisory Board Reports

Dr. Reynolds moved to accept the minutes en bloc. The motion was seconded and carried unanimously.

OTHER REPORTS

Assistant Attorney General

Ms. Barrett provided an update on the status of several Board appeals.

Board of Health Professions

Dr. Allison-Bryan previously addressed this item in her President's report.

Podiatry Report

Dr. Clements advised that there had been feedback from the Virginia Podiatric Medical Association (VPMA) regarding the possible change in postgraduate training requirements. VPMA is in full support of

one year of postgraduate training for full licensure.

Chiropractic Report

Dr. Tuck gave a brief report on his attendance at the meeting of the Federation of Chiropractic Licensing Boards. He said that telechiropractic is becoming more prevalent. He requested that chiropractors be included in any development of regulations regarding telemedicine in the future.

Committee of the Joint Boards of Nursing and Medicine

There was no report.

The Board took a break at 10:20 a.m., and reconvened at 10:32 a.m.

NEW BUSINESS

1. **REGULATORY AND LEGISLATIVE ISSUES**

- Chart of Regulatory Actions

Ms. Yeatts reviewed the chart on the status of regulations for the Board as of October 12, 2016.

This report was for informational purposes only and did not require any action by the Board.

- Board Action on Continuing Education Regulations

Ms. Yeatts explained that legislation required promulgation of regulations to allow licensees of the Board to count some volunteer clinical service towards meeting continuing education requirements. She advised that this mandate will take effect on January 1, 2017.

Ms. Yeatts said the Legislative Committee recommends that 1 hour of volunteer service equate to 1 hour of Type II CE, and that the Type II CE hours that could be obtained through volunteer service be capped at 15.

Dr. Reynolds move to accept the recommendation, and after discussion the motion was seconded and carried unanimously.

Dr. Tuck asked that the accreditation list under 18VAC85-20-235 (A)(1)(a) be updated to reflect the Providers of Continuing Education (PACE) program supported by the Federation of Chiropractic Licensing Boards. It was noted that the PACE program had been previously designated an organization approved by the Board.

Occupational Therapy

Ms. Yeatts said the Advisory Board on Occupational Therapy recommends that up to 2 hours of Type 2 CE for volunteer service be authorized at a ratio of three hours of volunteer service to 1 hour of CE.

Dr. O'Connor moved to accept the recommendation. The motion was seconded and carried unanimously.

Radiological Technology and Polysomnography

Ms. Yeatts said both Advisory Boards recommended 3 hours of volunteer service for 1 credit hour of CE.

Dr. O'Connor moved to accept the recommendation. The motion was seconded and carried unanimously.

Adoption of Final Regulations to Increase Hours of Continuing Education for Behavior Analysts and Assistant Behavior Analysts, to Include CE credit for Volunteer Hours

Ms. Yeatts related that the Advisory Board recommends adoption of the proposed amendments increasing the number hours required to renew an active license from 24 to 32 hours per biennium for behavior analysts and from 16 to 20 hours per biennium for assistant behavior analysts. The increase is recommended because the Advisory Board feel that consistency between the CE requirements for professional certification and those for licensure would encourage licensees to maintain certification with the Behavior Analyst Certification Board. Ms. Yeatts noted that all of the public comment received was supportive of these amendments.

Ms. Yeatts also stated that these amendments include the acceptance of volunteer practice for CE.

Dr. Edwards moved to accept the recommendation as presented. The motion was seconded and carried unanimously.

Adoption of Fast-Track Amendment for Radiologic Technology

Ms. Yeatts advised that the Advisory Board on Radiological Technology did not have a quorum at its October 5th meeting; however, those members in attendance agreed that the traineeship provision is confusing and outdated. It was speculated that the traineeship provision was established because, at the time Virginia first required licensure, the licensing examination was offered only three times a year. Now it is now available every day. The Advisory Board recommends that the Board repeal section 50 and 61 by a fast-track action.

Dr. Ali moved to accept the recommendation. The motion was second and carried unanimously.

Adoption of Amendments to Include College Credit Hours for Continuing Education for Respiratory Therapists, to Include CE credit for Volunteer Hours

Ms. Yeatts reviewed the proposed amendments as recommended by the Advisory Board on Respiratory Care, noting that respiratory therapists are increasingly obtaining post-licensure college hours of education, and that those hours should be counted for continuing education. Additionally, the amendments include acceptance of certain volunteer practice for CE credit.

Dr. Toor moved to accept the recommendation. The motion was seconded and carried unanimously.

Adoption of Proposed Regulation – Occupational Therapy

Ms. Yeatts informed the Board that when the Advisory Board on Occupational Therapy recommended to the full Board the acceptance of NBCOT certification as satisfaction of continuing education for renewal of licensure, they did not think it was controversial. However, there were more than 10 objections of public comment regarding the fast-track regulation. As such, it was returned to the Advisory Board, and after discussion, there was a unanimous recommendation for adoption of proposed regulations identical to the regulation previously issued as a fast-track action.

Ms. Yeatts pointed out that NBCOT is the entity from which the Board accepts certification for initial licensure and that NBCOT provides a broad range of activities for competency assessment. The renewal cycle for NBCOT differs from the Board's renewal cycle. However, physician assistants, athletic trainers, and licensed midwives all require certification for renewal that is not synchronous with the Board's renewal cycle, and they have not been problematic.

Dr. Koziol moved to accept the recommendation of the Advisory Board for the amendment of the regulations to include acceptance of NBCOT certification as evidence of continuing competency. The motion was seconded and carried unanimously.

Discussion of Guidance Document 90-56

Ms. Yeatts explained that, at its meeting on September 20, 2016, the Board of Nursing rejected the change adopted by the Board of Medicine in August deleting authorization for nurse practitioners in the category of nurse midwives to write DNR orders. The Board of Nursing referred the document to the Committee of the Joint Boards and requests that the Board of Medicine offer some rationale for the exclusion of DNR orders for nurse midwives.

During the discussion, the members expressed several concerns, including that nurse midwives provide care to women in their reproductive years, their training regarding the ability to make the decision not to resuscitate a mother, that the DNR process is very complicated and time-consuming, and practice in consultation with physicians, rather than collaboratively.

It was noted that the current guidance document allows nurse practitioners to write DNR orders.

After further discussion, Dr. Edwards moved to refer the matter back to the Committee of the Joint Boards to review the language. Ms. Yeatts added that the Committee of the Joint Boards can review the entire document and indicate what should be in the practice agreement and what must be in the practice agreement. The Board unanimously agreed.

2. **Licensure Parity**

This issue was brought to the Board 's attention earlier this year by Bhushan Pandya, MD, President of the Medical Society of Virginia and incoming Chair of the International Medical Graduates Section Governing Council of the American Medical Association. This issue was mentioned at the June Board meeting as a heads-up and was discussed at the August Executive Committee meeting. It was presented to the Legislative Committee as it 1) involves potential statutory changes and 2) two of the Board members that volunteered to be involved in the discussion of this issue are on the Legislative Committee.

The recommendation to the Board from the September 25, 2016 Legislative Committee meeting was to implement parity in postgraduate education requirements between US and Canadian graduates and international graduates. Further, it recommended that the postgraduate requirement for all graduates be 1 year. Dr. Allison-Bryan noted that both the AMA and MSV have accepted this preliminary proposal, but FSMB recommends 3 years of postgraduate training for all medical graduates. If the Board votes to require 3 years, it would not be able to license our military physicians after their internship year. And there would be an effective decrease in access to physicians that would most likely have to be met by other healthcare professionals.

Dr. Toor moved to accept the recommendation of 1 year for US, Canadian and International graduates.

After Mr. Heaberlin clarified the qualifying education and examination requirements for IMG's to enter an ACMGE-accredited postgraduate program, Dr. Taminger questioned if the Board would be setting the bar too low and had the Board communicated with states that have a requirement of 2 years.

Dr. Allison-Bryan stated that going "backwards" to adding years for US and Canadian graduates would be difficult.

Dr. O'Connor asked, "If everyone passes the same test, why discriminate?"

After further discussion, the motion to require 1 year of postgraduate training passed unanimously.

3. **Recommendation from the Credentials Committee**

Review of the application process

To achieve greater efficiency and streamline the process, staff is recommending that the online US, Canadian, and International MD and DO applications be combined.

Dr. Ali moved to accept the recommendation. The motion was seconded and carried unanimously.

Regulatory action for licensure by endorsement

Dr. Harp stated that §54.1-2725 provides the Board with an avenue to an expedited license by accepting static documents and completion of a dynamic application.

Dr. Reynolds moved to accept the Credentials Committee recommendation that a NOIRA be issued for the promulgation of rules that would allow the Board to license physicians by endorsement. The motion was seconded and carried unanimously.

Proposal to Revise Section 54.1-2930(4) Requirements for Licensure

Mr. Heaberlin advised that this section placed extra scrutiny on international medical graduates who completed their clinical clerkships in the United States. He said that, after full discussion, the recommendation of the Credentials Committee was to support legislative action to strike the following

two sentences from Code Section 54.1-2930(4)

"Supervised clinical training that is received in the United States as part of the curriculum of an international medical school shall be obtained in an approved hospital, institution or school of medicine offering an approved residency program in the specialty area for the relevant clinical training or in a program acceptable to the Board and deemed a substantially equivalent experience. The Board may also consider any other factors that reflect whether that institution and its course of instruction provide training sufficient to prepare practitioners to practice their branch of the healing arts with competency and safety in the Commonwealth."

Dr. Reynolds moved to accept the recommendation as presented. The motion was seconded and carried unanimously.

It was stated that the Medical Society of Virginia will carry this legislation.

Employment Verifications for Applicants Practicing Telemedicine

Mr. Heaberlin reviewed the process required by the Board's applicants for licensure to provide employment verifications from all sites of service for the last 5 years. He explained that the Board approved accepting employment verifications from the medical directors of companies that employ physicians practicing teleradiology and telepathology. This was a consideration chiefly due to the sheer number of sites of service, but also that personnel at the sites may not be familiar with the physician's performance. The Committee discussed whether it wanted to expand this practice to other areas of telemedicine or to those physicians who work locum tenens. The Committee decided to maintain the status quo of requiring Form B's from all locations in the last 5 years.

Transcripts and Diplomas for Foreign Medical Graduates

Dr. Walker, Chair of the Credentials Committee, explained that for years the Board has accepted notarized copies of transcripts and diplomas from international medical graduates, since originals from their native country may not be available due to war, political unrest, etc. Mr. Heaberlin recently confirmed with Educational Commission on Foreign Medical Graduates (ECFMG) that it obtains primary-sourced documents from international schools and can provide them to boards of medicine through a service called EPIC. Given that this service is now available, he recommended that the Board no longer accept copies of these documents, but rather instruct international medical graduates to engage the EPIC system through ECFMG to have the primary-sourced documents sent to the Board.

Dr. Edwards moved to accept the recommendation as presented. The motion was seconded and carried unanimously.

E-Verification for Allied Professions

Dr. Walker advised that the use of VeriDoc, which provides electronic verification of Virginia licensure to other boards for physicians and physician assistants, has streamlined the Board's efficiency with the verification process. Board staff, with the assistance of the Data Division, has discussed development of a

similar in-house process for sending electronic verifications for the Board's allied professions to other boards and is asking for permission to pursue this option.

Dr. Conklin moved to permit the use of electronic verifications for the allied professions as recommended by Dr. Walker and Board staff. The motion was seconded and carried unanimously.

Licensing Report

Mr. Heaberlin provided a quick report on licensing statistics and fielded questions regarding the PACE program for continuing education.

This report was for informational purposes only.

Discipline Report

Ms. Deschenes provided an update on case review and announced that Adjudication Specialist Julia Bennett would be leaving DHP to assume a position in the Office of the Attorney General.

Announcements

There were no announcements.

ADJOURNMENT

Dr. Allison-Bryan adjourned the meeting at 12:30 p.m.

_____
Barbara Allison-Bryan, MD
President, Chair

_____
William L. Harp, MD
Executive Director

_____
Colanthia M. Opher
Recording Secretary

Agenda Item: **Report of Officers and Executive Director**

Staff Note:

- President
- Vice-President
- Secretary-Treasurer
- Executive Director

Action: Informational presentation. No action required.

Agenda Item: **Executive Director's Report**

Staff Note: All items for information only

Action: None.

Virginia Department of Health Professions
Cash Balance
As of December 31, 2016

	102- Medicine
Board Cash Balance as of June 30, 2016	$ 10,033,194
YTD FY17 Revenue	5,481,377
Less: YTD FY17 Direct and In-Direct Expenditures	3,829,515
Board Cash Balance as December 31, 2016	11,685,056

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2016 and Ending December 31, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	486,748.00	964,775.00	478,027.00	50.45%
4002402	Examination Fee	1,108.00	-	(1,108.00)	0.00%
4002406	License & Renewal Fee	4,918,369.00	5,822,830.00	904,461.00	84.47%
4002407	Dup. License Certificate Fee	4,120.00	3,375.00	(745.00)	122.07%
4002408	Board Endorsement - In	9,392.00	-	(9,392.00)	0.00%
4002409	Board Endorsement - Out	5,690.00	49,820.00	44,130.00	11.42%
4002421	Monetary Penalty & Late Fees	55,435.00	66,450.00	11,015.00	83.42%
4002432	Misc. Fee (Bad Check Fee)	35.00	175.00	140.00	20.00%
	Total Fee Revenue	5,480,897.00	6,907,425.00	1,426,528.00	79.35%
4003000	Sales of Prop. & Commodities				
4003002	Overpayments	350.00	-	(350.00)	0.00%
4003020	Misc. Sales-Dishonored Payments	130.00	-	(130.00)	0.00%
	Total Sales of Prop. & Commodities	480.00	-	(480.00)	0.00%
	Total Revenue	5,481,377.00	6,907,425.00	1,426,048.00	79.35%
5011110	Employer Retirement Contrib.	85,688.56	169,778.00	84,089.44	50.47%
5011120	Fed Old-Age Ins- Sal St Emp	36,820.64	86,527.00	49,706.36	42.55%
5011140	Group Insurance	8,253.32	16,487.00	8,233.68	50.06%
5011150	Medical/Hospitalization Ins.	103,254.79	228,628.00	125,373.21	45.16%
5011160	Retiree Medical/Hospitalizatn	7,423.22	14,851.00	7,427.78	49.98%
5011170	Long term Disability Ins	3,799.93	8,307.00	4,507.07	45.74%
	Total Employee Benefits	245,240.46	524,578.00	279,337.54	46.75%
5011200	Salaries				
5011230	Salaries, Classified	633,319.89	1,258,544.00	625,224.11	50.32%
5011250	Salaries, Overtime	4,491.51	652.00	(3,839.51)	688.88%
	Total Salaries	637,811.40	1,259,196.00	621,384.60	50.65%
5011300	Special Payments				
5011310	Bonuses and Incentives	92.50	-	(92.50)	0.00%
5011380	Deferred Compnstn Match Pmts	2,791.20	9,298.00	6,506.80	30.02%
	Total Special Payments	2,883.70	9,298.00	6,414.30	31.01%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	561.13	-	(561.13)	0.00%
5011660	Defined Contribution Match - Hy	270.79	-	(270.79)	0.00%
	Total Terminatn Personal Svce Costs	831.92	-	(831.92)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	886,767.48	1,793,072.00	906,304.52	49.46%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	3,476.94	5,997.00	2,520.06	57.98%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2016 and Ending December 31, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012130	Messenger Services	45.67	-	(45.67)	0.00%
5012140	Postal Services	35,728.05	66,802.00	31,073.95	53.48%
5012150	Printing Services	-	3,026.00	3,026.00	0.00%
5012160	Telecommunications Svcs (VITA)	5,332.05	10,500.00	5,167.95	50.78%
5012170	Telecomm. Svcs (Non-State)	585.00	-	(585.00)	0.00%
5012190	Inbound Freight Services	61.90	35.00	(26.90)	176.86%
	Total Communication Services	45,229.61	86,360.00	41,130.39	52.37%
5012200	Employee Development Services				
5012210	Organization Memberships	6,570.00	7,228.00	658.00	90.90%
5012240	Employee Trainng/Workshop/Conf	2,345.00	4,283.00	1,938.00	54.75%
5012250	Employee Tuition Reimbursement	-	752.00	752.00	0.00%
	Total Employee Development Services	8,915.00	12,263.00	3,348.00	72.70%
5012300	Health Services				
5012360	X-ray and Laboratory Services	67.36	2,298.00	2,230.64	2.93%
	Total Health Services	67.36	2,298.00	2,230.64	2.93%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	95,653.43	119,963.00	24,309.57	79.74%
5012440	Management Services	837.54	1,797.00	959.46	46.61%
5012460	Public Infrmtnl & Relatn Svcs	11.00	-	(11.00)	0.00%
5012470	Legal Services	4,185.18	5,579.00	1,393.82	75.02%
	Total Mgmnt and Informational Svcs	100,687.15	127,339.00	26,651.85	79.07%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	1,400.00	-	(1,400.00)	0.00%
5012530	Equipment Repair & Maint Srvc	-	1,705.00	1,705.00	0.00%
	Total Repair and Maintenance Svcs	1,400.00	1,705.00	305.00	82.11%
5012600	Support Services				
5012630	Clerical Services	49,232.51	67,495.00	18,262.49	72.94%
5012640	Food & Dietary Services	5,475.58	12,698.00	7,222.42	43.12%
5012660	Manual Labor Services	8,810.12	24,912.00	16,101.88	35.36%
5012670	Production Services	54,276.35	153,625.00	99,348.65	35.33%
5012680	Skilled Services	188,754.56	531,779.00	343,024.44	35.49%
	Total Support Services	306,549.12	790,509.00	483,959.88	38.78%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	12,445.90	25,626.00	13,180.10	48.57%
5012830	Travel, Public Carriers	2,762.32	4,170.00	1,407.68	66.24%
5012850	Travel, Subsistence & Lodging	9,982.57	21,524.00	11,541.43	46.38%
5012880	Trvl, Meal Reimb- Not Rprtble	3,957.25	7,407.00	3,449.75	53.43%
	Total Transportation Services	29,148.04	58,727.00	29,578.96	49.63%
	Total Contractual Svs	491,996.28	1,079,201.00	587,204.72	45.59%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	12,055.96	14,609.00	2,553.04	82.52%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2016 and Ending December 31, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013130	Stationery and Forms	237.10	3,614.00	3,376.90	6.56%
	Total Administrative Supplies	12,293.06	18,223.00	5,929.94	67.46%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%
	Total Manufctrng and Merch Supplies	-	94.00	94.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	123.52	528.00	404.48	23.39%
5013630	Food Service Supplies	-	1,129.00	1,129.00	0.00%
	Total Residential Supplies	123.52	1,657.00	1,533.48	7.45%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	669.00	166.00	(503.00)	403.01%
	Total Specific Use Supplies	669.00	166.00	(503.00)	403.01%
	Total Supplies And Materials	13,085.58	20,140.00	7,054.42	64.97%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	592.00	-	(592.00)	0.00%
	Total Awards, Contrib., and Claims	592.00	-	(592.00)	0.00%
	Total Transfer Payments	592.00	-	(592.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	485.00	485.00	0.00%
	Total Insurance-Fixed Assets	-	485.00	485.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	2,726.41	7,200.00	4,473.59	37.87%
5015350	Building Rentals	177.00	-	(177.00)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	69,516.88	133,528.00	64,011.12	52.06%
	Total Operating Lease Payments	72,420.29	140,828.00	68,407.71	51.42%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,828.00	1,828.00	0.00%
5015540	Surety Bonds	-	108.00	108.00	0.00%
	Total Insurance-Operations	-	1,936.00	1,936.00	0.00%
	Total Continuous Charges	72,420.29	143,249.00	70,828.71	50.56%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	2,969.00	-	(2,969.00)	0.00%
	Total Computer Hrdware & Sftware	2,969.00	-	(2,969.00)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	141.00	829.00	688.00	17.01%
	Total Educational & Cultural Equip	141.00	829.00	688.00	17.01%
5022600	Office Equipment				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2016 and Ending December 31, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022610	Office Appurtenances	-	125.00	125.00	0.00%
5022620	Office Furniture	1,359.35	1,857.00	497.65	73.20%
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	1,359.35	3,249.00	1,889.65	41.84%
5022700	Specific Use Equipment				
5022710	Household Equipment	228.99	-	(228.99)	0.00%
	Total Specific Use Equipment	228.99	-	(228.99)	0.00%
	Total Equipment	4,698.34	4,078.00	(620.34)	115.21%
	Total Expenditures	1,469,559.97	3,039,740.00	1,570,180.03	48.34%
	Net Revenue In Excess (Shortfall) of				

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q2 2013 - Q2 2017

David E. Brown, D.C.
Director

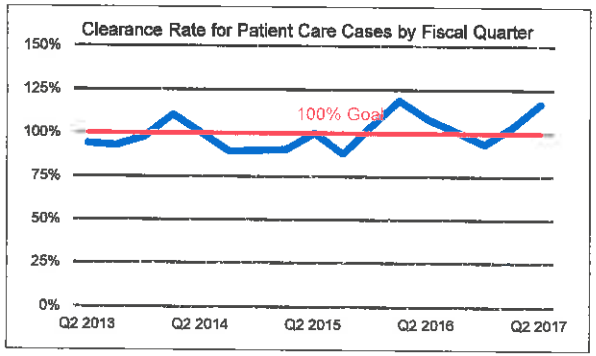
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

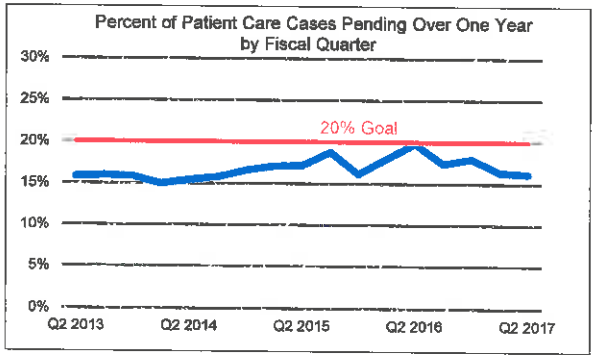
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

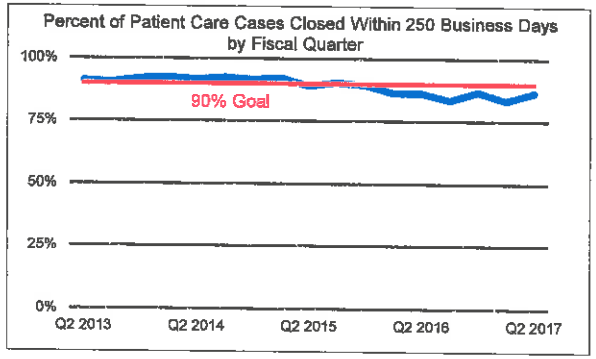
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct. The current quarter's clearance rate is 117%, with 914 patient care cases received and 1069 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%. The current quarter shows 16% patient care cases pending over 250 business days with 2,504 patient care cases pending and 406 pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days. The current quarter shows 87% percent of patient care cases being resolved within 250 business days with 1032 cases closed and 895 closed within 250 business days.







Submitted: 1/25/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

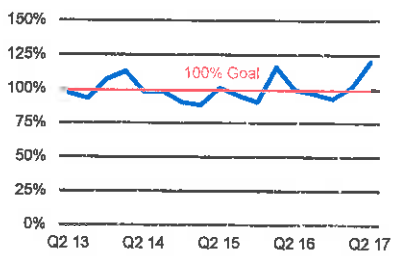
Clearance Rate

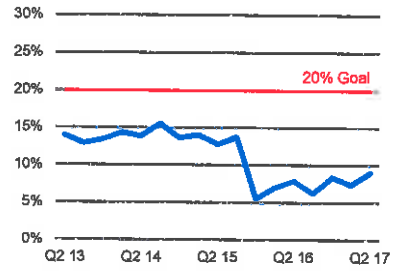
Age of Pending Caseload
(percent of cases pending over one year)

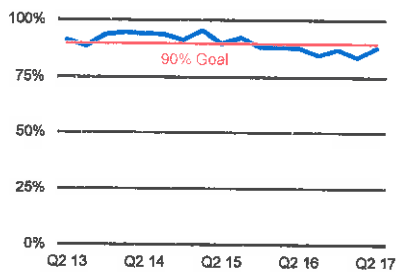
Percent Closed in 250 Business Days

Nursing - In Q2 2017, the clearance rate was 121%, the Pending Caseload older than 250 business days was 9% and the percent closed within 250 business days was 88%

Q2 2017 Caseloads:
Received=447, Closed=541
Pending over 250 days=106
Closed within 250 days=478

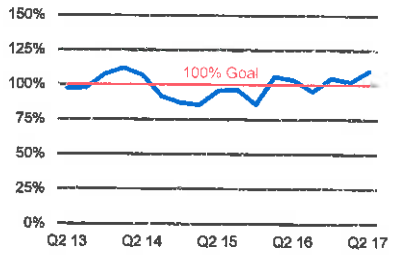


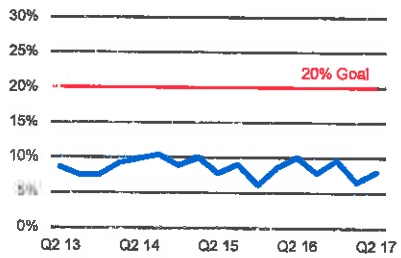


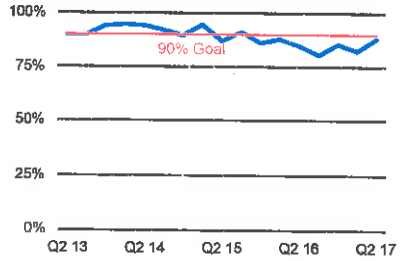


Nurses - In Q2 2017, the clearance rate was 110%, the Pending Caseload older than 250 business days was 8% and the percent closed within 250 business days was 88%.

Q2 2017 Caseloads:
Received=324, Closed=357
Pending over 250 days=66
Closed within 250 days=315

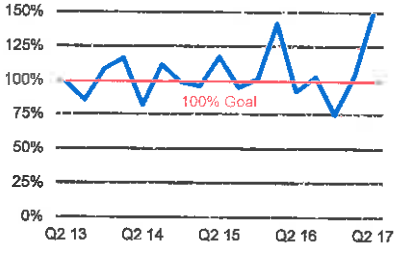


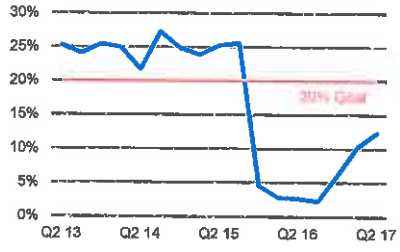


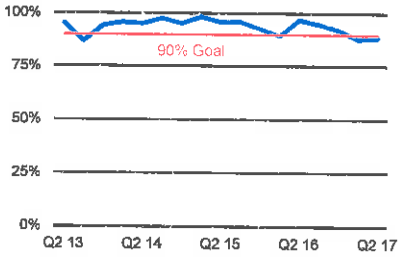


CNA - In Q2 2017, the clearance rate was 150%, the Pending Caseload older than 250 business days was 12% and the percent closed within 250 business days was 89%.

Q2 2017 Caseloads:
Received=123, Closed=184
Pending over 250 days=40
Closed within 250 days=163







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 1/25/2017

Prepared by: Department of Health Professions

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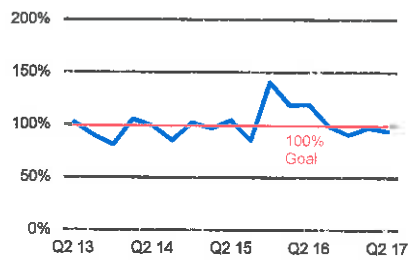
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

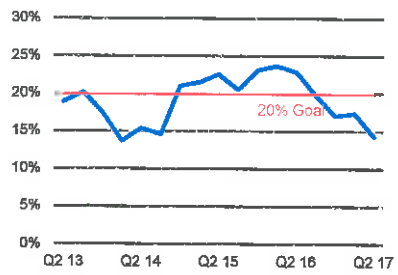
Clearance Rate

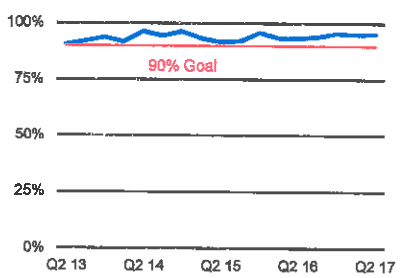
Age of Pending Caseload
(percent of cases pending over one year)

Percent Closed in 250 Business Days

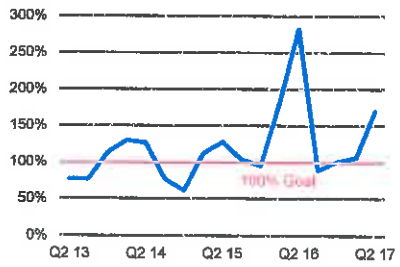
Medicine - In Q2 2017, the clearance rate was 95%, the Pending Caseload older than 250 business days was 14% and the percent closed within 250 business days was 95%.
Q2 2017 Caseloads:
Received=305, Closed=290
Pending over 250 days=84
Closed within 250 days=266

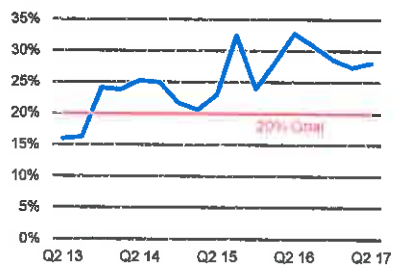


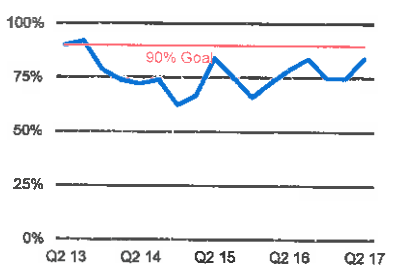




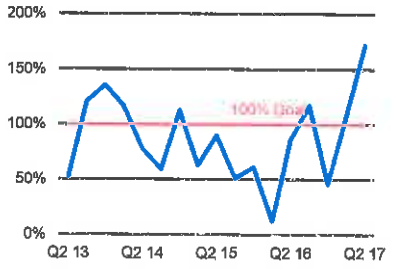
Dentistry - In Q2 2017, the clearance rate was 171%, the Pending Caseload older than 250 business days was 28% and the percent closed within 250 business days was 84%.
Q2 2017 Caseloads:
Received=34, Closed=58
Pending over 250 days=50
Closed within 250 days=43

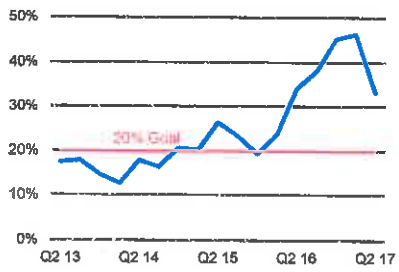


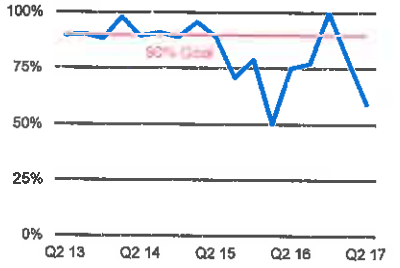




Pharmacy - In Q2 2017, the clearance rate was 172%, the Pending Caseload older than 250 business days was 33% and the percent closed within 250 business days was 59%.
Q2 2017 Caseloads:
Received=32, Closed=55
Pending over 250 days=47
Closed within 250 days=26







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Submitted: 1/25/2017

Prepared by: Department of Health Professions

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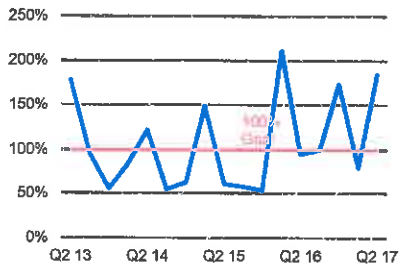
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

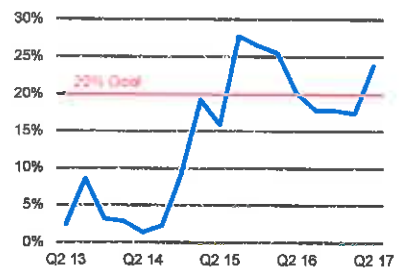
Clearance Rate

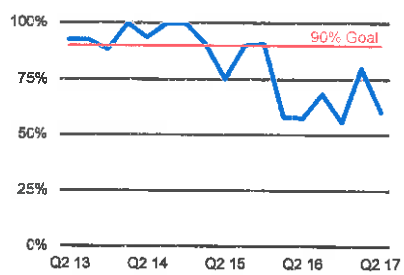
Age of Pending Caseload
(percent of cases pending over one year)

Percent Closed in 250 Business Days

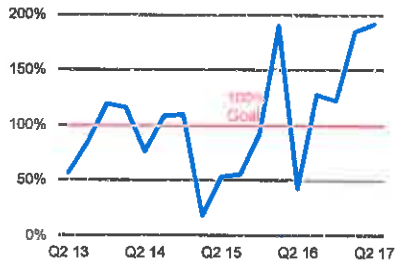
Veterinary Medicine - In Q2 2017, the clearance rate was 138%, the Pending Caseload older 250 business days was 24% and the percent closed within 250 business days was 61%.
Q2 2017 Caseloads:
Received=21, Closed=39
Pending over 250 days=28
Closed within 250 days=23

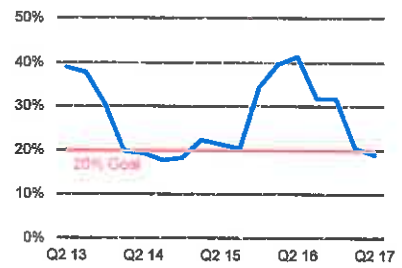


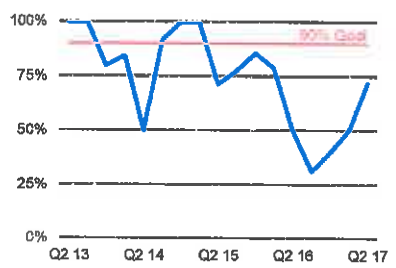




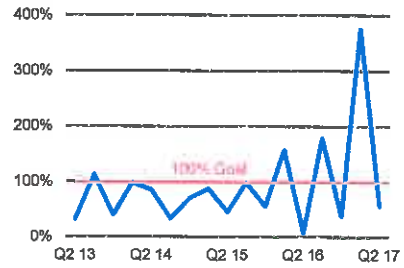
Counseling - In Q2 2017, the clearance rate was 192%, the Pending Caseload older than 250 business days was 19% and the percent closed within 250 business days was 72%.
Q2 2017 Caseloads:
Received=13, Closed=25
Pending over 250 days=9
Closed within 250 days=18

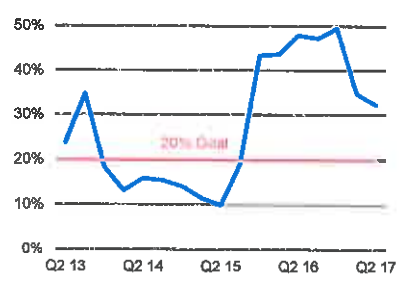


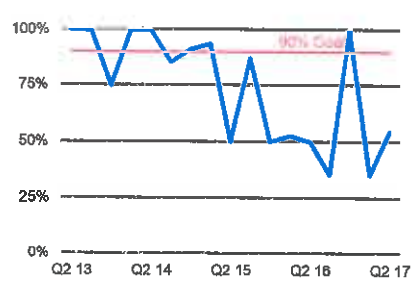




Social Work - In Q2 2017, the clearance rate was 58%, the Pending Caseload older than 250 business days was 32% and the percent closed within 250 business days was 55%.
Q2 2017 Caseloads:
Received=19, Closed=11
Pending over 250 days=25
Closed within 250 days=6







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Submitted: 1/25/2017

Prepared by: Department of Health Professions

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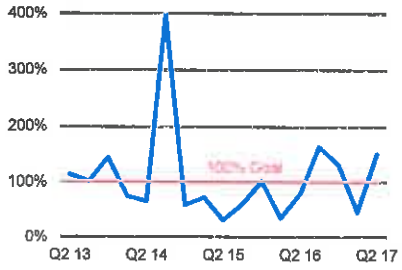
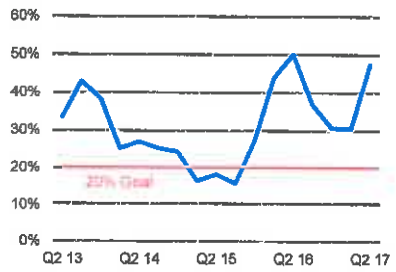
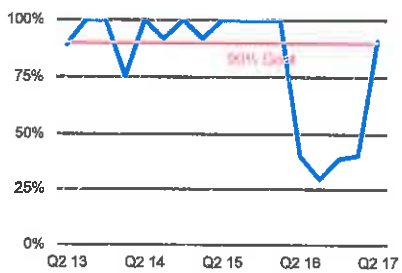
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

Clearance Rate | **Age of Pending Caseload** (percent of cases pending over one year) | **Percent Closed in 250 Business Days**

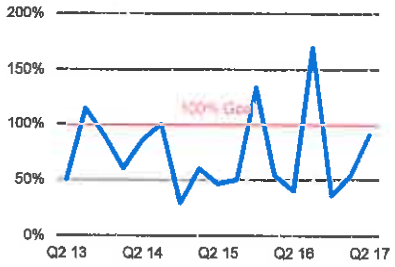
Psychology - In Q2 2017, the clearance rate was 150%, the Pending Caseload older than 250 business days was 47% and the percent closed within 250 business days was 91%.
Q2 2017 Caseloads:
Received=10, Closed=15
Pending over 250 days=27
Closed within 250 days=10

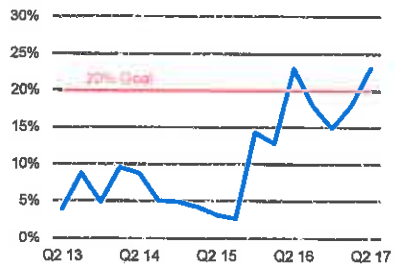


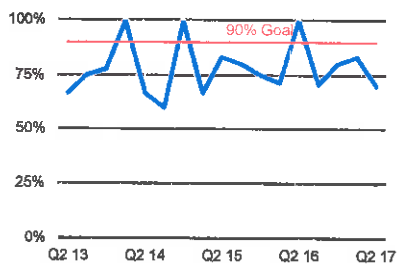




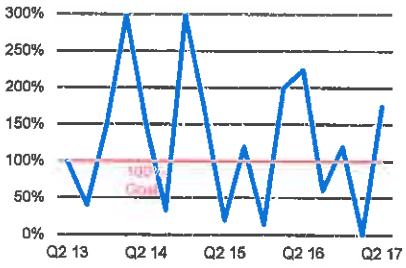
Long-Term Care - In Q2 2017, the clearance rate was 91%, the Pending Caseload older than 250 business days was 23% and the percent closed within 250 business days was 70%.
Q2 2017 Caseloads:
Received=11, Closed=10
Pending over 250 days=12
Closed within 250 days=7

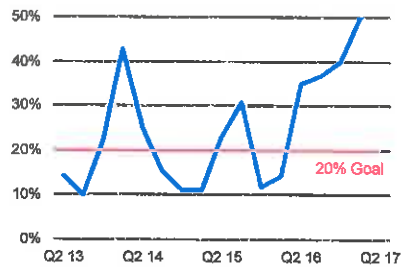


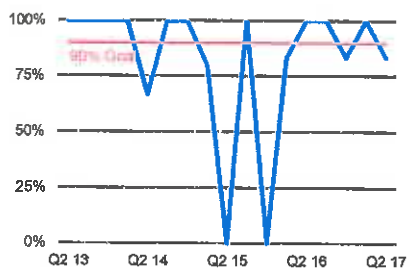




Optometry - In Q2 2017, the clearance rate was 175%, the Pending Caseload older than 250 business days was 53% and the percent closed within 250 business days was 83%.
Q2 2017 Caseloads:
Received=4, Closed=7
Pending over 250 days=8
Closed within 250 days=5







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 1/25/2017

Prepared by: Department of Health Professions

DRAFT

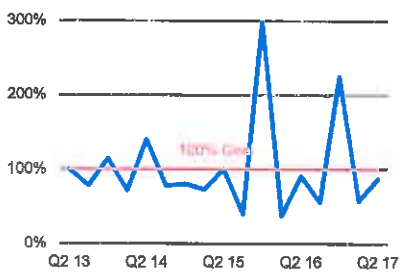
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

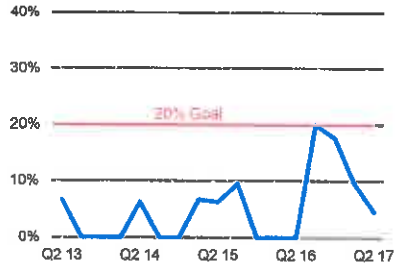
Clearance Rate

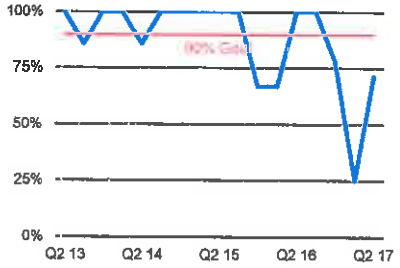
Age of Pending Caseload
(percent of cases pending over one year)

Percent Closed in 250 Business Days

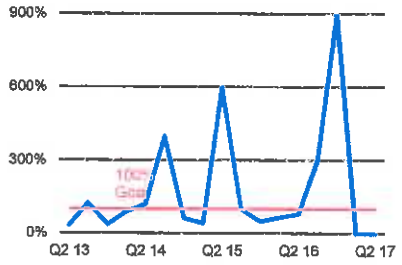
Physical Therapy - In Q2 2017, the clearance rate was 57%, the Pending Caseload older than 250 business days was 10% and the percent closed within 250 business days was 25%.
Q2 2017 Caseloads:
Received=7, Closed=4
Pending over 250 days=2
Closed within 250 days=1

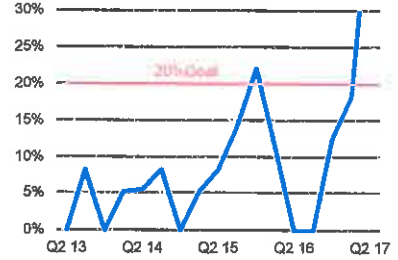


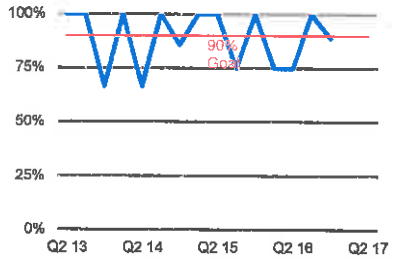




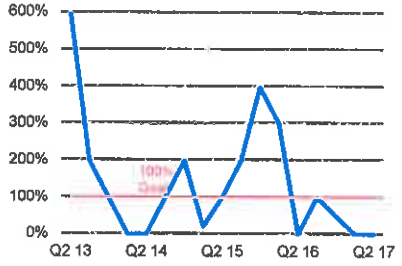
Funeral - In Q2 2017, the clearance rate was 0%, the Pending Caseload older than 250 business days was18% and the percent closed within 250 business days was N/A.
Q2 2017 Caseloads:
Received=3, Closed=0
Pending over 250 days=2
Closed within 250 days=0

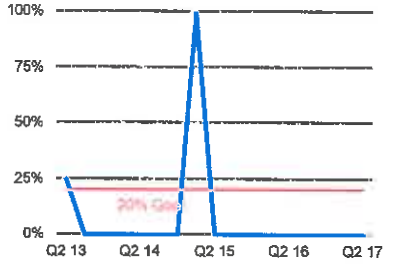


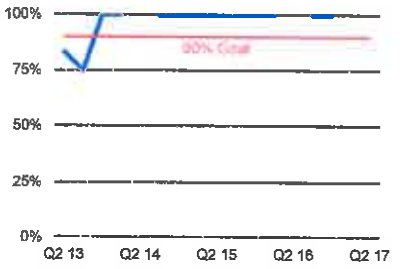




Audiology - In Q2 2017, the clearance rate was 0% the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was N/A.
Q2 2017 Caseloads:
Received=1, Closed=0
Pending over 250 days=0
Closed within 250 days=0







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 1/25/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q2 2016 - Q2 2017

David E. Brown, D.C.
Director

		Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Nursing	Q2 2016	497	82	51	89%
	Q3 2016	484	111	87	74%
	Q4 2016	437	94	71	82%
	Q1 2017	492	110	74	80%
	Q2 2017	541	110	79	76%
Nurses	Q2 2016	360	93	76	85%
	Q3 2016	331	117	92	76%
	Q4 2016	308	104	86	83%
	Q1 2017	350	122	87	77%
	Q2 2017	357	106	63	77%
CNA	Q2 2016	137	53	23	98%
	Q3 2016	153	97	49	71%
	Q4 2016	129	70	14	79%
	Q1 2017	142	80	40	85%
	Q2 2017	184	116	100	73%
Medicine	Q2 2016	247	26	7	98%
	Q3 2016	287	26	7	97%
	Q4 2016	275	26	6	97%
	Q1 2017	287	22	6	98%
	Q2 2017	279	24	6	97%
Dentistry	Q2 2016	105	106	67	84%
	Q3 2016	62	82	31	87%
	Q4 2016	60	86	31	78%
	Q1 2017	56	99	21	77%
	Q2 2017	51	79	31	84%
Pharmacy	Q2 2016	32	123	95	75%
	Q3 2016	35	125	83	66%
	Q4 2016	14	41	20	93%
	Q1 2017	29	135	63	79%
	Q2 2017	44	202	137	61%
Veterinary Medicine	Q2 2016	38	215	204	37%
	Q3 2016	35	182	183	46%
	Q4 2016	25	178	174	56%
	Q1 2017	25	148	143	68%
	Q2 2017	38	198	186	40%
Counseling	Q2 2016	6	202	207	50%
	Q3 2016	16	292	263	31%
	Q4 2016	15	247	259	40%
	Q1 2017	24	229	182	50%
	Q2 2017	25	240	210	36%

Virginia Department of Health Professions

Board Level Patient Care Case Processing Times:
Quarterly Performance Measurement, Q2 2016 - Q2 2017

David E. Brown, D.C.
Director

		Total Cases Closed	Mean Days	Median Days	Percent closed within 120 Days
Social Work	Q2 2016	2	258	258	50%
	Q3 2016	17	279	330	35%
	Q4 2016	4	81	37	75%
	Q1 2017	37	306	382	24%
	Q2 2017	11	165	198	46%
Psychology	Q2 2016	10	259	263	30%
	Q3 2016	24	326	351	25%
	Q4 2016	13	252	330	39%
	Q1 2017	5	160	152	60%
	Q2 2017	11	226	14	55%
Long-Term Care	Q2 2016	4	92	93	100%
	Q3 2016	17	132	126	82%
	Q4 2016	5	143	95	60%
	Q1 2017	6	106	85	83%
	Q2 2017	10	134	77	70%
Optometry	Q2 2016	9	54	41	100%
	Q3 2016	3	103	91	100%
	Q4 2016	6	70	56	83%
	Q1 2017	2	155	155	50%
	Q2 2017	6	154	97	83%
Physical Therapy	Q2 2016	10	48	13	90%
	Q3 2016	5	104	127	80%
	Q4 2016	9	111	88	89%
	Q1 2017	4	212	207	50%
	Q2 2017	7	125	91	71%
Funeral	Q2 2016				100%
	Q3 2016	6	18	18	100%
	Q4 2016	9	84	56	89%
	Q1 2017	0	0	0	N/A
	Q2 2017	0	0	0	N/A
Audiology	Q2 2016	0	0	0	0%
	Q3 2016	1	211	211	0%
	Q4 2016	2	30	30	100%
	Q1 2017	0	0	0	N/A
	Q2 2017	0	0	0	N/A

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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Henrico, Virginia 23233-1463

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FAX (804) 527-4475

MEMORANDUM

TO: Board Executives

FROM: Peggy Wood

Date: February 2, 2017

RE: HPMP Participation and MPC actions

Attached you will find the enrollment numbers per Board as of 1/31/17.

The Monitoring Program Committee (MPC) met on 1/27/17 and took the following actions regarding HPMP participants:

Board of Nursing:	Vacated stay/dismissal	**1 RN**
	Dismissed	**2 RNs, 3 LPNs, 1 RN/LNP**
	Dismissed due to Resignation	**2 RNs**
	Urgently dismissed	**3 RNs and 1 LPN**
	Successful Completions:	**5 RNs and 1 LPN**
Board of Medicine:	Vacated stay	**1 RTA**
	Dismissed/ineligible	**1 MD**
	Dismissed due to Resignation	**1 OTA**
	Successful Completions	3 MDs and 1 LAT
Board of Dentistry:	Dismissed/ineligible	**1 DDS**
Board of Pharmacy:	Successful Completions	**2 Pharmacists**

HPMP Monthly Census Report
Active Cases January 31, 2017

Board	Board Participants	License	Count of ID	% with this license
Nursing	276	LPN	38	8.7156
Nursing	276	RN	225	51.6055
Nursing	276	LNP	13	2.9817
			276	63.3028
Nursing	5	CNA	5	1.1468
Medicine	107	DO	11	2.5229
Medicine	107	Intern/Resident	12	2.7523
Medicine	107	MD	66	15.1376
Medicine	107	PA	6	1.3761
Medicine	107	Rad Tech	1	0.2294
Medicine	107	DC	2	0.4587
Medicine	107	OT	1	0.2294
Medicine	107	RT	6	1.3761
Medicine	107	DPM	1	0.2294
Medicine	107	LBA	1	0.2294
			107	24.5413
Pharmacy	18	RPh	18	4.1284
Dentistry	15	DDS	10	2.2936
Dentistry	15	DMD	2	
Dentistry	15	DHG	3	0.6881
			15	2.9817
Social Work	3	LCSW	3	0.6881
Psychology	2	Clin Psy	2	0.4587
Counseling	1	LPC	1	0.2294
Veterinary Medicine	2	DVM	2	0.4587
Audiology & Speech-Language	1	SLP	1	0.2294
Physical Therapy	6	PT	3	0.6881
Physical Therapy	6	PTA	3	0.6881
			6	1.3761
TOTALS			**436.00**	**100.00**

Agenda Item: **Committee and Advisory Board Reports**

Staff Note: Please note Committee assignments and minutes of meetings since October 2016.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2016-2017

EXECUTIVE COMMITTEE (8)
Barbara Allison-Bryan, MD, President, Chair
Randy Clements, DPM
Lori Conklin, MD
Alvin Edwards, PhD
Jane Hickey, JD
Maxine Lee, MD
Kevin O'Connor, MD, Vice-President
Ray Tuck, DC - Secretary/Treasurer

LEGISLATIVE COMMITTEE (7)
Kevin O'Connor, MD, Vice-President, Chair
Syed Salman Ali, MD
Barbara Allison-Bryan, MD
David Giammittorio, MD
Jasmine Gore, The Honorable
Wayne Reynolds, DO
Svinder Toor, MD

CREDENTIALS COMMITTEE (9)
Kenneth Walker, MD, Chair
Salman Ali, MD
David Archer, MD
Deborah DeMoss Fonseca
Jane Hickey, JD
Isaac Koziol, MD
Jasmine Gore, The Honorable
Wayne Reynolds, DO
David Taminger, MD

FINANCE COMMITTEE
Barbara Allison-Bryan, MD – President
Kevin O'Connor, MD, Vice-President
Ray Tuck, Jr., DC - Secretary/Treasurer

BOARD BRIEFS COMMITTEE
William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE
Ray Tuck, Jr., DC - Secretary/Treasurer

BOARD OF HEALTH PROFESSIONS
Barbara Allison-Bryan, MD, President

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Lori Conklin, MD
Wayne Reynolds, DO
Kenneth Walker, MD

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, December 2, 2016 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 8:34 a.m.

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

MEMBERS PRESENT:
Barbara Allison-Bryan, MD, President, Chair
Randy Clements, DPM
Lori Conklin, MD
Alvin Edwards, PhD
Jane Hickey, JD
Maxine Lee, MD
Kevin O'Connor, MD, Vice-President
Ray Tuck, DC, Secretary-Treasurer

MEMBERS ABSENT: None

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant
David Brown, DC, DHP Director
Lisa Hahn, DHP Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
The Honorable Todd Pillion, DDS, Delegate-4th District
Tyler Cox, MSV
Lauren Bates-Rowe, MSV
Janice Craft, NARAL Pro-Choice Virginia
Jerry Canaan, JD, HDJN
Ralston King, MSV
S. Hughes Melton, MD, Deputy Commissioner, VDH

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the amended agenda which added item #6 under New Business, *Review and Discussion of Regulations on Mixing, Diluting, or Reconstituting.* The motion was seconded and carried unanimously.

APPROVAL OF MINUTES OF AUGUST 5, 2016

Dr. Edwards moved to approve the meeting minutes of August 5, 2016 as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

Dr. Hughes Melton spoke in favor of proper prescribing regulations for opioids. He noted that he had not seen captured in any discussion to date the most recent black box warning on prescribing other opioids with suboxone.

Delegate Pillion expressed his concern about the opioid epidemic. He said the overdose problem leaves children to be raised by grandparents. It also has an economic impact when skilled citizens cannot be hired because they are unable to pass a drug test. Delegate Pillion stated that Suboxone may be the most abused opioid in his area and registered his concern that "we are trading one addiction for another". There should be more focus on collateral therapies, but he is also aware of the thinking that less than appropriate treatment may be better than no treatment at all. He mentioned that the recently published Center for Disease Control guidelines recommend that emergency departments prescribe no more than 3 days of opioids, and under no circumstances more than 7 days. Delegate Pillion stated that he supports controlled substances continuing education for all prescribers. The blame can no longer be placed just on those who abuse substances.

Dr. Conklin moved to accept the letter from the Medical Society of Virginia (MSV) as written comment. MSV also supports continuing education for all prescribers but has concerns about the unintended consequence of creating further barriers to access for those seeking addiction treatment services.

DHP DIRECTOR'S REPORT

Dr. Brown thanked Delegate Pillion for his attendance and focus on the opioid crisis.

Dr. Brown advised that Commissioner Levine is also seeking help on this issue. The number of opioid overdose deaths has climbed dramatically. There were 800 reported opioid deaths last year, and the number is expected to hit 1,200 by the end of this year.

Dr. Brown informed the Committee that legislation was passed earlier this year to allow DHP to docket investigations on licensees that demonstrate unusual patterns or prescribing. The Prescription Monitoring Program (PMP) Regulatory Advisory Panel was able to settle on

several parameters to identify opioid prescribers with unusual patterns. These should be adapted to criteria for buprenorphine prescribing which would allow the PMP to quickly recognize excessive prescribers. Secondly, Dr. Brown asked the members to consider initiating emergency regulations on the proper use of buprenorphine as well as regulations on pain management and proper prescribing.

Dr. Brown acknowledged the concern about placing restrictions on opioids when addressing addiction and said that DMAS has developed, as part of their Addiction and Recovery Treatment Services (ARTS) benefits program, their own guidelines for outpatient opioid treatment. He said that the ARTS benefit is the first step in addressing addiction, In another step forward, the General Assembly is allowing the Department of Behavioral Health to begin certifying peer counselors in substance misuse/abuse.

Dr. Conklin stated that another issue not being addressed is patient satisfaction scores and how they affect physician reimbursement. The Commonwealth has the opportunity to set the example for physicians who have the courage to say "no" and deny a patient the drug sought. The patient may then write a negative comment about the physician. Dr. Conklin stated that, on the other hand, patients who legitimately need longer than 7 days of medication are being punished, so how is it right to limit access with legislation?

Delegate Pillion said that patient scores are directly associated with federal guidelines, so they fall outside the purview of the Commonwealth.

Dr. Clements asked Dr. Brown what he would like the emergency regulations to say, and could the Board use the DMAS ARTS in the development of emergency regulations?

Dr. Brown said it was not for him to say, but he would like to see the work already completed by the Buprenorphine Work Group and DMAS incorporated into the regulations. For a Regulatory Advisory Panel on these issues, he suggested a smaller one rather than a large group of individuals with many different opinions.

Ms. Yeatts then explained the process for adopting emergency regulations.

PRESIDENT'S REPORT

Dr. Allison-Bryan announced that, although Virginia has put their participation in the Compact on hold, she is scheduled to attend The Council of State Governments' National Center for Interstate Compacts meeting on Dec. 12-13, 2016 in Williamsburg, This is the first Summit of the States on Interstate Collaboration, and she will provide a report at the February Board meeting.

Dr. Allison-Bryan also commented on the usefulness of VAAWARE.com, which offers resources for combating prescription drug and heroin abuse at no cost to the practitioner.

NEW BUSINESS

Chart of Regulatory Actions

Ms. Yeatts reviewed the status of 12 pending regulatory matters.

This report was for informational purposes only.

Adoption of Final Regulations for Licensure of Genetic Counselors

Ms. Yeatts advised that, when the proposed regulations were first published for comment, they had strong support. However, some stakeholders had concern about the "conscience clause". The proposed regulations were returned to the Advisory Board for further discussion and possible revision. Following that process, the regulations now have support from all groups, and the Advisory Board of Genetic Counselors is recommending final adoption to the Board.

Ms. Yeatts noted that the law for grandfathering without a Master's degree required application for a license prior to July 1, 2016. Since there was no license to be issued by July 1, 2016, potential applicants and the associations have been encouraged to speak to their legislators about having the grandfathering date changed to 2017 or 2018. The Board does not have the authority to make that change.

Dr. Conklin moved to adopt the final regulations as presented. The motion was seconded and carried unanimously.

Adoption of Fast-Track Action on Certification to the Board for Invasive Procedures by Physician Assistants

Ms. Yeatts said the Advisory Board on Physician Assistants recommended in June 2016 that the requirement to submit the invasive procedure form for approval to the Board be eliminated. The form attests to the physician assistant being competent to perform an invasive procedure without direct supervision. This proposal is consistent with the supervising physician and physician assistant no longer having to submit the practice agreement to the Board for approval. The supervising physician will still need to keep a record that the PA has been observed performing the invasive procedure with skill and competence at least 3 times. The physician assistant should keep a copy of this document as well.

To date there have not been any comments for or against this amendment.

Dr. O'Connor moved to accept the recommended amendment as presented. The motion was seconded and carried unanimously.

Recommendation from the Ad Hoc Committee on Controlled Substances CE

Dr. Conklin gave a brief, informative presentation that provided the number of fatal overdoses involving benzodiazepines, fentanyl and prescription opioids from 2007-2016 along with information on patient utilization management.

Dr. Conklin summarized the discussion by the Ad Hoc Committee on Controlled Substances Continuing Education and advised that, after weighing all the options available, the recommendation is for all Board of Medicine licensees with prescriptive authority to obtain 2 hours of continuing education on pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction in the next biennium.

After some discussion, Dr. Edwards moved to mandate 2 hours of continuing education for all prescribers on the above topics. The motion was seconded.

Dr. O'Connor stated that if it is important enough to recommend that practitioners obtain these hours, then the hours should be CAT I (Type 1).

Dr. Conklin offered an amendment to say, prescribers licensed by the Board of Medicine are required to obtain 2 hours of CAT I (Type 1) continuing education on the topics in the motion. It was seconded and carried unanimously.

Buprenorphine Guidance Document and Discussion of Buprenorphine Regulations

Dr. Walker provided a brief history of this topic from the pushback by practitioners in Southwest Virginia on the use of the PMP to the formation of the 2016 Buprenorphine Work Group. He said the Work Group decided not to attempt a document de novo, but rather chose the Federation of State Medical Boards 2013 Model Policy on the treatment of opioid addiction in the medical office. The wide-ranging discussion by the Group addressed the use and misuse of buprenorphine and other opioids.

Dr. Harp commended Dr. Walker for work well done with such a diverse group of members. He stated that the special populations were added after the July 22, 2016 meeting and sent back out to the Work Group members for comment. The members were in support of the document, saying that they thought it was 'solid" and should be well-received by the waivered physician community and others.

Dr. Walker referred to the Executive Summary of Proposed Guidance Document 85-3 entitled "Office-Based Treatment of Opioid Use Disorder" which was provided as a handout.

Proposed Guidance Document 85-3

Office-Based Treatment of Opioid Use Disorder

Executive Summary

Introduction

Gov. McAuliffe established the Governor's Task Force on Prescription Drug and Heroin Abuse in September 2014. In late 2015, the Treatment Work Group of the Task Force made the recommendation that the Board of Medicine convene a work group of physicians with expertise in the treatment of opioid use disorders with buprenorphine to review the literature and make recommendations to the Board of Medicine for consideration of regulations.

Work Group on Buprenorphine

The work group was formed with physicians of different specialties representing a variety of treatment settings from all regions of the Commonwealth. Also included were representatives of state agencies and insurance companies. The work group had its first meeting May 13, 2016 and the second on July 22, 2016. It opted to develop a guidance document for the Board's consideration. To accomplish its mission, it decided to use the Federation of State Medical Boards' "Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office" as its starting point.

Development of the Guidance Document

With the permission of the Federation of State Medical Boards, the work group set about editing, revising, adding and deleting the language of the Model Policy to fashion a document that was representative of the work group's knowledge and experience of the treatment of opioid use disorders with buprenorphine products in the Commonwealth. It is anticipated that the document will be finalized for review and approval at the February 2017 Board meeting.

Salient Points of the Document

- Treatment of opioid use disorders with buprenorphine requires specialized knowledge
- The course to become a waivered physician provides a foundation which should be further enhanced
- Diligence in all aspects of care is required for safe and competent treatment
- Attention to patients and the processes is paramount
- Special consideration must be given to prevention of abuse and diversion of buprenorphine
- Buprenorphine + naloxone is less likely to be abused or diverted than the mono product
- Buprenorphine treatment is more successful when combined with counseling
- Differential consideration is required for special populations, such as pregnant women, neonates, adolescents, geriatric patients, those with medical and psychiatric comorbidities, chronic pain and recently released individuals

It will be the recommendation of the work group for the Board of Medicine to promulgate regulations from this document. Doing so would provide further guidance for the physicians

that treat opioid substance use disorders, better protect the public, and extend the Board's reach in its enforcement of the standards for this specialized care.

Following a brief discussion, Dr. Edwards moved that the Board convene a small regulatory advisory panel to develop proposed regulations for the use of buprenorphine. The motion was seconded and carried unanimously.

Discussion of Pain Management and Proper Prescribing Regulations

The Committee briefly reviewed the Draft Regulations for Pain Management developed in 2007 which did not come to fruition. It was noted that these draft regulations would be a good starting point for 2017 opioid regulations, with a few additional considerations, such as other modalities to treat pain, the CDC guidelines, and universal precautions.

Ms. Yeatts reminded the Committee of the Board's existing guidance document **85-24** Guidance on the Use of Opioid Analgesics in the Treatment of Chronic Pain, revised October 24, 2013

These regulations will be developed by the aforementioned Regulatory Advisory Panel for the January 2017 Legislative Committee and the full Board in February 2017.

Dr. Lee said that it should be emphasized to non-physicians that pain management is the practice of medicine.

Review and discussion of Regulations on Mixing, Diluting and Reconstituting

Dr. Clements requested that the podiatry profession be added to 18VAC85-20-400.

Dr. Clements also requested that language be added to allow the mixing of local anesthesia and steroids by medical assistants.

Ms. Barrett advised that there would need to be a statutory change in §54.1-3401 to accomplish Dr. Clements proposed revisions.

Ms. Yeatts will follow up on the introduction of legislation.

ANNOUNCEMENTS

Next meeting – April 7, 2017

There were no other announcements.

ADJOURNMENT

With no further business to conduct, the meeting adjourned at 12:32 p.m.

Barbara Allison-Bryan, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

Legislative Committee

Virginia Board of Medicine
Friday, January 27, 2017, 8:30 a.m.
9960 Mayland Drive, Suite 200
Board Room 2
Henrico, VA 23233

Page

Announcements

Next Meeting: May 19, 2017

Adjournment

VIRGINIA BOARD OF MEDICINE
LEGISLATIVE COMMITTEE MINUTES

Friday, January 27, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 8:40 a.m.

ROLL CALL: Mr. Heaberlin called the roll; a quorum was established.

MEMBERS PRESENT:
Kevin O'Connor, MD, Vice-President, Chair
Barbara Allison-Bryan, MD, President
Syed Salman Ali, MD
David Giammittorio, MD
Wayne Reynolds, DO

MEMBERS ABSENT:
Svinder Toor, MD
The Honorable Jasmine Gore

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
David Brown, DC, DHP Director
Erin Barrett, JD, Assistant Attorney General
Joy Langford, Administrative Assistant

OTHERS PRESENT:
W. Scott Johnson, JD, HDJN
Sara Heisler, VHHA
Tim Bunton, MD, VATAC
Sergey Zhitar, MD, VATAC
Kate Neuhausen, MD, DMAS
Zia Uddin, MD, VATAC
Tom Reach, MD, Watauga Recovery Center
Lauren Bates-Rowe, MSV
Peter Breslin, MD

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

ADOPTION OF AGENDA

Dr. Reynolds made a motion to accept the agenda as presented.

The motion was seconded and carried unanimously.

APPROVAL OF MINUTES OF SEPTEMBER 16, 2016

Dr. Ali moved to approve the meeting minutes of September 16, 2016 after an edit to include "Virginia" in the title of "Scott Johnson, General Counsel to the Medical Society of." The motion was seconded and carried unanimously.

PUBLIC COMMENT

Tim Bunton, MD, Virginia Addiction Treatment Access Coalition (VATAC)
Dr Bunton noted that VATAC supports screening for communicable diseases. However, medical practices will benefit from guidelines rather than mandates to screen. VATAC believes the guidelines will reduce the impact of opioid addiction.

Sergey Zhitar, MD, VATAC,
Dr. Zhitar noted that he was pleased the recommendations from the Board are based on scientific evidence. He pointed out that there may be circumstances other than pregnancy in which Subutex might be indicated.

Dr. Tom Reach, MD Watauga Recovery Center
Dr. Reach stated that addiction medicine is a new field. Ideally, addiction treatment should be undertaken by those with a specialty in addiction medicine. Dr. Reach believes the most important goal is to be able to increase the access of care for those who need it.

Kate Neuhausen, MD – Chief Medical Officer, Virginia Department of Medical Assistance Services (DMAS)
Dr. Neuhausen said that Subutex (buprenorphine mono-product) is now a drug of abuse in Southwest Virginia because the cost is significantly less than Suboxone (buprenorphine + naloxone) and is more abusable. She pointed out that the Butrans (buprenorphine mono-product) patch is effective and is covered by DMAS as an alternative to the Fentanyl patch and Oxycontin. She added that DMAS would like to see language in the regulations that includes the appropriate use of buprenorphine mono-product patches.

Lauren Bates-Rowe, Medical Society of Virginia (MSV)
Ms. Bates-Rowe noted that the Center for Disease Control guidelines do not apply to post-surgical pain. In the future, MSV would like to work with the Board to encourage clinically appropriate use of opioids. She asked that the Board clarify if the dosages in the regulations were absolute. Finally, MSV would like to partner with the Board of Medicine in disseminating any information that would be helpful to its physicians in the use of opioids.

Peter Breslin, MD – VATAC
Dr. Breslin pointed out that buprenorphine mono-product might be indicated in circumstances other than pregnancy. Infectious disease testing prior to treatment should be encouraged.

DHP DIRECTOR'S REPORT

Dr. Brown provided a brief report. He noted that the current bills affecting the Department of Health Professions (DHP) in the General Assembly reflect the agenda of DHP and the Board of Medicine.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp noted that from now on the Board of Medicine will post the agenda packet in advance of its business meetings.

Dr. Harp reviewed correspondence from MSV in support of the Board's regulatory effort to streamline the licensure process for physicians and other health care professionals.

Dr. Harp also reviewed correspondence to Dr. Brown from legislators that noted a shortage of anesthesia providers in Virginia and asked for a feasibility study to determine if certified anesthesia assistants should be regulated by the Board of Medicine. Dr. Brown responded that the feasibility study will be undertaken by the Board of Health Professions, and a report will be submitted to Sen. Newman and Del. Orrock by November 2017.

NEW BUSINESS

1. Chart of Board of Medicine Regulatory Actions

Elaine Yeatts provided a brief overview of this item. No action was required.

2. Legislative Review of the 2017 Session of the General Assembly

Elaine Yeatts provided an overview of the current bills that would have impact on the Board of Medicine. No action was required.

3. Review and Revision of Draft Guidance Document on the Use of Buprenorphine for Addiction.

Dr. O'Connor suggested that this item be tabled; the Committee was in agreement. The guidance document will be revisited after the Legislature has finished its work this Session, and the regulations are in final form.

4. Review and Revision of Draft Regulations for Pain Management and Buprenorphine.

Ms. Yeatts reviewed the draft regulations with the Legislative Committee Members who requested several revisions. Upon completion of the review, Dr. Allison-Bryan moved to accept the draft regulations with revisions and recommend them to the full Board at its February meeting. The motion was seconded and carried.

5. Reminder: Dr. Harp reminded the Committee members to complete their travel expense reimbursement vouchers.

ANNOUNCEMENTS

There were no additional announcements.

Next meeting – May 19, 2017

Adjournment - With no other business to conduct, the meeting adjourned at 12:30 p.m.

Kevin O'Connor, MD
Vice-President, Chair

William L. Harp, MD
Executive Director

Alan Heaberlin, Deputy Director, Licensing
Recording Secretary

VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE

Friday December 2, 2016 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Walker called the meeting to order at 2:07 p.m.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
Syed Salman Ali, MD
Jane Hickey, JD

STAFF PRESENT: William L. Harp, MD, Executive Director
Alan Heaberlin, Deputy Executive Director, Licensing
Shevaun Roukous, Adjudication Specialist, APD

Mr. Heaberlin provided the emergency egress instructions prior to proceeding with the informal conference.

INFORMAL CONFERENCE

Pooja Sabharwal, MD

Dr. Sabharwal appeared with counsel, Michael Goodman, JD, to respond to the Board's inquiry regarding the possible refusal to issue a license to practice as a medical doctor pursuant to 18 VAC 85-20-140.E(2) of the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry and Chiropractic.

Upon conclusion of the open session with Dr. Sabharwal, Dr. Ali moved to convene a closed session pursuant to section 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Dr. Sabharwal. Additionally, he moved that Board staff members Dr. William L. Harp and Alan Heaberlin attend the closed meeting as their presence would aid the Committee in its deliberations. The motion was seconded and carried.

Upon motion made, seconded and carried, the Committee returned to open session following the procedure for certification of an executive meeting pursuant to Virginia Code Section 2.2-3712.

Ms. Hickey moved to approve Dr. Sabharwal's application for licensure to practice Medicine and Surgery. The Motion was seconded by Dr. Walker and carried unanimously.

ADJOURNMENT

Kenneth Walker, MD,
Chair

William L. Harp, M.D.
Executive Director

Alan Heaberlin
Deputy Executive Director, Licensing

DRAFT UNAPPROVED

ADVISORY BOARD ON GENETIC COUNSELING
MINUTES

November 14, 2016

PUBLIC HEARING

Mr. Thomas opened the floor for comments at 1:02 p.m.

Ms. Thornton, representing Planned Parenthood, urged the Advisory Board to adopt the regulations previously drafted and approved by the Full Board.

Ms. Craft, representing NARAL, also encouraged the members to adopt the proposed regulations as drafted.

The floor closed at 1:08 p.m. ■

The Advisory Board on Genetic Counseling met on Monday, November 14, 2016, and was called to order at 1:09 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Matthew Thomas, ScM, CGC, Chair Heather Creswick, MS, CGC, Vice-Chair John Quillin, PhD, MPH, MS Marilyn Foust, MD Lori Swain
MEMBER ABSENT:	None
STAFF PRESENT:	William L. Harp, M.D., Executive Director Jennifer Deschenes, Deputy Executive Director Colanthia Morton Opher, Operations Manager Denise Mason, Licensing Specialist Elaine Yeatts, Senior Regulatory Analyst
GUESTS PRESENT:	Sara Thornton, Planned Parenthood Advocates of Virginia Janice Craft, NARAL Pro-Choice Virginia

EMERGENCY EGRESS PROCEDURES

Mr. Thomas announced the Emergency Egress Instructions.

ROLL CALL

Roll was called and a quorum declared.

APPROVAL OF MINUTES OF DECEMBER 16, 2015

Dr. Foust moved to approve the minutes of December 16, 2015. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Ms. Creswick moved to approve the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT ON AGENDA ITEMS

No other public comments were made.

NEW BUSINESS

1. Review and Approval of the Draft Regulations Governing the Practice of Genetic Counselors

Ms. Yeatts led the Advisory Board in a discussion regarding the proposed regulations stating that all the comments received are in support of the adoption of the current language by the Board of Medicine. Ms. Yeatts also addressed the comments received from those concerned about the now expired date for grandfathering of individuals without a Master's degree. Ms. Yeatts noted that this was a statutory issue and not a regulatory one, and that she has suggested those affected approach their legislators and request a change in the date for grandfathering.

After discussion, Dr. Foust moved to recommend adoption of the proposed regulations as written to the Executive Committee of the Board of Medicine at its December 2nd meeting. The motion was seconded and carried unanimously.

2. ELECTION OF OFFICERS

Dr. Foust moved to have Mr. Thomas and Ms. Creswick continue to serve as Char and Vice-Chair respectively. The motion was seconded and carried unanimously.

3. 2017 MEETING CALENDAR

The members unanimously agreed to the meeting dates set for the 2017 calendar. It is anticipated that the development of an application for licensure and associated forms will be on the agenda of the January 2017 meeting.

ANNOUNCEMENTS

There were no announcements.

NEXT MEETING DATE

January 30, 2017

ADJOURNMENT

The Advisory Board meeting was adjourned at 1:39 p.m.

_____
Matthew Thomas, Chair

_____
William L. Harp, M.D., Executive Director

_____
Denise Mason, Licensing Specialist

---DRAFT UNAPPROVED ---

ADVISORY BOARD ON BEHAVIOR ANALYSIS
Minutes
January 30, 2017

The Advisory Board on Behavior Analysis met on Monday, January 30, 2017 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Kate Lewis, MS, BCBA, LBA Amanda Kusterer, BCaBA Asha Patton Smith, MD Gary Fletcher
MEMBERS ABSENT:	Keri Bethune, PhD, BCBA-D
STAFF PRESENT:	William L. Harp, M.D., Executive Director Alan Heaberlin, Deputy Director, Licensure Elaine Yeatts, DHP Senior Policy Analyst Denise Mason, Licensing Specialist
GUESTS PRESENT:	Christy Evanko, VABA

CALL TO ORDER

Ms. Lewis called the meeting to order at 10:04 am.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the Emergency Egress Procedures.

ROLL CALL

Roll was called. A quorum was present.

ADOPTION OF AGENDA

Ms. Kusterer moved to adopt the agenda as presented. The motion was seconded and carried.

---DRAFT UNAPPROVED ---

APPROVAL OF MINUTES OF October 3, 2016

Ms. Lewis made a motion to approve the minutes. The motion was seconded and carried.

PUBLIC COMMENT

Ms. Evanko brought several bills that VABA has been tracking in the 2017 Session to the attention of the Advisory Board.

NEW BUSINESS

1. Legislative Update

Ms. Yeatts reviewed legislation introduced in the 2017 General Assembly that might be of interest to the Advisory Board. No action was required.

2. HB2095 Registration of Peer Recovery Specialists and Qualified Mental Health Professionals

Ms. Yeatts discussed with the Advisory Board the accountability of the registration for Peer Recovery Specialists and Qualified Mental Health Professionals registered by the Board of Counseling. Ms. Yeatts stated that a number may have to be "grandfathered."

3. Amended regulation 18VAC850150-90 to Increase Hours of CE

Ms. Yeatts discussed with the Advisory Board the draft regulations to increase the continuing education hours required for renewal, reinstatement or reactivation of a license. These new regulations will be published on February 6, 2017 for a public comment period and will become effective on March 8, 2017.

4. New "Registered Behavior Technician" Credential

Mr. Heaberlin made the Advisory Board aware that the BACB has received accreditation of its Registered Behavior Technician (RBT) credential by the National Commission for Certifying Agencies (NCCA).

Dr. Harp informed the Advisory Board of the qualifications of a Behavior Technician. The Behavior Technician must be 18 years of age, possess at a minimum a high school diploma or national equivalent, complete 40 hours of training, complete a criminal background check, pass the RBT Competency Assessment, and pass the RBT exam. No further action was required.

Announcements

Ms. Mason informed the Advisory Board that there are currently 837 Behavior Analysts and 144 Assistant Behavior Analysts holding licenses with the Virginia Board of Medicine.

---DRAFT UNAPPROVED ---

Next Meeting Date

The Advisory Board's next meeting is June 5, 2017 at 10:00 am.

Adjournment

The meeting was adjourned at 11:00 a.m.

_____
Kate Lewis, MS, BCBA, LBA, Vice-Chair

_____
William L. Harp, M.D.,
Executive Director

_____
Denise W. Mason, Licensing Specialist

DRAFT

ADVISORY BOARD ON OCCUPATIONAL THERAPY

Board of Medicine
Tuesday, January 31, 2017, 10:00 a.m.
9960 Mayland Drive, Suite 201
Training Room 2
Richmond, Virginia,

MEMBERS PRESENT:	Kathryn Skibek, OT, Chair Breshae Bedward, OT, Vice-Chair Dwayne Pitre, OT Eugenio Monasterio, M.D
MEMBERS ABSENT:	Karen Lebo
STAFF PRESENT:	William L. Harp, MD, Executive Director Alan Heaberlin, Deputy Director for Licensure Colanthia D. Morton-Opher, Operations Manager Elaine Yeatts, DHP Senior Policy Analyst ShaRon Clanton, Licensing Specialist
GUESTS PRESENT:	Lindsay Walton, VOTA

CALL TO ORDER

Kathryn Skibek called the meeting to order at 10:00 a.m.

EMERGENCY EGRESS PROCEDURES

Alan Heaberlin announced the Emergency Egress Instructions.

ROLL CALL

Roll was called, and a quorum was declared.

APPROVAL OF MINUTES DATED JUNE 7, 2016

Dr. Monasterio moved to approve the minutes dated October 4, 2016. The motion was seconded and carried.

ADOPTION OF AGENDA

Ms. Bedward moved to approve the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS (15 minutes)

None

NEW BUSINESS

1. Legislative Update-Elaine Yeatts

Ms. Yeatts informed the Advisory Board about bills of interest from the 2017 Session of the General Assembly. No action was required.

2. HB1483 Qualified Mental Health Professional-Elaine Yeatts

Ms. Yeatts informed the Advisory Board that HB 1483 includes Occupational Therapists with training in providing psychiatric or mental health services as a "Qualified Mental Health Professional-Adult." Ms. Yeatts further informed the Advisory Board that HB 1484 would prevent the "Regulations Governing the Practice of Occupational Therapy" from accepting NBCOT certification as evidence of continuing education for licensure renewal. No action was required.

3. Regulatory Action-NBCOT Certification as Option for CE

Mrs. Yeatts reviewed the two regulatory actions currently underway for Occupational Therapy. No action was required.

Announcements:

Mr. Heaberlin stated that there are currently 3,745 Occupational Therapists and 1,368 Occupational Therapy Assistants licensed in Virginia.

Next Meeting Date: June 6, 2017, 10:00 a.m.

Adjournment

Kathryn Skibek adjourned the meeting at 11:00 a.m.

_____
Kathryn Skibek, Chair

_____
William L. Harp, M.D., Executive Director

_____
ShaRon Clanton, Licensing Specialist

DRAFT UAPPROVED

Advisory Board on Respiratory Therapy
Minutes
January 31, 2017

The Advisory Board on Respiratory Therapy met on Tuesday, January 31, 2017 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland, Suite 201, Drive, Henrico, VA.

MEMBERS PRESENT:	Daniel Rowley, RRT, Chair Lois Rowland, RRT Hollee Freeman, PhD
MEMBERS ABSENT:	Bruce Rubin, MD Sherry Compton, RRT
STAFF PRESENT:	William L. Harp, M.D., Executive Director Alan Heaberlin, Deputy Director for Licensure Elaine Yeatts, DHP Senior Policy Analyst Colanthia Morton Opher, Operations Manager Denise Mason, Licensing Specialist
GUESTS PRESENT:	None

Call TO ORDER

Mr. Rowley called the meeting to order at 1:13pm.

EMERGENCY EGRESS PROCEDURES

Alan Heaberlin announced the Emergency Egress Procedures.

ROLL CALL

Roll was called. A quorum was declared.

APPROVAL OF MINUTES OF OCTOBER 4, 2016

Ms. Rowland moved to approve the minutes of October 4, 2016. The motion was seconded and carried.

ADOPTION OF AGENDA

Ms. Rowland moved to adopt the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

Legislative Update

Ms. Yeatts provided a legislative update for the 2017 Session of the General Assembly. No action was required.

Certification Requirements for Licensure

Mr. Rowley led a discussion regarding increasing the minimal qualifications for licensure as a Respiratory Therapist from the credential of Certified Respiratory Therapist (CRT) to Registered Respiratory Therapist (RRT). The Advisory Board decided to leave the licensure qualifications unchanged.

Clarification of 18VAC85-40-66(3) Credit Courses Counting as Continuing Education

Mr. Heaberlin said that the regulation allowing credit for taking college courses in respiratory care as CE would become effective March 9, 2017. He sought clarification from the Advisory Board regarding how it wanted to credit post-licensure academic education towards the completion of the 20 hours of continuing education for license renewal. The Advisory Board determined that one credit hour of academic credit could be used for one credit hour of continuing medical education.

Rescheduling October 3, 2017 Advisory Board Meeting Date

Due to a scheduling conflict with the American Association of Respiratory Care Congress October 4-7, 2017, the October 3, 2017 meeting date will be moved to October 10, 2017 @ 1:00 p.m.

ANNOUNCEMENTS

Mr. Heaberlin stated that there are 3,898 Respiratory Therapists in Virginia holding an active license and 99 with an inactive license.

NEXT SCHEDULED MEETING

June 6, 2017 @ 1:00pm

ADJOURNMENT

The meeting of the Advisory Board was adjourned at 2:18pm

_____
Daniel Rowley, RRT, Chair

_____
William L. Harp, M.D.,
Executive Director

_____
Denise Mason, Licensing Specialist

<< DRAFT UNAPPROVED >>

ADVISORY BOARD ON ACUPUNCTURE
MINUTES

Wednesday, February 1, 2017
Perimeter Center
9960 Mayland Drive
Training Room 2, 2nd Floor
Henrico, Virginia

The Advisory Board on Acupuncture met Wednesday, February 1, 2017 at 10:00 a.m. at the Department of Health Professions at 9960 Mayland Drive, Henrico, VA 23233.

MEMBERS PRESENT: Lynn Almloff, L.Ac. Chair
Janet L. Borges, L.Ac. Vice-Chair
Sharon Crowell, L.Ac.
Leslie Rubio.
Chheany Ung, M.D.

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Alan Heaberlin, Deputy Executive Director for Licensure
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Matthew Stanley, ASVA

CALL TO ORDER

Lynn Almloff called the meeting to order.

EMERGENCY EVACUATION PROCEDURES

Alan Heaberlin announced the Emergency Egress Procedures.

ROLL CALL - The roll was called, and a quorum was declared.

APPROVAL OF THE AMENDED MINUTES FROM June 8, 2016.

Sharon Crowell moved to approve the minutes. The motion was seconded and carried.

ADOPTION OF AGENDA

Janet Borges moved to adopt the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

Matthew Stanley asked the Advisory Board to consider generating a statement to define dry needling and its role in acupuncture.

New Business

1. **Elaine Yeatts provided the legislative report. No action was required.**

2. **Advisory Board Statement on the Acupuncture Modality of Dry Needling**

Janet Borges asked Board and DHP staff if it would be within the Advisory's authority to generate a statement defining dry needling and how it fits into the practice of acupuncture. After some discussion, it was determined that the Advisory Board would seek the advice of Board counsel on this matter at its next meeting in June.

Announcements

No announcements.

Election of Officers

Sharon Crowell nominated Lynn Almloff to remain Chair.
The motion was seconded and carried.

Lynn Almloff nominated Janet Borges to remain Vice-Chair.
The motion was seconded and carried.

NEXT SCHEDULED MEETING:

June 7, 2017 at 10:00 a.m.

ADJOURNMENT

Lynn Almloff adjourned the meeting at 11:00 a.m.

Lynn Almloff, L.Ac., Chair

William L. Harp, M.D., Executive Director

Beulah Baptist Archer, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON PHYSICIAN ASSISTANTS
Board of Medicine
February 2, 2017, 1:00 PM
9960 Mayland Drive, Suite 201
Richmond, VA
Training Room 2

The Advisory Board on Physician Assistants met Thursday, February 2, 2017 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Thomas Parish PA-C, Chair Rachel Carlson, PA-C
MEMBERS ABSENT:	James Potter, MD Portia Tomlinson, PA-C, Vice Chair The Citizen Member Seat is vacant
STAFF PRESENT:	William L. Harp, MD, Executive Director Alan Heaberlin, Deputy Director for Licensure Elaine Yeatts, DHP Senior Policy Analyst ShaRon Clanton, Licensing Specialist
GUESTS PRESENT:	David Falkenstein, VAPA Lauren Bates-Rowe, MSV

Call to Order

Mr. Parish called the meeting to order and announced the Emergency Evacuation Instructions.

Roll Call

Roll was called. A quorum was not established.

Approval of Minutes June 9, 2016

The minutes were deferred until the next scheduled meeting due to the lack of a quorum.

DRAFT UNAPPROVED

Adoption of Agenda

The agenda could not be adopted due to the lack of a quorum.

Public Comment on Agenda Items

Mr. Falkenstein of the Virginia Academy of Physician Assistants discussed proposals for the elimination of certain regulatory language regarding supervision and to authorize physician assistants to perform the initial examination of patients who are treated with pharmacotherapy for weight loss.

1. **Legislative Report**

Ms. Yeatts informed the Advisory Board about bills of interest from the 2017 session of the General Assembly. No action was required.

2. **Regulatory Panel on Opioid Regulations**

Ms. Yeatts reviewed the draft regulations *Governing Prescribing for Pain and Prescribing of Buprenorphine* with the Advisory Board. She particularly noted Part II: Management of Acute Pain and Part III: Management of Chronic Pain.

3. **Draft Regulations for Invasive Procedures**

Ms. Yeatts reviewed the draft regulation which would eliminate the submission of the document currently required for prior Board approval for the performance of invasive procedures without direct supervision.

4. **Procurement of Botox by Physician Assistants**

Ms. Carlson sought guidance in determining whether physician assistants could procure Botox. Dr. Harp said that Botox is a schedule VI drug, and if the ability to purchase Botox was included in the practice agreement, then a physician assistant was authorized to do so.

Announcements

Mr. Heaberlin stated there were currently 3524 physician assistants with active licenses and 26 with inactive licenses.

Next Scheduled Meeting: June 8, 2017 @ 1:00 p.m.

Adjournment

Meeting was adjourned at 2:15 p.m.

_____
Thomas Parish, PA-C, Chair

_____
William L. Harp, M.D., Executive Director

_____
ShaRon Clanton, Licensing Specialist

ADVISORY BOARD ON MIDWIFERY
Minutes
February 3, 2017

The Advisory Board on Midwifery met on Friday, February 3, 2017, at 10:00 a.m., at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: Kim Pekin, CPM
Natasha Jones, MSC
Mayanne Zielinski, CPM

MEMBERS ABSENT: Maya Hawthorn, CPM
Ami Keatts, M.D.

STAFF PRESENT: William L. Harp, M.D. Executive Director
Alan Heaberlin, Deputy Executive Director
Colanthia Morton, Operations Manager
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Marinda Shindler, VA Midwives Alliance
Glenda Turner, CPM, LM, Three Sisters Midwifery, LLC

CALL TO ORDER

Kim Pekin, CPM, called the meeting to order at 10:10 a.m.

EMERGENCY EGRESS PROCEDURES – Alan Heaberlin

ROLL CALL –Beulah Baptist Archer

Roll was called, and a quorum was declared.

APPROVAL OF THE OCTOBER 9, 2015 MEETING MINUTES

Kim Pekin moved to approve the minutes. Mayanne Zielinski seconded the motion, which carried.

ADOPTION OF THE AGENDA

Kim Pekin asked for a motion to add the North American Registry of Midwives (NARM) Job Analysis Survey to the agenda. Mayanne Zielinski moved to do so, and Kim Pekin seconded. The agenda was amended and adopted.

PUBLIC COMMENT ON AGENDA ITEMS

No public comment on agenda items.

NEW BUSINESS

1. **Legislative Report** – Dr. Harp provided the legislative report. No action was required.

2. **Electronic Submission of Birth Certificates to VDH--Kim Pekin, CPM**

Kim Pekin asked if the Board might have any influence with Vital Records regarding the electronic submission of birth certificates by midwives. Mayanne Zielinski had spoken with a representative in the Vital Records Registrar's office who said that two people were being hired soon to train midwives on the process of the electronic filing of birth certificates.

Dr. Harp said he would call Vital Records and inquire about the timetable for the training and implementation of electronic submissions.

3. **Medications – Can licensed midwives administer medications under the orders of a physician? -Kim Pekin, CPM**

Kim Pekin asked whether Vitamin K, required at birth, can be administered by a midwife. Dr. Harp referred to Code Section 54.1-3408 regarding the professionals who may administer medications. The answer to the question was no. For midwives to administer medications, a change in the Code of Virginia would be required. This would involve the introduction of legislation.

4. **Dual Credentials – Clarification regarding dually-credentialed midwives (RN and CPM / LM) –Kim Pekin, CPM**

Kim Pekin asked the question if a midwife that is dually-credentialed as a registered nurse is authorized to administer Vitamin K and other medications. Dr. Harp reiterated Code Section

54.1-3408 which says a nurse, pursuant to the order of a prescribing practitioner, can administer medications. The nursing license must be current and active.

5. 2016 NARM Job Analysis Survey Comprehensive Report

Kim Pekin requested a review of the job analysis survey to clarify the function of a Licensed Midwife. She asked that a statement reaffirming the scope of practice in accordance with NARM 2016 be drafted to include the ordering of medical tests, conducting Well-Woman care, and prenatal screenings. This statement would be useful for midwives to send to other entities with whom they interact.

Dr. Harp advised that this request would be presented to the Executive Committee in April.

ANNOUNCEMENTS – Alan Heaberlin

Alan provided the totals for licensed midwives in Virginia as of February 3, 2017.

Licensed Midwives	91
Current Active	66
In-State Current Active	24
Out-of- state Current Active	1

NEXT MEETING DATE

June 9, 2017.

ADJOURNMENT

A motion to adjourn was made, seconded and passed.

Kim Pekin, CPM
Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer
Licensing Specialist

Ad Hoc Committee on Controlled Substances Continuing Education

Board of Medicine
Friday, October 28, 2016 @ 1:00 p.m.
9960 Mayland Drive, Suite 201 – Conference Room 3
Richmond, Virginia

Call to Order

Emergency Egress Procedures

Roll Call

Introduction of Members

Adoption of the Agenda

Public Comment on Agenda Items

New Business

Review of revised FSBM Model Policy document

1. Review of the statute authorizing the Board to require continuing education..... 1-1
2. Review of FSMB document on states requiring controlled substances continuing education 2-11
3. Recommendations from the Prescription Monitoring Program..... 12-12
4. Suggestions for parameters from Board of Medicine staff..... 13-13
5. Discussion and recommendations to the Board for the next biennium .....

Next Steps

Announcements

Travel Reminder..... 14-14

Adjournment

Ad Hoc Committee on Controlled Substances Continuing Education

Friday, October 28, 2016 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting was called to order by Lori Conklin, MD at 1 PM.

MEMBERS PRESENT: Lori Conklin, MD, Committee Chair, Board of Medicine
Barbara Allison-Bryan, MD, President, Board of Medicine
David Taminger, MD, Board of Medicine
Ralph Orr, Prescription Monitoring Program
Stephanie Willinger, Board of Nursing
William Harp, MD, Executive Director, Board of Medicine

MEMBERS ABSENT: None

OTHERS PRESENT: None

EMERGENCY EGRESS INSTRUCTIONS

Dr. Conklin provided egress instructions in case of an alarm or emergency.

ROLL CALL

The roll was called and a quorum declared.

ADOPTION OF THE AGENDA

David Taminger moved that the agenda be accepted; it was seconded and passed.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. **Review of the statute authorizing the Board to require continuing education**

   Dr. Conklin reviewed the law with the Committee.

2. **Review of FSMB document on states requiring controlled substances continuing education**

   Dr. Conklin led the discussion regarding the FSMB map of states and the table of states and their respective requirements. It was noted that 32 states and the District of Columbia did not require

continuing education on proper prescribing of controlled substances, and 18 states do. The hours required ranged from 1 hour every 2 years to 20 hours every 2 years.

3. Recommendations from the Prescription Monitoring Program

Ralph Orr presented PMP data for the Committee's consideration and made the recommendation for "baseline continuing medical education for all current active Board of Medicine licensees with a Virginia address." He added that more specific criteria could be considered for future biennia given that that an anticipated upgrade to the PMP system will support greater research capability. He also displayed VAAWARE and its resources for professionals.

4. Suggestions for parameters from Board of Medicine staff

These were reviewed and discussed by the Committee.

5. Discussion and recommendations to the Board for the next biennium

After a full discussion of all options, Dr. Allison-Bryan moved that the Committee recommend to the Board it require licensees with prescriptive authority to obtain 2 hours of continuing education on pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction in the next biennium. The motion was seconded and passed. Dr. Harp said the recommendation will be presented to the Executive Committee on December 2, 2016.

Adjournment

There being no further business, Dr. Conklin announced adjournment.

Lori Conklin, MD
Chair

William L. Harp, M.D.
Executive Director

DRAFT UNAPPROVED

VIRGINIA BOARD OF MEDICINE
Regulatory Advisory Panel on Opioid Regulations
Minutes

Friday, January 6, 2017	Department of Health Professions	Henrico, VA

CALL TO ORDER: The meeting convened at 9:11 a.m.

MEMBERS PRESENT:
Barbara Allison-Bryan, MD, Chair
Stephen Long, MD
Hughes Melton, MD
Katherine Neuhausen, MD
Paul Spector, DO

MEMBERS ABSENT: None

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
David Brown, DC, DHP Director
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant

OTHERS PRESENT:
W. Scott Johnson, JD, Medical Society of VA
Thomas Reach, MD, Watauga Recovery Center
Tyler Cox, Medical Society of VA
Julie Galloway, Medical Society of VA
Lauren Bates-Rowe, Medical Society of VA
Mark Hickman, CSG
Donna Proffitt, DMAS

Dr. Allison-Bryan invited all panel members to introduce themselves.

She then stated that the goal for the day was to produce draft regulations for buprenorphine and other opioids that were clear and would provide greater protection for the public.

ADOPTION OF AGENDA

Dr. Allison-Bryan asked for a motion to adopt the agenda. The motion was seconded and carried unanimously.

DRAFT UNAPPROVED

VIRGINIA BOARD OF MEDICINE
Regulatory Advisory Panel on Opioid Regulations
Minutes

Friday, January 6, 2017 Department of Health Professions Henrico, VA

PUBLIC COMMENT

W. Scott Johnson, JD provided feedback on the Draft Regulations for Pain Management and the Draft Regulations for the Use of Buprenorphine in Office-Based Treatment of Opioid Addiction.

Thomas Reach, MD of Watauga Recovery Center addressed concerns on the prescribing of benzodiazepines and emphasized that caution and good judgement should be utilized.

NEW BUSINESS

Dr. Allison-Bryan led the panel through a thorough discussion of the proposed Draft Regulations for the Use of Buprenorphine in Office-Based Treatment of Opioid Addiction included in the packet. There were a number of revisions and edits made to reflect the expertise of the panel members. Consensus on a set of regulations to send forward to the Legislative Committee on January 27, 2017 was attained.

Dr. Allison-Bryan called a break at 10:40 a.m.

The panel reconvened at 10:51 a.m.

Dr. Allison-Bryan then led the panel through a thorough discussion of the proposed Draft Regulations for Pain Management included in the packet. The 2007 framework of the draft regulations was updated with revisions, deletions and additions. The panel added essential elements from the Centers for Disease Control Guideline for Prescribing Opioids for Pain Management released in 2016. It also streamlined the language to achieve more clarity and remove redundancy. Again, consensus was gained on a work product that could go forward to the Legislative Committee.

Dr. Brown expressed his thanks to the panel for its commitment to this effort and acknowledged Dr. Harp's contribution.

VIRGINIA BOARD OF MEDICINE
Regulatory Advisory Panel on Opioid Regulations
Minutes

Friday, January 6, 2017 Department of Health Professions Henrico, VA

ADJOURNMENT

With no further business to conduct, the meeting adjourned at 12:29 p.m.

Barbara Allison-Bryan, MD
Chairperson

William L. Harp, MD
Executive Director

Sherry Gibson
Recording Secretary

Agenda Item: **Other Reports**

- Assistant Attorney General*
- Board of Health Professions
- Podiatry Report*
- Chiropractic Report*
- Joint Boards of Nursing and Medicine

Staff Note: Reports will be given orally at the meeting

Action: These reports are for information only. No action needed unless requested by presenter.

DRAFT

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
MINUTES
December 7, 2016

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:30 A.M., December 7, 2016 in Board Room 4, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT:
Louise Hershkowitz, CRNA. MSHA; Chair
Marie Gerardo, MS, RN, ANP-BC
Rebecca Poston, PhD, RN, CPNP
Wayne Reynolds, DO
Kenneth Walker, MD

MEMBERS ABSENT: Lori D. Conklin, MD

ADVISORY COMMITTEE MEMBERS PRESENT:
Joseph F. Borzelleca, Jr., MD, MPH
Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
David A. Ellington, MD
Sarah E. Hobgood, MD
Tom Watters, RN, CRNA

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Stephanie Willinger, Deputy Executive Director, Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General; Board Counsel
David Brown, DC; Director; Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE:
Lynn Poole, FNP-BC
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Tyler Cox, Medical Society of Virginia (MSV)
Mary Duggan, American Association of Nurse Practitioners (AANP) State Representative
Caroline Perrin, MWC
Sarah Heisler, Virginia Hospital and Healthcare Association (VHHA)

DIALOGUE WITH AGENCY DIRECTOR:
Opioid Crisis – Dr. Brown reported that the State Health Commissioner, Dr. Marrisa Levine, declared the Virginia opioid addiction crisis a public health emergency and issued a standing order that allows all Virginians to obtain the drug Naloxone that is used to treat narcotic overdoses in emergency situations.

Dr. Brown noted that in 2015, there were 809 fatalities from opioid overdose, up from 515 in 2007. He added that the projected fatal overdose from opioid in 2016 is over 1000.

Dr. Brown said that through Prescription Monitoring Program (PMP), DHP has made it harder for doctor shopping to occur in order to obtain opioids. He added that data from PMP is used to identify outlier prescribers and criteria to be used in disciplinary cases.

Dr. Brown stated that last General Assembly, the law was passed to require Board of Medicine (BOM) to identify licensees with prescriptive authority that should complete two continuing education hours in controlled substance prescribing. He added that BOM has developed a Task Force focuses on assisting practitioners on how to properly treat opioid addiction with buprenorphine products in the context of medication-assisted therapy.

Dr. Brown commented that Board of Medicine is moving forward with regulations on the use of buprenorphine.

Dr. Brown left the meeting.

ESTABLISHMENT OF A QUORUM:

Ms. Hershkowitz called the meeting to order and established a quorum was present. Ms. Hershkowitz welcomed Dr. Ellington acknowledging this was his first meeting.

INTRODUCTIONS: Committee members, Advisory Committee members and staff members introduced themselves.

REVIEW OF MINUTES:

The minutes of June 8, 2016 and October 12, 2016 were reviewed. Dr. Reynolds moved to accept the minutes as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT: There was no one present that wished to address the Board.

OLD BUSINESS: **Consideration of elimination of separate licenses for Nurse Practitioners and Prescriptive Authority (PA):**

Ms. Douglas stated that at the last meeting, the Board asked for information obtained related to the question that was raised regarding if a separate prescriptive authority license is needed. Ms. Douglas noted that if a licensee wishes to have the Prescriptive Authority, he/she must first obtain the Registered Nurse (RN) license or holds a multi-state privilege from a compact state. Then applies for a Nurse Practitioner (NP) license and if wishes to execute prescriptive authority, must apply for a third license. Ms. Douglas stated for the past two years, $126,000 and $143,000 in revenue was generated by prescriptive authority licensees and noted that Board of Nursing current budget balance is healthy. Ms.

Douglas shared information from National Council of State Board of Nursing indicating the majority of 27 states do have some mechanism for a separate process for obtaining authorization for prescriptive authority, not necessary a separate license. Ms. Douglas reported that the total numbers of licensed nurse practitioners (LNPs) as of November 29, 2016 is 9,272 of which 6,325 Certified Registered Nurse Anesthetists (CRNAs) do not have prescriptive authority and the total of LNPs without authorization to prescribe that are not CRNAs are 996.

The Committee generally discussed the advantages and disadvantages of a separate license. Dr. Reynolds stated that he supports the combined license. He commented that it is an administrative burden and burdensome and confusing for nurse practitioners (NPs) to apply for the third license. Ms. Gerardo expressed agreement with Dr. Reynolds. Dr. Hobgood asked if NPs are trained about prescriptive authority during their education program.

Ms. Douglas noted that if use of a separate license was discontinued, there could still be a mechanism to differentiate through the licensure database and the website those with prescriptive authority. She commented that as NP education has advanced over the years, basic NP education now includes pharmacology.

Dr. Reynolds motioned to move forward with the recommendation to combine NP and PA. The motion was seconded and passed unanimously.

Ms. Douglas said that the next step is for Ms. Mitchell, Board Counsel, to review the Code to identify any statutory barriers. Staff will further assess fiscal and operational factors and seek any necessary DHP approval.

Consideration of BOM rationale for amendment to Guidance Document (GD) 90-56 (Practice Agreements):

Ms. Yeatts reviewed the GD 90-56 which was adopted by the Board of Nursing (BON) in July. She added that it was presented to the Board of Medicine (BOM) for adoption because Licensed Nurse Practitioners (LNPs) are jointly regulated by BON and BOM. She noted that in August the BOM modified the GD to delete inclusion of "authorization to write DNR orders" for practice agreement for an LNP in the category of CNM. She said that it was presented to the BON in September, the BON stayed with its original decision, and asked staff to request the BOM to provide rational for their action.

Ms. Yeatts noted that the OB/GYNs on the BOM stated that they would not usually write DNR orders since the patient is co-managed by primary physician. She stated that there are two options to consider:

- The appropriateness of DNR for CNM to write; and
- Separating sections in GD 90-56 to differentiate between "should" and "may" activities for inclusion in a practice agreement.

Ms. Dotson commented that it is not needed or appropriate for a CNM. Dr. Borzelleca and Mr. Coles noted that certain situations in hospitalized patient where the CNM might have the primary relationship with the patients and therefore the ability to write the DNR order would be appropriate.

Ms. Yeatts noted that an omission of something in a GD does not prohibit the activity. Ms. Mitchell added that if something is not referenced in GD, it does not prevent CNM to have it included in a practice agreement.

Dr. Walker moved to delete "authorization to write DNR orders" in the practice agreement for an LNP in the category of CNM. The motion was seconded and passed unanimously.

Dr. Reynolds moved to revise the GD to differentiate between "should" and "may" sections. The motion was seconded and passed unanimously.

Ms. Yeatts said the revision of the GD will be forwarded to the BON and BOM for approval after staff make the changes. All agreed.

RECESS: The Board recessed at 10:34 A.M.

RECONVENTION: The Board reconvened at 10:49 A.M.

NEW BUSINESS: **Nominations for Replacement of Physician and Nurse Practitioner Advisory Committee Members:**

Ms. Douglas reviewed the regulations indicating the Committee of the Joint Boards and the Advisory Committee composition.

A recommendation for the vacant physician position on the Advisory Committee was submitted by Dr. Hobgood for Thokozeni Lipato. In addition, Stuart Mackler had previously indicated his interest in serving on the Advisory Committee once his Board of Medicine term was completed, but has not submitted his CV for review. Dr. Reynolds and Dr. Walker spoke in support of Dr. Mackler. Dr. Hobgood spoke in support of Dr. Lipato.

Ms. Hershkowitz asked for the hand vote in favor of Dr. Lipato. There was one vote of yes out of six.

Ms. Hershkowitz asked for the hand vote in favor of Dr. Mackler. There were four votes of yes out of six.

Recommendation for a nurse practitioner to replace Dr. Watters on Advisory Committee was submitted by the VANA for Cathy Harrison, CRNA.

Ms. Dotson left the meeting.

Dr. Watters recommended Dr. Harrison highly.

Ms. Hershkowitz asked for the hand vote in favor of Dr. Harrison. There were five votes of yes out six.

Committee Members discussed the need for Advisory Committee Members in the future and encouraged Dr. Lipato to reapply. Ms. Hershkowitz thanked Mr. Watters for his years of service.

Review of Comprehensive Addiction and Recovery Act (CARA); implications for Nurse Practitioners with prescriptive authority:
Ms. Douglas noted that this is provided as information only and no action is needed. She then referred the Committee to Sec. 303 of law and noted that there will be more discussion between agencies regarding this section and DHP has not taken any position on this matter. Ms. Douglas added that NPs would need to comply with federal requirements in order to be a qualified providers.

Recommendation from BON regarding licensure renewal continued competency requirements related to pharmacology. Shoud there be a requirement that includes course content in Substance Abuse Disorders and Opioid prescribing?:
Ms. Douglas stated that a 2016 new law now requires all licensees who prescribe to complete two hours of continuing education (CE) on the topics related to pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction. Ms. Douglas added that this requirement includes NPs who have Prescriptive Authority. She noted that she was made aware of the notification that Dr. Harp, BOM Executive Director, plans to send by e-mails to all licensees who prescribe. She commented that there is not action needed at this time. The Committee agreed that this addresses the suggestion make by the BON.

Nurse Practitioner Licensure Update:
Ms. Willinger reported the following:

- There have been no complaints received recently from NPs;
- Complaints in the prior few months allowed for identification of issues and solutions for more efficient communication internally/externally and better management of application supporting documents;
- Solutions included:
  - process in place to track applications and to record the national certificate numbers and expiration dates in licensing database which also populates in the Prescriptive Authority license record which is helpful for renewal and audit purposes;
  - Applications and instructions were revised and streamlined to route supporting information to the correct email address closely monitored by licensing staff, inclusion of table in "paper" application with corresponding specialties, clarification of process/requirements for NP exam and endorsement applications

and for those current licensees adding specialties, inclusion of hyperlinks to applicable regulations and RN requirements and more concise online "checklist" viewed by online applicants;

- Licensing staff education regarding other states'/certifying agency's licensure/certification requirements and methods of verifying supporting information; and
- Data tracking of affirmative application answers for questions related to military service.

Regulatory Update:
Ms. Yeatts stated that there are no regulations outstanding for NPs and nothing additional to report.

Review of 2017 Joint Boards meeting dates:
Ms. Hershkowitz stated that a copy of the 2017 Joint Boards has been provided to all members. She noted that the next meeting is scheduled for Wednesday, February 8, 2017.

RECESS: The Board recessed at 11:25 A.M. Ms. Yeatts and Advisory Committee members left the meeting.

RECONVENTION: The Board reconvened at 11:30 A.M.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATION:

CLOSED MEETING: Dr. Poston moved that the Committee of the Joint Board of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:30 A.M., for the purpose of consideration of agency subordinate recommendation. Additionally, Dr. Poston moved that Ms. Douglas, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:45 A.M.

Dr. Poston moved that the Committee of the Joint Board of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Kimberly Maigi, LNP 0024-171831; Prescriptive Authority 0017-142639 (Virginia RN license 0001-254913)
Ms. Maigi did not appear.

Dr. Poston moved that the Committee of the Joint Board of Nursing and Medicine modify the recommended decision of the agency subordinate to delete reprimand and to impose monetary penalty of $100.00 to pay within 60 days from entry of the Order. The motion was seconded and carried unanimously.

Ms. Hershkowitz reminded available Board Members that assistance was needed with probable cause review following the meetings.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:46 A.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Agenda Item: **Regulatory Actions**

Staff Note: Ms. Yeatts will speak to the Board of Medicine actions underway.

Action: None.

Agenda Item: Regulatory Actions - Chart of Regulatory Actions

As of February 10, 2017

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Licensure by endorsement [Action 4716] NOIRA - *Register Date: 1/23/17* *Comment closes: 2/22/17*
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	CE credit for volunteer practice [Action 4703] Fast-Track - *Register Date: 1/23/17* *Effective: 3/9/17*
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	CE credit for volunteer practice and academic course [Action 4706] Fast-Track - *Register Date: 1/23/17* *Effective: 3/9/17*
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Elimination of required submission of certain documents [Action 4629] Fast-Track - *At Secretary's Office* [Stage 7797]
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	NBCOT certification as option for CE [Action 4461] Proposed - *At Secretary's Office* [Stage 7756]
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	CE credit for volunteer practice [Action 4702] Fast-Track - *Register Date: 1/23/17* *Effective: 3/9/17*
[18 VAC 85 - 101]	Regulations Governing the Licensure of Radiologic Technology	CE credit for volunteer practice [Action 4704] Fast-Track - *Register Date: 1/23/17* *Effective: 3/9/17*
[18 VAC 85 - 101]	Regulations Governing the Licensure of Radiologic Technology	Repeal of traineeships [Action 4707] Fast-Track - *Register Date: 1/23/* *Effective: 3/9/17*
[18 VAC 85 - 140]	Regulations Governing the Practice of Polysomnographic Technologists	CE credit for volunteer practice [Action 4705] Fast-Track - *Register Date: 1/23/17* *Effective: 3/9/17*
[18 VAC 85 - 150]	Regulations Governing the Practice of Behavior Analysis	increase in hours of CE [Action 4331] Final - *Register Date: 2/6/17* [*Effective: 3/8/17*
[18 VAC 85 - 170]	Regulations Governing the Practice of Genetic Counselors [under development]	Initial regulations for licensure [Action 4254] Final - *At Secretary's Office* [Stage 7794]

Board of Medicine

Report of the 2017 General Assembly

HB 1484 Occupational therapists; Board of Medicine shall amend regulations governing licensure.

Chief patron: Bell, Richard P.

Summary as passed House:

Board of Medicine to amend regulations governing licensure of occupational therapists to specify Type 1 continuous learning activities. Directs the Board of Medicine to amend regulations governing licensure of occupational therapists to provide that Type 1 continuing learning activities that shall be completed by the practitioner prior to renewal of a license shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components: the Virginia Occupational Therapy Association; the American Occupational Therapy Association; the National Board for Certification in Occupational Therapy; a local, state, or federal government agency; a regionally accredited college or university; or a health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation. Such regulations shall also provide that Type 1 continuing learning activities may also include an American Medical Association Category 1 Continuing Medical Education program. The bill further provides that the Board of Medicine shall not deem maintenance of any certification provided by such organization as sufficient to fulfill continuing learning requirements for occupational therapists.

01/27/17 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/27/17 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)
01/30/17 Senate: Constitutional reading dispensed
01/30/17 Senate: Referred to Committee on Education and Health
02/06/17 Senate: Assigned Education sub: Health Professions

HB 1566 Professions and occupations; active supervision of regulatory boards, definitions, report.

Chief patron: Webert

Summary as passed House:

Professions and occupations; regulatory boards. Establishes a statewide policy for the regulation of professions and occupations specifying criteria for government regulation with the objective of increasing opportunities, promoting competition, encouraging innovation, protecting consumers, and complying with applicable federal antitrust laws. The bill also establishes the position of professional and occupational regulatory analyst within the Division of Legislative Services to assist the Joint Commission on Administrative Rules in (i) evaluating at least three professions and occupations in each year and (ii) the extent feasible, reviewing legislation establishing or modifying an occupational regulation to determine whether the legislation meets the state policy of using the least restrictive regulation necessary to protect or preserve the public health, safety, and welfare. The evaluation shall include recommendations for

changes to occupational regulations to improve compliance with the state policy of using the least restrictive regulation necessary.

02/07/17 House: Impact statement from DPB (HB1566H2)
02/07/17 House: Read third time and passed House (63-Y 33-N)
02/07/17 House: VOTE: PASSAGE (63-Y 33-N)
02/08/17 Senate: Constitutional reading dispensed
02/08/17 Senate: Referred to Committee on Rules

HB 1609 Nurse practitioner as expert witness; scope of activities.

Chief patron: Leftwich

Summary as introduced:
Nurse practitioner as expert witness; scope of activities. References the specific Code section outlining the scope of a nurse practitioner's activities in the context of the current provision that authorizes a nurse practitioner to testify as an expert witness within the scope of his activities.

02/01/17 House: Read second time and engrossed
02/02/17 House: Read third time and passed House BLOCK VOTE (95-Y 0-N)
02/02/17 House: VOTE: BLOCK VOTE PASSAGE (95-Y 0-N)
02/03/17 Senate: Constitutional reading dispensed
02/03/17 Senate: Referred to Committee for Courts of Justice

HB 1610 Drug Control Act; Schedule I.

Chief patron: Garrett

Summary as passed House:

Drug Control Act; Schedule I. Adds certain chemical substances to Schedule I of the Drug Control Act. The Board of Pharmacy has added these substances to Schedule I in an expedited regulatory process. A substance added via this process is removed from the schedule after 18 months unless a general law is enacted adding the substance to the schedule. The bill also removes two substances, benzylfentanyl and thienylfentanyl, from Schedule I. The bill contains technical amendments.

01/19/17 House: Impact statement from VDH (HB1610E)
01/20/17 House: Read third time and passed House BLOCK VOTE (92-Y 0-N)
01/20/17 House: VOTE: BLOCK VOTE PASSAGE (92-Y 0-N)
01/23/17 Senate: Constitutional reading dispensed
01/23/17 Senate: Referred to Committee on Education and Health

HB 1748 Persons administering services for patients at certain clinics exempt from liability.

Chief patron: O'Bannon

Summary as introduced:
Persons administering services for patients at certain clinics exempt from liability. Adds to the list of persons who are exempt from liability resulting from the rendering of certain services persons who

organize, arrange, promote, or administer health care services voluntarily and without compensation to any patient of any clinic that is organized in whole or in part for the delivery of health care services without charge or any clinic for the indigent and uninsured that is organized for the delivery of primary health care services as a federally qualified health center designated by the Centers for Medicare & Medicaid Services.

02/02/17 House: VOTE: BLOCK VOTE PASSAGE (95-Y 0-N)
02/03/17 Senate: Constitutional reading dispensed
02/03/17 Senate: Referred to Committee for Courts of Justice
02/08/17 Senate: Reported from Courts of Justice with substitute (12-Y 0-N)
02/08/17 Senate: Committee substitute printed 17105290D-S1

HB 1885 Opioids; limit on amount prescribed, extends sunset provision.

Chief patron: Hugo

Summary as passed House:

Prescription of opioids; limits. Requires a prescriber registered with the Prescription Monitoring Program to request information about a patient from the Prescription Monitoring Program upon initiating a new course of treatment that includes prescribing of opioids anticipated, at the onset of treatment, to last more than seven days. The bill also extends the sunset for this requirement from July 1, 2019 to July 1, 2022.

01/30/17 House: Engrossed by House - committee substitute HB1885H1
01/31/17 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)
01/31/17 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
02/01/17 Senate: Constitutional reading dispensed
02/01/17 Senate: Referred to Committee on Education and Health

HB 2119 Laser hair removal; limits practice.

Chief patron: Keam

Summary as passed House:

Practice of laser hair removal. Limits the practice of laser hair removal to a properly trained person licensed to practice medicine or osteopathic medicine or licensed as a physician assistant or nurse practitioner, or to a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or physician assistant.

02/07/17 House: Engrossed bill reprinted 17102330D-E
02/07/17 House: Read third time and passed House (90-Y 7-N)
02/07/17 House: VOTE: PASSAGE (90-Y 7-N)
02/08/17 Senate: Constitutional reading dispensed
02/08/17 Senate: Referred to Committee on Education and Health

HB 2153 Durable Do Not Resuscitate Orders; reciprocity.

Chief patron: Rasoul

Summary as introduced:
Durable Do Not Resuscitate Orders; reciprocity. Provides that a Durable Do Not Resuscitate order or other order regarding life-sustaining treatment executed in accordance with the laws of another state in which such order was executed shall be deemed to be valid and shall be given full effect in the Commonwealth.

01/24/17 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)
01/24/17 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
01/25/17 Senate: Constitutional reading dispensed
01/25/17 Senate: Referred to Committee on Education and Health
02/06/17 Senate: Assigned Education sub: Health Professions

HB 2164 Drugs of concern; drug of concern.

Chief patron: Pillion

Summary as passed House:

Drugs of concern; gabapentin. Adds any material, compound, mixture, or preparation containing any quantity of gabapentin, including any of its salts, to the list of drugs of concern. This bill contains an emergency clause.

EMERGENCY

01/31/17 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
02/01/17 Senate: Constitutional reading dispensed
02/01/17 Senate: Referred to Committee on Education and Health
02/03/17 House: Impact statement from VDH (HB2164E)
02/06/17 Senate: Assigned Education sub: Health Professions

SB 848 Naloxone; dispensing for use in opioid overdose reversal, etc.

Chief patron: Wexton

Summary as passed Senate:

Dispensing of naloxone. Allows a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy pursuant to § 54.1-3423 to dispense naloxone to a person who has completed a training program on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber, (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, and (iii) without charge or compensation. The bill also provides that dispensing may occur at a site other than that of the controlled substance registration provided the entity possessing the controlled substance registration maintains records in accordance with

regulations of the Board of Pharmacy. The bill further provides that a person who dispenses naloxone shall not be liable for civil damages of ordinary negligence for acts or omissions resulting from the rendering of such treatment if he acts in good faith and that a person to whom naloxone has been dispensed pursuant to the provisions of the bill may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill contains an emergency clause.

EMERGENCY

01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/02/17 Senate: Impact statement from DPB (SB848S1)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 880 Genetic counselors; licensing; grandfather clause.

Chief patron: Howell

Summary as passed Senate:

Genetic counselors; licensing; grandfather clause. Extends the deadline from July 1, 2016, to December 31, 2018, or to within 90 days of the effective date of the relevant regulations promulgated by the Board, whichever is later; by which individuals who have at least 20 years of documented work experience practicing genetic counseling and meet other certain requirements may receive a waiver from the Board of Medicine of the requirements of a master's degree and American Board of Genetic Counseling or American Board of Medical Genetics certification for licensure as a genetic counselor.

01/17/17 Senate: Impact statement from VDH (SB880E)
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 922 Dept of Professional and Occupational Regulation and Department of Health Professions; licensure.

Chief patron: Petersen

Summary as introduced:
Department of Professional and Occupational Regulation and Department of Health Professions; licensure, certification, registration, and permitting. Provides that certain powers of the Department of Professional and Occupational Regulation, the Department of Health Professions, and health regulatory boards and certain requirements of persons regulated by such entities apply, inclusively, to permits as well as licenses, certifications, and registrations and to holders of permits as well as holders of such licenses, certifications, and registrations.

01/16/17 Senate: Read second time and engrossed
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar

01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 981 Charity health care services; liability protection for administrators.

Chief patron: Stanley

Summary as passed Senate:

Charity health care services; liability protection for administrators. Provides that persons who administer, organize, arrange, or promote the rendering of services to patients of certain clinics shall not be liable to patients of such clinics for any civil damages for any act or omission resulting from the rendering of such services unless the act or omission was the result of such persons' or the clinic's gross negligence or willful misconduct.

01/18/17 Senate: Printed as engrossed 17101302D-E
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee for Courts of Justice
02/08/17 House: Reported from Courts of Justice (21-Y 0-N)

SB 1009 Telemedicine, practice of; prescribing controlled substances.

Chief patron: Dunnavant

Summary as passed Senate:

Practice of telemedicine; prescribing. Provides that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine. The bill also authorizes the Board of Pharmacy to register an entity at which a patient is treated by the use of instrumentation and diagnostic equipment for the purpose of establishing a bona fide practitioner-patient relationship and is prescribed Schedule II through VI controlled substances to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration. The bill contains an emergency clause.

EMERGENCY

01/16/17 Senate: Engrossed by Senate - committee substitute SB1009S1
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1020 Peer recovery specialists and qualified mental health professionals; registration.

Chief patron: Barker

Summary as passed Senate:

Registration of peer recovery specialists and qualified mental health professionals. Authorizes the registration of peer recovery specialists and qualified mental health professionals by the Board of Counseling. The bill defines "qualified mental health professional" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. The bill requires that a qualified mental health professional provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services. The bill defines "registered peer recovery specialist" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. The bill requires that a registered peer recovery specialist provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health. The bill adds qualified mental health professionals and registered peer recovery specialists to the list of mental health providers that are required to take actions to protect third parties under certain circumstances and notify clients of their right to report to the Department of Health Professions any unethical, fraudulent, or unprofessional conduct. The bill directs the Board of Counseling and the Board of Behavioral Health and Developmental Services to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1020S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1024 Doctor of medicine, etc.; reporting disabilities of drivers to DMV, not subject to civil liability.

Chief patron: Dunnavant

Summary as passed Senate:

Health care practitioners; reporting disabilities of drivers. Provides that any doctor of medicine, osteopathy, chiropractic, or podiatry or any nurse practitioner, physician assistant, optometrist, physical therapist, or clinical psychologist who reports to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle that the reporting individual believes affects such person's ability to operate a motor vehicle safely is not subject to civil liability or deemed to have violated the practitioner-patient privilege unless he has acted in bad faith or with malicious intent.

01/24/17 Senate: Read third time and passed Senate (28-Y 12-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time

01/31/17 House: Referred to Committee on Health, Welfare and Institutions
02/02/17 Senate: Impact statement from DPB (SB1024S1)

SB 1027 Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide.

Chief patron: Marsden

Summary as introduced:
Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide. Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy (the Board) and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The bill sets limits on the number of permits that the Board may issue and requires that the Board adopt regulations establishing health, safety, and security requirements for permitted processors. The bill provides that only a licensed practitioner of medicine or osteopathy who is a neurologist or who specializes in the treatment of epilepsy may issue a written certification to a patient for the use of cannabidiol oil or THC-A oil. The bill also requires that a practitioner who issues a written certification for cannabidiol oil or THC-A oil, the patient issued such certification, and, if the patient is a minor or incapacitated, the patient's parent or legal guardian register with the Board. The bill requires further that a pharmaceutical processor shall not provide cannabidiol oil or THC-A oil to a patient or a patient's parent or legal guardian without first verifying that the patient, the patient's parent or legal guardian if the patient is a minor or incapacitated, and the practitioner who issued the written certification have registered with the Board. Finally, the bill provides an affirmative defense for agents and employees of pharmaceutical processors in a prosecution for the manufacture, possession, or distribution of marijuana. This bill contains an emergency clause.

EMERGENCY

01/23/17 Senate: Read second time and engrossed
01/24/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1046 Board of Medicine; requirements for licensure.

Chief patron: Stanley

Summary as introduced:
Board of Medicine; requirements for licensure. Removes provisions related to licensure of graduates of an institution not approved by an accrediting agency recognized by the Board of Medicine. Under the bill, only graduates of institutions approved by an accrediting agency recognized by the Board of Medicine are eligible for licensure.

01/23/17 Senate: Read second time and engrossed
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1062 Definition of mental health service provider.

Chief patron: Deeds

Summary as introduced:
Definition of mental health service provider. Adds physician assistant to the list of mental health service providers who have a duty to take precautions to protect third parties from violent behavior or other serious harm.

01/17/17 Senate: Impact statement from DPB (SB1062)
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1178 Buprenorphine without naloxone; prescription limitation.

Chief patron: Chafin

Summary as passed Senate:

Prescription of buprenorphine without naloxone; limitation. Provides that buprenorphine mono or products containing buprenorphine without naloxone shall be issued only for a patient who is pregnant. The provisions of the bill expire on July 1, 2022.

01/24/17 Senate: Impact statement from VDH (SB1178E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1179 Opioids; workgroup to establish guidelines for prescribing.

Chief patron: Chafin

Summary as passed Senate:

Secretary of Health and Human Resources; workgroup to establish educational guidelines for training health care providers in the safe prescribing and appropriate use of opioids. Requires the Secretary of Health and Human Resources to convene a workgroup that shall include representatives of the Departments of Behavioral Health and Developmental Services, Health, and Health Professions as well as representatives of the State Council of Higher Education for Virginia and each of the Commonwealth's medical schools, dental schools, schools of pharmacy, physician assistant education programs, and nursing education programs to develop educational standards and curricula for training health care providers, including physicians, dentists, optometrists, pharmacists, physician assistants, and nurses, in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017. This bill has an emergency clause.

02/06/17 Senate: Printed as engrossed 17101155D-E
02/08/17 House: Placed on Calendar
02/08/17 House: Read first time
02/08/17 House: Referred to Committee on Health, Welfare and Institutions
02/09/17 Senate: Impact statement from DPB (SB1179E)

SB 1180 Opioids and buprenorphine; Boards of Dentistry and Medicine to adopt regulations for prescribing.

Chief patron: Chafin

Summary as passed Senate:

Boards of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine. Directs the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine. The bill requires the Prescription Monitoring Program at the Department of Health Professions to annually provide a report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient. The bill contains an emergency clause.

EMERGENCY

01/24/17 Senate: Impact statement from VDH (SB1180E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1230 Opiate prescriptions; electronic prescriptions.

Chief patron: Dunnavant

Summary as passed Senate:

Opiate prescriptions; electronic prescriptions. Requires a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. The bill defines electronic prescription as a written prescription that is generated on an electronic application in accordance with federal regulations and is transmitted to a pharmacy as an electronic data file. The bill requires the Secretary of Health and Human Resources to convene a work group of interested stakeholders to review actions necessary for the implementation of the bill's provisions and report on the work group's progress to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2017 and a final report to such Chairmen by November 1, 2018.

01/24/17 Senate: Impact statement from DPB (SB1230E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/31/17 House: Placed on Calendar

01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1232 Opioids; limit on amount prescribed, extends sunset provision.

Chief patron: Dunnavant

Summary as passed Senate:

Limits on prescription of controlled substances containing opioids. Requires a prescriber registered with the Prescription Monitoring Program to request information about a patient from the Prescription Monitoring Program upon initiating a new course of treatment that includes prescribing of opioids anticipated, at the onset of treatment, to last more than seven days. The bill also extends the sunset for this requirement from July 1, 2019 to July 1, 2022.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1232S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1298 Marijuana; possession or distribution for medical purposes, affirmative defense for treatment.

Chief patron: Vogel

Summary as introduced:
Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer, glaucoma, human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's disease, nail patella, cachexia or wasting syndrome, multiple sclerosis, or complex regional pain syndrome. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.

01/26/17 Senate: Read third time and passed Senate (29-Y 11-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee for Courts of Justice
02/08/17 House: Assigned Courts sub: Criminal Law

SB 1321 Ophthalmic prescriptions; definitions, who may provide prescriptions, requirements.

Chief patron: Carrico

Summary as passed Senate:

Requirements for ophthalmic prescriptions. Requires, for ophthalmic prescriptions written on or after July 1, 2017, that an ophthalmologist or optometrist to establish a bona fide provider-patient relationship

with a patient prior to prescribing spectacles, eyeglasses, lenses, or contact lenses, and sets out requirements for establishing such relationship, which includes options for examination of the patient either in person or through face-to-face interactive, two-way, real-time communication or store-and-forward technologies.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1321S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1327 Doctors; licensure of medical science.

Chief patron: Carrico

Summary as introduced:
Licensure of doctors of medical science. Establishes criteria for license as a doctor of medical science and establishes the Advisory Board on Doctors of Medical Science.

01/10/17 Senate: Prefiled and ordered printed; offered 01/11/17 17102807D
01/10/17 Senate: Referred to Committee on Education and Health
01/24/17 Senate: Impact statement from VDH (SB1327)
02/02/17 Senate: Passed by indefinitely in Education and Health (15-Y 0-N)

SB 1403 Cannabidiol; Board of Pharmacy to deschedule or reschedule upon certain publication.

Chief patron: Dunnavant

Summary as passed Senate:

Board of Pharmacy to deschedule or reschedule controlled substances. Authorizes the Board of Pharmacy (Board) to designate, deschedule, or reschedule as a controlled substance any substance 30 days after publication in the Federal Register of a final or interim final order or rule designating such substance as a controlled substance or descheduling or rescheduling such substance. Under current law, the Board may act 120 days from such publication date.

01/23/17 Senate: Engrossed by Senate - committee substitute SB1403S1
01/24/17 Senate: Read third time and passed Senate (39-Y 1-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1452 Marijuana; possession or distribution for medical purposes.

Chief patron: Lucas

Summary as introduced:
Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person

has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.

01/31/17 Senate: Read third time and passed Senate (29-Y 10-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee for Courts of Justice
02/08/17 House: Assigned Courts sub: Criminal Law

SB 1484 Prescription Monitoring Program; disclosure of information to certain physicians or pharmacists.

Chief patron: Hanger

Summary as introduced:
Prescription Monitoring Program. Requires the information in the possession of the Prescription Monitoring Program disclosed by the Director of Health Professions about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist employed by the Virginia Medicaid managed care program to be provided via electronic access to the Prescription Monitoring Program in real time. The bill requires such electronic access to be identical to that provided to a prescriber or a dispenser who receives information in the possession of the Prescription Monitoring Program from the Director. The bill provides that such physicians or pharmacists employed by the Virginia Medicaid managed care program may delegate their authority to access such information and may be licensed in a jurisdiction other than the Commonwealth.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1484S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

Board of Medicine

Report of the 2017 General Assembly

HB 1484 Occupational therapists; Board of Medicine shall amend regulations governing licensure.

Chief patron: Bell, Richard P.

Summary as passed House:

Board of Medicine to amend regulations governing licensure of occupational therapists to specify Type 1 continuous learning activities. Directs the Board of Medicine to amend regulations governing licensure of occupational therapists to provide that Type 1 continuing learning activities that shall be completed by the practitioner prior to renewal of a license shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components: the Virginia Occupational Therapy Association; the American Occupational Therapy Association; the National Board for Certification in Occupational Therapy; a local, state, or federal government agency; a regionally accredited college or university; or a health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation. Such regulations shall also provide that Type 1 continuing learning activities may also include an American Medical Association Category 1 Continuing Medical Education program. The bill further provides that the Board of Medicine shall not deem maintenance of any certification provided by such organization as sufficient to fulfill continuing learning requirements for occupational therapists.

01/27/17 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/27/17 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)
01/30/17 Senate: Constitutional reading dispensed
01/30/17 Senate: Referred to Committee on Education and Health
02/06/17 Senate: Assigned Education sub: Health Professions

HB 1566 Professions and occupations; active supervision of regulatory boards, definitions, report.

Chief patron: Webert

Summary as passed House:

Professions and occupations; regulatory boards. Establishes a statewide policy for the regulation of professions and occupations specifying criteria for government regulation with the objective of increasing opportunities, promoting competition, encouraging innovation, protecting consumers, and complying with applicable federal antitrust laws. The bill also establishes the position of professional and occupational regulatory analyst within the Division of Legislative Services to assist the Joint Commission on Administrative Rules in (i) evaluating at least three professions and occupations in each year and (ii) the extent feasible, reviewing legislation establishing or modifying an occupational regulation to determine whether the legislation meets the state policy of using the least restrictive regulation necessary to protect or preserve the public health, safety, and welfare. The evaluation shall include recommendations for

changes to occupational regulations to improve compliance with the state policy of using the least restrictive regulation necessary.

02/07/17 House: Impact statement from DPB (HB1566H2)
02/07/17 House: Read third time and passed House (63-Y 33-N)
02/07/17 House: VOTE: PASSAGE (63-Y 33-N)
02/08/17 Senate: Constitutional reading dispensed
02/08/17 Senate: Referred to Committee on Rules

HB 1609 Nurse practitioner as expert witness; scope of activities.

Chief patron: Leftwich

Summary as introduced:
Nurse practitioner as expert witness; scope of activities. References the specific Code section outlining the scope of a nurse practitioner's activities in the context of the current provision that authorizes a nurse practitioner to testify as an expert witness within the scope of his activities.

02/01/17 House: Read second time and engrossed
02/02/17 House: Read third time and passed House BLOCK VOTE (95-Y 0-N)
02/02/17 House: VOTE: BLOCK VOTE PASSAGE (95-Y 0-N)
02/03/17 Senate: Constitutional reading dispensed
02/03/17 Senate: Referred to Committee for Courts of Justice

HB 1610 Drug Control Act; Schedule I.

Chief patron: Garrett

Summary as passed House:

Drug Control Act; Schedule I. Adds certain chemical substances to Schedule I of the Drug Control Act. The Board of Pharmacy has added these substances to Schedule I in an expedited regulatory process. A substance added via this process is removed from the schedule after 18 months unless a general law is enacted adding the substance to the schedule. The bill also removes two substances, benzylfentanyl and thienylfentanyl, from Schedule I. The bill contains technical amendments.

01/19/17 House: Impact statement from VDH (HB1610E)
01/20/17 House: Read third time and passed House BLOCK VOTE (92-Y 0-N)
01/20/17 House: VOTE: BLOCK VOTE PASSAGE (92-Y 0-N)
01/23/17 Senate: Constitutional reading dispensed
01/23/17 Senate: Referred to Committee on Education and Health

HB 1748 Persons administering services for patients at certain clinics exempt from liability.

Chief patron: O'Bannon

Summary as introduced:
Persons administering services for patients at certain clinics exempt from liability. Adds to the list of persons who are exempt from liability resulting from the rendering of certain services persons who

organize, arrange, promote, or administer health care services voluntarily and without compensation to any patient of any clinic that is organized in whole or in part for the delivery of health care services without charge or any clinic for the indigent and uninsured that is organized for the delivery of primary health care services as a federally qualified health center designated by the Centers for Medicare & Medicaid Services.

02/02/17 House: VOTE: BLOCK VOTE PASSAGE (95-Y 0-N)
02/03/17 Senate: Constitutional reading dispensed
02/03/17 Senate: Referred to Committee for Courts of Justice
02/08/17 Senate: Reported from Courts of Justice with substitute (12-Y 0-N)
02/08/17 Senate: Committee substitute printed 17105290D-S1

HB 1885 Opioids; limit on amount prescribed, extends sunset provision.

Chief patron: Hugo

Summary as passed House:

Prescription of opioids; limits. Requires a prescriber registered with the Prescription Monitoring Program to request information about a patient from the Prescription Monitoring Program upon initiating a new course of treatment that includes prescribing of opioids anticipated, at the onset of treatment, to last more than seven days. The bill also extends the sunset for this requirement from July 1, 2019 to July 1, 2022.

01/30/17 House: Engrossed by House - committee substitute HB1885H1
01/31/17 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)
01/31/17 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
02/01/17 Senate: Constitutional reading dispensed
02/01/17 Senate: Referred to Committee on Education and Health

HB 2119 Laser hair removal; limits practice.

Chief patron: Keam

Summary as passed House:

Practice of laser hair removal. Limits the practice of laser hair removal to a properly trained person licensed to practice medicine or osteopathic medicine or licensed as a physician assistant or nurse practitioner, or to a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or physician assistant.

02/07/17 House: Engrossed bill reprinted 17102330D-E
02/07/17 House: Read third time and passed House (90-Y 7-N)
02/07/17 House: VOTE: PASSAGE (90-Y 7-N)
02/08/17 Senate: Constitutional reading dispensed
02/08/17 Senate: Referred to Committee on Education and Health

HB 2153 Durable Do Not Resuscitate Orders; reciprocity.

Chief patron: Rasoul

Summary as introduced:
Durable Do Not Resuscitate Orders; reciprocity. Provides that a Durable Do Not Resuscitate order or other order regarding life-sustaining treatment executed in accordance with the laws of another state in which such order was executed shall be deemed to be valid and shall be given full effect in the Commonwealth.

01/24/17 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)
01/24/17 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
01/25/17 Senate: Constitutional reading dispensed
01/25/17 Senate: Referred to Committee on Education and Health
02/06/17 Senate: Assigned Education sub: Health Professions

HB 2164 Drugs of concern; drug of concern.

Chief patron: Pillion

Summary as passed House:

Drugs of concern; gabapentin. Adds any material, compound, mixture, or preparation containing any quantity of gabapentin, including any of its salts, to the list of drugs of concern. This bill contains an emergency clause.

EMERGENCY

01/31/17 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
02/01/17 Senate: Constitutional reading dispensed
02/01/17 Senate: Referred to Committee on Education and Health
02/03/17 House: Impact statement from VDH (HB2164E)
02/06/17 Senate: Assigned Education sub: Health Professions

SB 848 Naloxone; dispensing for use in opioid overdose reversal, etc.

Chief patron: Wexton

Summary as passed Senate:

Dispensing of naloxone. Allows a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy pursuant to § 54.1-3423 to dispense naloxone to a person who has completed a training program on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber, (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, and (iii) without charge or compensation. The bill also provides that dispensing may occur at a site other than that of the controlled substance registration provided the entity possessing the controlled substance registration maintains records in accordance with

regulations of the Board of Pharmacy. The bill further provides that a person who dispenses naloxone shall not be liable for civil damages of ordinary negligence for acts or omissions resulting from the rendering of such treatment if he acts in good faith and that a person to whom naloxone has been dispensed pursuant to the provisions of the bill may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill contains an emergency clause.

EMERGENCY

01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/02/17 Senate: Impact statement from DPB (SB848S1)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 880 Genetic counselors; licensing; grandfather clause.

Chief patron: Howell

Summary as passed Senate:

Genetic counselors; licensing; grandfather clause. Extends the deadline from July 1, 2016, to December 31, 2018, or to within 90 days of the effective date of the relevant regulations promulgated by the Board, whichever is later; by which individuals who have at least 20 years of documented work experience practicing genetic counseling and meet other certain requirements may receive a waiver from the Board of Medicine of the requirements of a master's degree and American Board of Genetic Counseling or American Board of Medical Genetics certification for licensure as a genetic counselor.

01/17/17 Senate: Impact statement from VDH (SB880E)
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 922 Dept of Professional and Occupational Regulation and Department of Health Professions; licensure.

Chief patron: Petersen

Summary as introduced:
Department of Professional and Occupational Regulation and Department of Health Professions; licensure, certification, registration, and permitting. Provides that certain powers of the Department of Professional and Occupational Regulation, the Department of Health Professions, and health regulatory boards and certain requirements of persons regulated by such entities apply, inclusively, to permits as well as licenses, certifications, and registrations and to holders of permits as well as holders of such licenses, certifications, and registrations.

01/16/17 Senate: Read second time and engrossed
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar

01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 981 Charity health care services; liability protection for administrators.

Chief patron: Stanley

Summary as passed Senate:

Charity health care services; liability protection for administrators. Provides that persons who administer, organize, arrange, or promote the rendering of services to patients of certain clinics shall not be liable to patients of such clinics for any civil damages for any act or omission resulting from the rendering of such services unless the act or omission was the result of such persons' or the clinic's gross negligence or willful misconduct.

01/18/17 Senate: Printed as engrossed 17101302D-E
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee for Courts of Justice
02/08/17 House: Reported from Courts of Justice (21-Y 0-N)

SB 1009 Telemedicine, practice of; prescribing controlled substances.

Chief patron: Dunnavant

Summary as passed Senate:

Practice of telemedicine; prescribing. Provides that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine. The bill also authorizes the Board of Pharmacy to register an entity at which a patient is treated by the use of instrumentation and diagnostic equipment for the purpose of establishing a bona fide practitioner-patient relationship and is prescribed Schedule II through VI controlled substances to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration. The bill contains an emergency clause.

EMERGENCY

01/16/17 Senate: Engrossed by Senate - committee substitute SB1009S1
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1020 Peer recovery specialists and qualified mental health professionals; registration.

Chief patron: Barker

Summary as passed Senate:

Registration of peer recovery specialists and qualified mental health professionals. Authorizes the registration of peer recovery specialists and qualified mental health professionals by the Board of Counseling. The bill defines "qualified mental health professional" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. The bill requires that a qualified mental health professional provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services. The bill defines "registered peer recovery specialist" as a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. The bill requires that a registered peer recovery specialist provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health. The bill adds qualified mental health professionals and registered peer recovery specialists to the list of mental health providers that are required to take actions to protect third parties under certain circumstances and notify clients of their right to report to the Department of Health Professions any unethical, fraudulent, or unprofessional conduct. The bill directs the Board of Counseling and the Board of Behavioral Health and Developmental Services to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1020S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1024 Doctor of medicine, etc.; reporting disabilities of drivers to DMV, not subject to civil liability.

Chief patron: Dunnavant

Summary as passed Senate:

Health care practitioners; reporting disabilities of drivers. Provides that any doctor of medicine, osteopathy, chiropractic, or podiatry or any nurse practitioner, physician assistant, optometrist, physical therapist, or clinical psychologist who reports to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle that the reporting individual believes affects such person's ability to operate a motor vehicle safely is not subject to civil liability or deemed to have violated the practitioner-patient privilege unless he has acted in bad faith or with malicious intent.

01/24/17 Senate: Read third time and passed Senate (28-Y 12-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time

01/31/17 House: Referred to Committee on Health, Welfare and Institutions
02/02/17 Senate: Impact statement from DPB (SB1024S1)

SB 1027 Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide.

Chief patron: Marsden

Summary as introduced:
Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide. Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy (the Board) and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The bill sets limits on the number of permits that the Board may issue and requires that the Board adopt regulations establishing health, safety, and security requirements for permitted processors. The bill provides that only a licensed practitioner of medicine or osteopathy who is a neurologist or who specializes in the treatment of epilepsy may issue a written certification to a patient for the use of cannabidiol oil or THC-A oil. The bill also requires that a practitioner who issues a written certification for cannabidiol oil or THC-A oil, the patient issued such certification, and, if the patient is a minor or incapacitated, the patient's parent or legal guardian register with the Board. The bill requires further that a pharmaceutical processor shall not provide cannabidiol oil or THC-A oil to a patient or a patient's parent or legal guardian without first verifying that the patient, the patient's parent or legal guardian if the patient is a minor or incapacitated, and the practitioner who issued the written certification have registered with the Board. Finally, the bill provides an affirmative defense for agents and employees of pharmaceutical processors in a prosecution for the manufacture, possession, or distribution of marijuana. This bill contains an emergency clause.

EMERGENCY

01/23/17 Senate: Read second time and engrossed
01/24/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1046 Board of Medicine; requirements for licensure.

Chief patron: Stanley

Summary as introduced:
Board of Medicine; requirements for licensure. Removes provisions related to licensure of graduates of an institution not approved by an accrediting agency recognized by the Board of Medicine. Under the bill, only graduates of institutions approved by an accrediting agency recognized by the Board of Medicine are eligible for licensure.

01/23/17 Senate: Read second time and engrossed
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1062 Definition of mental health service provider.

Chief patron: Deeds

Summary as introduced:
Definition of mental health service provider. Adds physician assistant to the list of mental health service providers who have a duty to take precautions to protect third parties from violent behavior or other serious harm.

01/17/17 Senate: Impact statement from DPB (SB1062)
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1178 Buprenorphine without naloxone; prescription limitation.

Chief patron: Chafin

Summary as passed Senate:

Prescription of buprenorphine without naloxone; limitation. Provides that buprenorphine mono or products containing buprenorphine without naloxone shall be issued only for a patient who is pregnant. The provisions of the bill expire on July 1, 2022.

01/24/17 Senate: Impact statement from VDH (SB1178E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1179 Opioids; workgroup to establish guidelines for prescribing.

Chief patron: Chafin

Summary as passed Senate:

Secretary of Health and Human Resources; workgroup to establish educational guidelines for training health care providers in the safe prescribing and appropriate use of opioids. Requires the Secretary of Health and Human Resources to convene a workgroup that shall include representatives of the Departments of Behavioral Health and Developmental Services, Health, and Health Professions as well as representatives of the State Council of Higher Education for Virginia and each of the Commonwealth's medical schools, dental schools, schools of pharmacy, physician assistant education programs, and nursing education programs to develop educational standards and curricula for training health care providers, including physicians, dentists, optometrists, pharmacists, physician assistants, and nurses, in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017. This bill has an emergency clause.

02/06/17 Senate: Printed as engrossed 17101155D-E
02/08/17 House: Placed on Calendar
02/08/17 House: Read first time
02/08/17 House: Referred to Committee on Health, Welfare and Institutions
02/09/17 Senate: Impact statement from DPB (SB1179E)

SB 1180 Opioids and buprenorphine; Boards of Dentistry and Medicine to adopt regulations for prescribing.

Chief patron: Chafin

Summary as passed Senate:

Boards of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine. Directs the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine. The bill requires the Prescription Monitoring Program at the Department of Health Professions to annually provide a report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient. The bill contains an emergency clause.

EMERGENCY

01/24/17 Senate: Impact statement from VDH (SB1180E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/30/17 House: Placed on Calendar
01/30/17 House: Read first time
01/30/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1230 Opiate prescriptions; electronic prescriptions.

Chief patron: Dunnavant

Summary as passed Senate:

Opiate prescriptions; electronic prescriptions. Requires a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. The bill defines electronic prescription as a written prescription that is generated on an electronic application in accordance with federal regulations and is transmitted to a pharmacy as an electronic data file. The bill requires the Secretary of Health and Human Resources to convene a work group of interested stakeholders to review actions necessary for the implementation of the bill's provisions and report on the work group's progress to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2017 and a final report to such Chairmen by November 1, 2018.

01/24/17 Senate: Impact statement from DPB (SB1230E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)
01/31/17 House: Placed on Calendar

01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1232 Opioids; limit on amount prescribed, extends sunset provision.

Chief patron: Dunnavant

Summary as passed Senate:

Limits on prescription of controlled substances containing opioids. Requires a prescriber registered with the Prescription Monitoring Program to request information about a patient from the Prescription Monitoring Program upon initiating a new course of treatment that includes prescribing of opioids anticipated, at the onset of treatment, to last more than seven days. The bill also extends the sunset for this requirement from July 1, 2019 to July 1, 2022.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1232S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1298 Marijuana; possession or distribution for medical purposes, affirmative defense for treatment.

Chief patron: Vogel

Summary as introduced:
Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer, glaucoma, human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's disease, nail patella, cachexia or wasting syndrome, multiple sclerosis, or complex regional pain syndrome. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.

01/26/17 Senate: Read third time and passed Senate (29-Y 11-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee for Courts of Justice
02/08/17 House: Assigned Courts sub: Criminal Law

SB 1321 Ophthalmic prescriptions; definitions, who may provide prescriptions, requirements.

Chief patron: Carrico

Summary as passed Senate:

Requirements for ophthalmic prescriptions. Requires, for ophthalmic prescriptions written on or after July 1, 2017, that an ophthalmologist or optometrist to establish a bona fide provider-patient relationship

with a patient prior to prescribing spectacles, eyeglasses, lenses, or contact lenses, and sets out requirements for establishing such relationship, which includes options for examination of the patient either in person or through face-to-face interactive, two-way, real-time communication or store-and-forward technologies.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1321S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1327 Doctors; licensure of medical science.

Chief patron: Carrico

Summary as introduced:
Licensure of doctors of medical science. Establishes criteria for license as a doctor of medical science and establishes the Advisory Board on Doctors of Medical Science.

01/10/17 Senate: Prefiled and ordered printed; offered 01/11/17 17102807D
01/10/17 Senate: Referred to Committee on Education and Health
01/24/17 Senate: Impact statement from VDH (SB1327)
02/02/17 Senate: Passed by indefinitely in Education and Health (15-Y 0-N)

SB 1403 Cannabidiol; Board of Pharmacy to deschedule or reschedule upon certain publication.

Chief patron: Dunnavant

Summary as passed Senate:

Board of Pharmacy to deschedule or reschedule controlled substances. Authorizes the Board of Pharmacy (Board) to designate, deschedule, or reschedule as a controlled substance any substance 30 days after publication in the Federal Register of a final or interim final order or rule designating such substance as a controlled substance or descheduling or rescheduling such substance. Under current law, the Board may act 120 days from such publication date.

01/23/17 Senate: Engrossed by Senate - committee substitute SB1403S1
01/24/17 Senate: Read third time and passed Senate (39-Y 1-N)
01/31/17 House: Placed on Calendar
01/31/17 House: Read first time
01/31/17 House: Referred to Committee on Health, Welfare and Institutions

SB 1452 Marijuana; possession or distribution for medical purposes.

Chief patron: Lucas

Summary as introduced:
Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person

has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.

01/31/17 Senate: Read third time and passed Senate (29-Y 10-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee for Courts of Justice
02/08/17 House: Assigned Courts sub: Criminal Law

SB 1484 Prescription Monitoring Program; disclosure of information to certain physicians or pharmacists.

Chief patron: Hanger

Summary as introduced:
Prescription Monitoring Program. Requires the information in the possession of the Prescription Monitoring Program disclosed by the Director of Health Professions about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist employed by the Virginia Medicaid managed care program to be provided via electronic access to the Prescription Monitoring Program in real time. The bill requires such electronic access to be identical to that provided to a prescriber or a dispenser who receives information in the possession of the Prescription Monitoring Program from the Director. The bill provides that such physicians or pharmacists employed by the Virginia Medicaid managed care program may delegate their authority to access such information and may be licensed in a jurisdiction other than the Commonwealth.

01/30/17 Senate: Engrossed by Senate - committee substitute SB1484S1
01/31/17 Senate: Read third time and passed Senate (40-Y 0-N)
02/03/17 House: Placed on Calendar
02/03/17 House: Read first time
02/03/17 House: Referred to Committee on Health, Welfare and Institutions

Guidance Document 90-56 (Practice Agreement)

Time Line

July 19, 2016 → Board of Nursing adopted GD 90-56 with changes to conform with 2016 changes in law.

August 5, 2016 → Board of Medicine modified to delete inclusion of "authorization to write DNR orders" in the guidance for practice agreement for LNP in the category of CNM.

September 20, 2016 → Board of Nursing rejected the modification, referred to the Joint Boards, and asked for Board of Medicine rationale for changes.

December 7, 2016 → Joint Boards revised changes in format and deleted reference to CNM's and DNR orders.

January 24, 2017 → Board of Nursing heard the public comment and further amended the GD. This version is to be presented for consideration by the Joint Boards at the February 8, 2017 meeting.

February 8, 2017 → Committee of the Joint Boards voted to recommend the attached version of Guidance Document 90-56 to the boards.

Guidance document: 90-56

Practice Agreement Requirements for Licensed Nurse Practitioners

Rejected by the Board of Nursing – January 24, 2017
Adopted by the Board of Medicine –

In the *Regulations Governing the Licensure of Nurse Practitioners, 18VAC 90-30-10 et seq.,* "Practice agreement" is defined as:

"a written or electronic statement, jointly developed by the collaborating patient care team physician(s) and the licensed nurse practitioner(s), that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse practitioner(s) in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For nurse practitioners licensed in the category of certified nurse midwives, the practice agreement is a statement jointly developed with the consulting physician(s)."

A practice agreement is not required for nurse practitioners licensed in the category of certified registered nurse anesthetists.

The practice agreement for a licensed nurse practitioner (LNP) other than a certified nurse midwife (CNM) should include:

- A description of the procedures that the licensed nurse practitioner (LNP) will perform in accordance with his or her specialty training;
- Provisions for the periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
- Provisions for appropriate physician input in complex clinical cases and patient emergencies and for referrals;
- Categories of drugs and devices that may be prescribed;
- Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient that address, at a minimum, the availability of the collaborating physician proportionate to such factors as practice setting, acuity, and geography;
- Provisions for periodic joint evaluation of services provided and review of patient care outcome;.
- Provisions for periodic review and revision of the practice agreement; and
- Written or electronic signature of the LNP(s) and the physician(s) or the name of the patient care team physician who has entered into the agreement with the licensed nurse practitioner.

The practice agreement may also include, but not be limited to:

- Authorization for the LNP's for signatures, certifications, stamps, verifications, affidavits and endorsements consistent with 18VAC90-30-122;
- Authorization to refer patients for physical therapy in accordance with § 54.1-3482; and
  Authorization to write DNR orders.

The LNP should consider identifying a back-up collaborating physician in the event of the unexpected departure of the patient care team physician. The practice agreement should either state the name or include the signature of the physician who will serve in the role of an alternative team physician in the event the primary team physician is no longer available for collaboration and consultation.

The practice agreement for an LNP in the category of CNM should include:.

- ~~A description of the procedures that the CNM will perform in accordance with his or her specialty training;~~
- ~~Provisions for appropriate physician input in complex clinical cases and patient emergencies and for referrals;~~
- Categories of drugs and devices that may be prescribed, if prescribing Schedule II through V drugs;
- Guidelines for availability and ongoing communications that provide for and define consultation and the availability of the physician for routine and urgent consultation on patient care;
- Provisions for periodic review and revision of the practice agreement; and
- Written or electronic signature of the CNM(s) and the physician(s) who has entered into the agreement.

The practice agreement may also include, but not be limited to:

- Authorization for the CNM's for signatures, certifications, stamps, verifications, affidavits and endorsements consistent with 18VAC90-30-122; and
- Authorization to refer patients for physical therapy in accordance with § 54.1-3482;

The CNM should consider identifying a back-up physician in the event of the unexpected departure of the consulting physician. The practice agreement should either state the name or include the signature of the physician who will serve in the role of an alternative consulting physician in the event the primary physician is no longer available for consultation.

The LNP is required to:

- Maintain the practice agreement.
- Make the practice agreement available for review by the Board of Nursing.
- Have a practice agreement with a patient care team physician (or for certified nurse midwives, a consulting physician) that includes the setting or settings in which the nurse practitioner is actively practicing.

It is not a requirement that a copy of the practice agreement be submitted to the Board of Nursing to obtain or renew the professional license.

Agenda Item: Regulatory Action on Pain Management and Prescribing of Buprenorphine

Staff notes:

- On November 21, 2016, the Commission of Health declared a statewide Public Health Emergency for Virginia as a result of the opioid addiction epidemic
- On January 6, 2017, the Board of Medicine convened a Regulatory Advisory Panel (RAP) with 4 addiction specialists to draft regulations for prescribing of opioids and buprenorphine
- On January 27, 2017, the Legislative Committee convened to consider the RAP draft and additional comment on opioid and buprenorphine prescribing
- On February 8, 2017, the Committee of the Joint Boards of Nursing and Medicine reviewed draft regulations for nurse practitioners for prescribing opioids or buprenorphine.

Included in your agenda package are:

A copy of draft regulations – This is a new Chapter under the Board so all provisions should be underlined

A copy of Administrative Process Act showing authority to adopt by emergency action

A copy of legislation passed in the 2017 General Assembly (HB2165 is identical to SB1180)

Proposed Action:

Adoption of regulations as an emergency action.

Administrative Process Act

§ 2.2-4011. Emergency regulations; publication; exceptions.

A. Regulations that an agency finds are necessitated by an emergency situation may be adopted by an agency upon consultation with the Attorney General, which approval shall be granted only after the agency has submitted a request stating in writing the nature of the emergency, and the necessity for such action shall be at the sole discretion of the Governor.

B. Agencies may also adopt emergency regulations in situations in which Virginia statutory law or the appropriation act or federal law or federal regulation requires that a regulation be effective in 280 days or less from its enactment and the regulation is not exempt under the provisions of subdivision A 4 of § 2.2-4006. In such cases, the agency shall state in writing the nature of the emergency and of the necessity for such action and may adopt the regulations. Pursuant to § 2.2-4012, such regulations shall become effective upon approval by the Governor and filing with the Registrar of Regulations.

C. All emergency regulations shall be limited to no more than 18 months in duration. During the 18-month period, an agency may issue additional emergency regulations as needed addressing the subject matter of the initial emergency regulation, but any such additional emergency regulations shall not be effective beyond the 18-month period from the effective date of the initial emergency regulation. If the agency wishes to continue regulating the subject matter governed by the emergency regulation beyond the 18-month limitation, a regulation to replace the emergency regulation shall be promulgated in accordance with this article. The Notice of Intended Regulatory Action to promulgate a replacement regulation shall be filed with the Registrar within 60 days of the effective date of the emergency regulation and published as soon as practicable, and the proposed replacement regulation shall be filed with the Registrar within 180 days after the effective date of the emergency regulation and published as soon as practicable.

D. In the event that an agency concludes that despite its best efforts a replacement regulation cannot be adopted before expiration of the 18-month period described in subsection C, it may seek the prior written approval of the Governor to extend the duration of the emergency regulation for a period of not more than six additional months. Any such request must be submitted to the Governor at least 30 days prior to the scheduled expiration of the emergency regulation and shall include a description of the agency's efforts to adopt a replacement regulation together with the reasons that a replacement regulation cannot be adopted before the scheduled expiration of the emergency regulation. Upon approval of the Governor, provided such approval occurs prior to the scheduled expiration of the emergency regulation, the duration of the emergency regulation shall be extended for a period of no more than six months. Such approval shall be in the sole discretion of the Governor and shall not be subject to judicial review. Agencies shall notify the Registrar of Regulations of the new expiration date of the emergency regulation as soon as practicable.

E. Emergency regulations shall be published as soon as practicable in the Register.

17101154D

SENATE BILL NO. 1180

Senate Amendments in [ ] — January 23, 2017

A BILL to amend the Code of Virginia by adding in Article 1 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.4 and by adding in Article 2 of Chapter 29 of Title 54.1 a section numbered 54.1-2928.2, relating to Board of Dentistry and Medicine; regulations for the prescribing of opioids and buprenorphine.

Patrons Prior to Engrossment—Senators Chafin, Dunnavant, Ebbin and Mason

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 1 of Chapter 27 of Title 54.1 a section numbered 54.1-2708.4 and by adding in Article 2 of Chapter 29 of Title 54.1 a section numbered 54.1-2928.2 as follows:

§ 54.1-2708.4. Board to adopt regulations related to prescribing of opioids.

The Board shall adopt regulations for the prescribing of opioids, which shall include guidelines for:

1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber request and review information contained in the Prescription Monitoring Program in accordance with § 54.1-2522.1;

2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, (ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens, and (iii) periodic review of the treatment provided at specific intervals to determine the continued appropriateness of such treatment; and

3. Referral of patients to whom opioids are prescribed for substance abuse counseling or treatment, as appropriate.

§ 54.1-2928.2. Board to adopt regulations related to prescribing of opioids and buprenorphine.

The Board shall adopt regulations for the prescribing of opioids and products containing buprenorphine. Such regulations shall include guidelines for:

1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber request and review information contained in the Prescription Monitoring Program in accordance with § 54.1-2522.1;

2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, (ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens, and (iii) periodic review of the treatment provided at specific intervals to determine the continued appropriateness of such treatment; and

3. The use of buprenorphine in the treatment of addiction, including a requirement for referral to or consultation with a provider of substance abuse counseling in conjunction with treatment of opioid dependency with products containing buprenorphine.

2. That an emergency exists and this act is in force from its passage.

[3. That the Prescription Monitoring Program at the Department of Health Professions shall annually provide a report to the Joint Commission on Health Care on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient, pursuant to §54.1-2523.1.]

Commonwealth of Virginia

REGULATIONS

GOVERNING OPIOID PRESCRIBING FOR PAIN AND PRESCRIBING OF BUPRENORPHINE

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-21-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*

Effective Date:

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Part I. General Provisions.

18VAC85-21-10. Applicability.

A. This chapter shall apply to doctors of medicine, osteopathic medicine, and podiatry and to physician assistants.

B. This chapter shall not apply to:

1. The treatment of acute or chronic pain related to cancer, a patient in hospice care or a patient in palliative care;

2. The treatment of acute or chronic pain during an inpatient hospital admission, in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

18VAC85-21-20. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Acute pain" shall mean pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances may be prescribed for no more than three months.

"Board" shall mean the Virginia Board of Medicine.

"Chronic pain" shall mean non-malignant pain that goes beyond the normal course of a disease or condition for which controlled substances may be prescribed for a period greater than three months.

"Controlled substance" shall mean drugs listed in The Drug Control Act of the Code of Virginia in Schedules II through IV.

"FDA" shall mean the U. S. Food and Drug Administration.

"MME" shall mean morphine milligram equivalent.

"Prescription Monitoring Program" shall mean the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

Part II. Management of Acute Pain

18VAC85-21-30. Evaluation of the acute pain patient.

A. Non-pharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

B. Prior to initiating treatment with a controlled substance for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1of the Code of Virginia and conduct an assessment of the patient's history and risk of substance abuse.

18VAC85-21-40. Treatment of acute pain with opioids.

A. Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids.

1. A prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present.

C. Due to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a waivered buprenorphine prescriber is treating pain in a patient whose primary diagnosis is the disease of addiction.

18VAC85-21-50. Medical records for acute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan and the medication prescribed to include the date, type, dosage, and quantity prescribed.

Part III. Management of Chronic Pain.

18VAC85-21-60. Evaluation of the chronic pain patient.

A. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life and activities of daily living;

5. Psychiatric, addiction and substance abuse history of the patient and any family history of addiction or substance abuse;

6. A urine drug screen or serum medication level;

7. A query the Prescription Monitoring Program as set forth in § 54.1-2522 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance abuse; and

9. A request for prior applicable records.

B. Prior to initiating opioid treatment for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC85-21-70. Treatment of chronic pain with opioids.

A. Non-pharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating opioid treatment for all patients, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME/day;

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses and refer to or consult with a pain management specialist.

3. Prescribe naloxone for any patient when risk factors of prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present; and

4. Document the rationale to continue opioid therapy every three months.

C. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications if prescribed.

D. The practitioner shall regularly screen for opioid use disorder and shall initiate specific treatment for opioid use disorder or refer the patient for evaluation and treatment if indicated.

18VAC85-21-80. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including but not limited to pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall record in the medical records the presence or absence of any indicators for medication misuse, abuse or diversion and take appropriate action.

18VAC85-21-90. Informed consent and agreement for treatment for chronic pain.

A. The prescriber shall document in the medical record informed consent, to include risks, benefits and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement in the medical record that addresses the parameters of treatment, including those behaviors which will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include, but not be limited to permission for the practitioner to:

1. Obtain urine drug screens or serum medication levels, when requested;

2. Query and receive reports from the Prescription Monitoring Program; and

3. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC85-21-100. Opioid therapy for chronic pain.

A. The prescriber shall review the course of pain treatment and any new information about the etiology of the pain and the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from such prescribing. If the patient's progress is unsatisfactory, the prescriber shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. Practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least annually thereafter.

E. The practitioner shall regularly screen for opioid use disorder and shall initiate specific treatment for opioid use disorder or refer the patient for evaluation for treatment if indicated.

18VAC85-21-110. Additional consultations.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a prescriber makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC85-21-120. Medical records for chronic pain.

A. The prescriber shall keep current, accurate and complete records in an accessible manner readily available for review to include:

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers and/or any documentation of attempts to obtain;

4. Diagnostic, therapeutic and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications (including date, type, dosage and quantity prescribed and refills).

11. Patient instructions; and

12. Periodic reviews.

Part IV. Prescribing of Buprenorphine.

18VAC85-21-130. General provisions.

A. Prescribers engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a waiver from the Substance Abuse Mental Health Services Administration and the appropriate Drug Enforcement Administration registration.

B. Prescribers shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. Physician assistants and nurse practitioners, who have obtained a waiver from the Substance Abuse Mental Health Services Administration, shall only prescribe buprenorphine for opioid addiction pursuant to a practice agreement with a waivered doctor of medicine or doctor of osteopathic medicine.

D. Practitioners engaged in medication-assisted treatment shall refer the patient to a licensed mental health professional for counseling or provide counseling in their practice and document such in the medical record.

18VAC85-21-140. Patient assessment and treatment planning.

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance abuse history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for HIV, Hepatitis B, Hepatitis C and TB.

B. The treatment plan shall include the practitioner's rationale for selecting medication assisted treatment, patient education, written informed consent, how counseling will be accomplished, and a signed treatment agreement that outlines the responsibilities of the patient and the prescriber.

18VAC85-21-150. Treatment with buprenorphine.

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant; or

2. When converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed seven days.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opiate treatment programs (OTPs), but only the buprenorphine product containing naloxone shall be prescribed or dispensed for use offsite from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

D. Notwithstanding the provisions of subsection A, buprenorphine mono-products in formulations other than tablets, including transdermal patches, mucosal adhesives, and implantable devices, shall only be prescribed for indications approved by the FDA and only for in-office administration.

E. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

F. Prior to starting medication-assisted treatment, the practitioner shall perform a check of the Prescription Monitoring Program.

G. During the induction phase, except for medically indicated circumstances as documented in the medical record, patients should be started on no more than 8 mg. of buprenorphine. The patient shall be seen by the prescriber at least once a week.

H. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

I. Practitioners shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least annually thereafter.

J. Documentation of the rationale for prescribed doses exceeding 16 mg. of buprenorphine per day shall be placed in the medical record. Dosages exceeding 24 mg. of buprenorphine per day are not FDA approved and shall not be prescribed.

K. The practitioner shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a licensed mental health professional.

18VAC85-21-160. Special populations.

A. Pregnant women shall be treated with the buprenorphine mono-product, usually 16 mg. per day or less.

B. Patients under the age of 16 years shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

C. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives which can be identified, quantified and independently verified.

D. Practitioners shall evaluate patients with medical comorbidities by history, physical exam, appropriate laboratory studies, and be aware of interactions of buprenorphine with other prescribed medications.

E. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and that is not stable. A patient who is determined by the prescriber to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.

18VAC85-21-170. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR, Part 2 which prohibits release of medical records, re-disclosure or other information without the patient's consent or a court order, or in cases of a bona fide medical emergency, or in the mandatory reporting of child abuse, shall be followed.

D. Compliance with Board of Medicine Regulation 18VAC85-20-27, which prohibits willful or negligent breach of confidentiality or unauthorized disclosure of confidential Prescription Monitoring Program information, shall be maintained.

Agenda Item: **Licensing Report**

Staff Note: Mr. Heaberlin will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: **Discipline Report**

Staff Note: Ms. Deschenes will provide information on discipline matters.

Action: None anticipated.

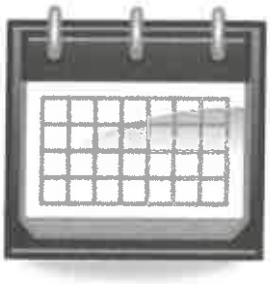
Agenda Item: **Appointment of Nominating Committee**

Staff Note: A Nominating Committee needs to be constituted to prepare a slate of officers for the June Board meeting.

Action: The President will ask for volunteers that she can appoint to the Nominating Committee.

Next Meeting Date of the Full Board is

June 22, 2017



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 with 30 days after completion of their trip". (CAPP Topic 20335, State Travel Regulations, p.7)

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

March 22, 2017