

Advisory Board on Occupational Therapy

Virginia Board of Medicine

January 31, 2017

10:00 a.m.

Here you will find a DRAFT AGENDA and a DRAFT PACKET OF SUPPORTING MATERIALS.

This information is in DRAFT form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

ADVISORY BOARD ON OCCUPATIONAL THERAPY
BOARD OF MEDICINE

Tuesday, January 31, 2017, 10:00 a.m.

9960 Mayland Drive, Suite 201

Richmond, Virginia

Call to Order – Kathryn Skibek, OT, Chairperson

Emergency Egress Procedures – Alan Heaberlin

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Roll Call – ShaRon Clanton

Approval of Minutes of October 4, 2016

1-3

Adoption of the Agenda

Public Comment on Agenda Items (5 minutes)

New Business

1. Legislative Update – Elaine Yeatts

4-12

2. HB1483 Qualified Professional in Mental Health
Elaine Yeatts

13-14

3. Regulatory Action – NBCOT Certification as Option for CE
Elaine Yeatts

15-16

Announcements:

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

Adjournment

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

Training Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **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.

DRAFT

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY

Board of Medicine

Tuesday, October 4, 2016, 10:00 a.m.

9960 Mayland Drive, Suite 201

Richmond, Virginia, Training Room 2

MEMBERS PRESENT:

Kathryn Skibek, Chair
Breshae Bedward, OT, Vice-Chair
Dwayne Pitre, OT
Karen Lebo

MEMBERS ABSENT:

Eugenio Monasterio, M.D.

STAFF PRESENT:

William L. Harp, MD, Executive Director
Colanithia D. Morton-Opher, Operations Manager
Eraine Yeatts, Senior Regulatory Analyst
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT:

Lindsay Walton, VOTA
Alexander McCauley, VOTA
Diana F. Simmons, VOTA
Chrissy Vogtley, AOT

CALL TO ORDER

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

EMERGENCY EGRESS PROCEDURES

Kathryn Skibek announced the Emergency Egress Instructions.

ROLL CALL

Roll was called by ShaRon Clanton; a quorum was declared.

DRAFT UNAPPROVED

APPROVAL OF MINUTES DATED JUNE 7, 2016

Ms. Lebo moved to approve the minutes dated June 7, 2016. The motion was seconded and carried.

ADOPTION OF AGENDA

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

PUBLIC COMMENTS ON AGENDA ITEMS (15 minutes)

Chrissy Vogeley with VOTA spoke concerning requirements of CEU's and NBCOT certification.

Alexander McCauley with VOTA made a suggestion to revise the FAQs on the Board's webpage to address questions concerning practice for new graduates.

Dianne Simons with VOTA referred to the letter submitted to the Board dated July 14, 2016 from Erin Clemens with VOTA.

NEW BUSINESS

1. Discussion of Potential Guidance Document Clarifying the Rules of Practice for Recently Graduated OT and OTAs-Kathryn Skibek

Alexander McCauley suggested adding questions concerning after-graduation practice to the FAQs on the Board's webpage.

Kathryn Skibek moved to add FAQ's regarding what a graduate can and cannot do prior to achieving licensure. The motion was seconded and carried.

2. Consideration of NBCOT Certification as Satisfaction of CE for Renewal of Licensure-Elaine Yeatts

Kathryn Skibek moved that the proposed language that will include NBCOT CE for renewal of licensure be recommended to the Board of Medicine. The motion was seconded and carried.

3. Promulgation of Regulations to Accept Volunteer Service for Fulfillment of Continuing Education Requirements-Elaine Yeatts

Breshae Bedward moved to accept the proposed language. The motion was seconded and carried.

DRAFT UNAPPROVED

4. AOTA Chart Outlining Statutes, Regulations and Guidelines for the Practice of Telehealth-Dr. Harp

Chrissy Vogeley said she had provided this document so the Advisory Board in Virginia could be aware of what other states were doing in regards to tele-OT. Dr. Harp pointed out that the Board of Medicine's Guidance Document covered telemedicine for all the Board's professions.

5. Election of Officers-Kathryn Skibek, OT

Karen Lebo moved to have Kathryn Skibek remain as Chair and Breshae Bedward to remain as Vice-Chair. The motion was seconded and carried.

Announcements:

Next Meeting date: January 31, 2017, 10:00 a.m.

Adjournment

Meeting was adjourned at 11:55 a.m.

Kathryn Skibek, Chair

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

ShaRon Clanton, Licensing Specialist

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of January 17, 2017

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

000004

Advisory Boards – Board of Medicine

Legislative Report

HB 1484 Board of Medicine to amend regulations governing licensure of occupational therapists.

Chief patron: Bell, Richard P.

Summary as introduced:

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.

01/06/17 House: Impact statement from VDH (HB1484)

01/12/17 House: Assigned HWI sub: Subcommittee #2

01/19/17 House: Subcommittee recommends reporting with substitute (22-Y 0-N)

01/24/17 House: Reported from Health, Welfare and Institutions with substitute (22-Y 0-N)

01/24/17 House: Committee substitute printed 171034331-H1

HB 1637 Possession or distribution of marijuana for medical purposes; Crohn's disease.

Chief patron: Davis

Summary as introduced:

Possession or distribution of marijuana for medical purposes; Crohn's disease. Provides an affirmative defense in a prosecution for the possession of marijuana if the marijuana is in the form of cannabidiol oil or THC-A oil possessed pursuant to a valid written certification issued by a practitioner of medicine or osteopathy licensed by the Board of Medicine for purposes of treating Crohn's disease or alleviating such patient's symptoms. The bill provides that a practitioner shall not be prosecuted for distribution of marijuana for the treatment of or for alleviating the symptoms of Crohn's disease.

01/04/17 House: Prefiled and ordered printed; offered 01/11/17 17101991D

01/04/17 House: Referred to Committee for Courts of Justice

01/13/17 House: Assigned Courts sub: Criminal Law

01/17/17 House: Impact statement from VDH (HB1637)

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.

01/08/17 House: Prefiled and ordered printed; offered 01/11/17 17101057D

01/08/17 House: Referred to Committee for Courts of Justice

01/13/17 House: Assigned Courts sub: Civil Law

01/16/17 House: Impact statement from VDH (HB1748)

01/23/17 House: Subcommittee recommends reporting (10-Y 0-N)

HB 1885 Opioids; limit on amount prescribed.

Chief patron: Hugo

Summary as introduced:

Prescription of opioids; limits. Provides that a prescriber who prescribes a controlled substance containing an opioid to a patient shall not prescribe an amount greater than a seven-day supply unless (i) in the professional medical judgment of the prescriber, more than a seven-day supply of the controlled substance containing an opioid is required to stabilize the patient's acute medical condition, or (ii) the prescription is for the management of pain associated with cancer, use in palliative or hospice care, or management of chronic pain not associated with cancer. The bill also requires a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than seven consecutive days. Currently, a prescriber must request such information when a course of opioid treatment is expected to last more than 14 consecutive days.

01/10/17 House: Prefiled and ordered printed; offered 01/11/17 17100971D

01/10/17 House: Referred to Committee on Health, Welfare and Institutions

01/16/17 House: Impact statement from VDH (HB1885)

01/17/17 House: Assigned HWI sub: Subcommittee #1

01/23/17 House: Subcommittee recommends reporting with substitute (9-Y 0-N)

HB 2046 Prescription drug orders; information on proper disposal.

Chief patron: Murphy

Summary as introduced:

Prescription drug orders; information on proper disposal. Requires pharmacies to include written instructions for the proper disposal of unused dispensed drugs, including information about prescription drug disposal programs, in every order for opioids or other prescription drugs dispensed to a patient.

01/10/17 House: Prefiled and ordered printed; offered 01/11/17 17103610D

01/10/17 House: Referred to Committee on Health, Welfare and Institutions

01/16/17 House: Impact statement from VDH (HB2046)

01/17/17 House: Assigned HWI sub: Subcommittee #3

HB 2119 Laser hair removal; limits practice.

Chief patron: Keam

Summary as introduced:

Practice of laser hair removal. Limits the practice of laser hair removal to a person licensed to practice medicine or osteopathic medicine or to a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine.

01/10/17 House: Prefiled and ordered printed; offered 01/11/17 17102330D

01/10/17 House: Referred to Committee on Health, Welfare and Institutions

01/16/17 House: Impact statement from DPB (HB2119)

01/17/17 House: Assigned HWI sub: Subcommittee #3

HB 2135 Medical marijuana; written certification.

Chief patron: Levine

Summary as introduced:

Medical marijuana; written certification. Allows a person to possess marijuana or tetrahydrocannabinol pursuant to a valid written certification issued by a physician for the treatment of any medical condition and allows a physician or pharmacist to distribute such substances without being subject to prosecution. Under current law, a person has an affirmative defense to prosecution for possession of marijuana if the marijuana is in certain forms and the person has been issued a written certification by a physician that such marijuana is for the purposes of treating or alleviating the person's symptoms of intractable epilepsy. The bill requires that the person issued the written certification register with the Board of Pharmacy which will issue the person an identification card upon registration. The bill also clarifies that the penalties for forging or altering a recommendation for medical marijuana or for making or uttering a false or forged recommendation are the same as the penalties for committing the same acts with regard to prescriptions.

01/11/17 House: Prefiled and ordered printed; offered 01/11/17 17102682D

01/11/17 House: Referred to Committee for Courts of Justice

01/12/17 House: Impact statement from VCSC (HB2135)

01/16/17 House: Assigned Courts sub: Criminal Law

01/23/17 House: Impact statement from VDH (HB2135)

HB 2164 Drugs of concern; drug of concern.

Chief patron: Pillion

Summary as introduced:

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.

01/11/17 House: Prefiled and ordered printed; offered 01/11/17 17101055D

01/11/17 House: Referred to Committee on Health, Welfare and Institutions

01/17/17 House: Assigned HWI sub: Subcommittee #1

01/17/17 House: Impact statement from VDH (HB2164)

01/23/17 House: Subcommittee recommends reporting with amendment (9-Y 0-N)

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

Chief patron: Wexton

Summary as introduced:

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 substance abuse treatment 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 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 provision 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.

12/01/16 Senate: Referred to Committee on Courts of Justice
01/16/17 Senate: Impact statement from DPB (SB848)
01/16/17 Senate: Rereferred from Courts of Justice (41-Y 0-N)
01/16/17 Senate: Rereferred to Education and Health Professions
01/23/17 Senate: Assigned Education and Health Professions

SB 880 Genetic counselors; licensing; grandfather clause

Chief patron: Howell

Summary as introduced:

Genetic counselors; licensing; grandfather clause. Extends the deadline from July 1, 2016, to December 31, 2017, 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.

01/16/17 Senate: Committee amendment agreed to
01/16/17 Senate: Engrossed by Senate as amended SB880E
01/16/17 Senate: Printed as engrossed 17101024D-E
01/17/17 Senate: Impact statement from VDH (SB880E)
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)

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.

01/11/17 Senate: Impact statement from DPB (SB922)
01/12/17 Senate: Reported from Education and Health (13-Y 0-N)
01/13/17 Senate: Constitutional reading dispensed (40-Y 0-N)
01/16/17 Senate: Read second time and engrossed
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)

SB 1020 Registration of peer recovery specialists and qualified mental health professionals.

Chief patron: Barker

Summary as introduced:

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 a mental health service 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 mental health service 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.

01/04/17 Senate: Prefiled and ordered printed; offered 01/11/17 17101955D
01/04/17 Senate: Referred to Committee on Education and Health
01/19/17 Senate: Impact statement from VDH (SB1020)

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

Chief patron: Dunnivant

Summary as introduced:

Health care practitioners; reporting disabilities of drivers. Provides that any doctor of medicine, osteopathy, chiropractic, or podiatry, any nurse practitioner, or any physician assistant 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 which the reporting individual believes affects such person's ability to operate a motor vehicle safely is not subject to civil liability unless he has acted in bad faith or with malicious intent.

01/23/17 Senate: Read second time
01/23/17 Senate: Reading of substitute waived
01/23/17 Senate: Committee substitute agreed to 17104028D-S1
01/23/17 Senate: Engrossed by Senate - committee substitute SB1024S1
01/24/17 Senate: Read third time and passed Senate (28-Y 12-N)

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.

01/16/17 Senate: Impact statement from VDH (SB1046)
01/19/17 Senate: Reported from Education and Health (15-Y 0-N)
01/20/17 Senate: Constitutional reading dispensed (38-Y 0-N)
01/23/17 Senate: Read second time and engrossed
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)

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.

01/12/17 Senate: Reported from Education and Health (13-Y 0-N)
01/13/17 Senate: Constitutional reading dispensed (40-Y 0-N)
01/16/17 Senate: Read second time and engrossed
01/17/17 Senate: Impact statement from DPB (SB1062)
01/17/17 Senate: Read third time and passed Senate (40-Y 0-N)

SB 1178 Buprenorphine without naloxone; prescription limitation.

Chief patron: Chafin

Summary as introduced:

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.

01/23/17 Senate: Committee amendment agreed to
01/23/17 Senate: Engrossed by Senate as amended SB1178E
01/23/17 Senate: Printed as engrossed 17101156D-E
01/24/17 Senate: Impact statement from VDH (SB1178E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)

SB 1179 Secretary of Health and Human Resources; workgroup to establish educational guidelines for training.

Chief patron: Chafin

Summary as introduced:

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 optometry, 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.

01/10/17 Senate: Prefiled and offered printed; offered 01/11/17 17101155D

01/10/17 Senate: Referred to Committee on Rules

01/12/17 Senate: Impact statement from SB (SB1179)

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

Chief patron: Chafin

Summary as introduced:

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 contains an emergency clause.

EMERGENCY

01/23/17 Senate: Amendment by Senator Dunnivant agreed to

01/23/17 Senate: Engrossed by Senate as amended SB1180E

01/23/17 Senate: Printed as engrossed 17101154D-E

01/24/17 Senate: Impact statement from VDH (SB1180E)

01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)

SB 1230 Opiate prescriptions; electronic prescriptions.

Chief patron: Dunnivant

Summary as introduced:

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 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.

01/23/17 Senate: Committee amendment agreed to
01/23/17 Senate: Engrossed by Senate as amended SB1230E
01/23/17 Senate: Printed as engrossed 17101418D-E
01/24/17 Senate: Impact statement from DPB (SB1230E)
01/24/17 Senate: Read third time and passed Senate (39-Y 0-N)

SB 1321 Ophthalmic prescriptions and eye examinations; definitions, requirements, penalty.

Chief patron: Carrico

Summary as introduced:

Requirements for ophthalmic prescriptions; eye examinations; penalty. Defines "eye examination" and "ophthalmic prescription" and sets out requirements for each. The bill prohibits the dispensing of eyeglasses or contact lenses unless the patient provides a valid ophthalmic prescription and prohibits ophthalmologists and optometrists from requiring patients to purchase ophthalmic goods, pay additional fees, or sign a waiver or release in exchange for a copy of an ophthalmic prescription. The bill provides that a violation of its requirements is a Class 2 misdemeanor.

01/10/17 Senate: Prefiled and ordered printed; offered 01/11/17 17101389D
01/10/17 Senate: Referred to Committee on Education and Health
01/16/17 Senate: Assigned Education sub: Health Professions
01/17/17 Senate: Impact statement from VDH (SB1321)
01/23/17 Senate: Assigned Education sub: Health Professions

SB 1327 Doctors; licensure of medical science.

Chief patron: Carrico

Summary as introduced:

Licensure of doctors of medical science. Establishes criteria for licensure of 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)

17102023D

HOUSE BILL NO. 1483

Offered January 11, 2017

Prefiled December 13, 2016

A BILL to require the Board of Behavioral Health and Developmental Services to amend regulations governing licensure of providers to include certain definitions.

Patron—Bell, Richard P.

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. § 1. That the Board of Behavioral Health and Developmental Services shall amend regulations governing licensure of providers to include the following definitions:

"Human services field" means counseling, occupational therapy, psychiatric rehabilitation, psychology, rehabilitation counseling, social work, sociology, special education, vocational rehabilitation, and other fields deemed equivalent by the Department of Behavioral Health and Developmental Services.

"Qualified Intellectual Disability Professional (QIDP)" means a person who possesses at least one year of documented experience working directly with individuals who have an intellectual disability or other developmental disabilities and one of the following credentials: (i) a doctor of medicine or osteopathy licensed in Virginia, (ii) a registered nurse licensed in Virginia, or (iii) completion of at least a bachelor's degree in a human services field.

"Qualified Mental Health Professional-Adult (QMHP-A)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness, including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker; (v) an individual with at least a bachelor's degree in a human services field from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (vi) an individual with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits or the equivalent thereof in a human services field and who has at least three years of clinical experience; (vii) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (viii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (ix) any other licensed mental health professional.

"Qualified Paraprofessional in Mental Health (QPPMH)" means a person who must, at a minimum, meet one of the following criteria: (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate's degree in a human services field and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iii) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

INTRODUCED

HB1483

17103433D

HOUSE BILL NO. 1484**AMENDMENT IN THE NATURE OF A SUBSTITUTE**

(Proposed by the House Committee on Health, Welfare and Institutions
on January 24, 2017)

(Patron Prior to Substitute—Delegate Bell, Richard P.)

A BILL to require the Board of Counseling to amend regulations governing licensure of occupational therapists to specify Type 1 continuous learning activities.

Be it enacted by the General Assembly of Virginia:

1. § 1. That the Board of Medicine shall 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.

§ 2. That the Board of Medicine shall not deem maintenance of any certification provided by 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 as sufficient to fulfill continuing learning requirements for occupational therapists.

HOUSE SUBSTITUTE

HB1484H1

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Elaine J. Yeatts

Proposed Text

Action: NBCOT certification as option for CE

Stage: Proposed

11/1/16 3:18 PM

CHAPTER 80

REGULATIONS GOVERNING THE LICENSURE OF OCCUPATIONAL THERAPISTS PRACTICE OF OCCUPATIONAL THERAPY

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall ~~complete the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of~~ complete at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities offered by a sponsor or organization recognized by the profession and may include in-service training, self-study courses, continuing education courses, specialty certification or professional workshops.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation or other such experiences that promote continued learning.

3. The board recognizes the maintenance of current NBCOT certification as fulfilling the requirements of this subsection.

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in ~~his~~ records ~~the completed form of continuing competency courses and activities~~ with all supporting documentation for a period of six years following the renewal of an active license.

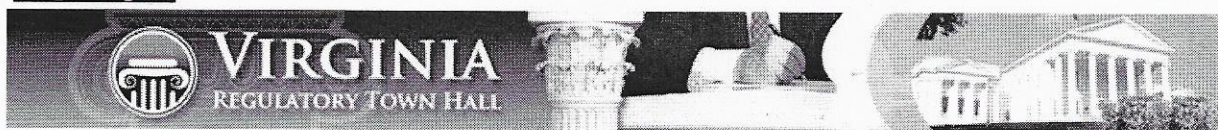
D. The board shall periodically conduct a random audit ~~of at least one to two percent~~ of its active licensees to determine compliance. The practitioners selected for the audit shall provide ~~the completed Continued Competency Activity and Assessment Form~~ and all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

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Elaine J. Yeatts

Proposed Text

Action: CE credit for volunteer practice**Stage:** Fast-Track

1/11/17 12:43 PM [latest] ▼

18VAC85-80-71

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall complete the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities offered by a sponsor or organization recognized by the profession and may include in-service training, self-study courses, continuing education courses, specialty certification, or professional workshops.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation, or other such experiences that promote continued learning. Up to two of the Type 2 continuing education hours may be satisfied through delivery of occupational therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services as documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records the completed form with all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a random audit of at least one to two percent of its active licensees to determine compliance. The practitioners selected for the audit shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

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