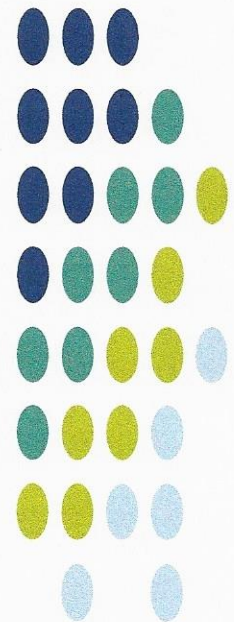


# Advisory Board on Respiratory Care

Virginia Board of Medicine

January 31, 2017

1:00 p.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 Respiratory Therapy**

Board of Medicine

Tuesday, January 31, 2017, 1:00 p.m.

9960 Mayland Drive, Suite 201, Training Room 2

Richmond, VA

	Page
Call to Order – Daniel Rowley, RRT, Chairman	
Emergency Egress Procedures – Alan Heaberlin	i
Roll Call – Denise Mason	
Approval of Minutes of October 4, 2016	1-3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
<b>NEW BUSINESS</b>	
1. Legislative Update – Elaine Yeatts	4-12
2. Certification Requirements for License – Dan Rowley	13-17
3. Clarification of 18VAC85-40-66.3 Credit Courses Counting as Continuing Education – Alan Heaberlin	18
4. Rescheduling October 3, 2017 Advisory Board Meeting Date – Alan Heaberlin	

Announcements

Next Scheduled Meeting: June 6, 2017 @ 1:00 pm.

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 Respiratory Therapy  
Minutes  
October 4, 2016

The Advisory Board on Respiratory Therapy met on Tuesday, October 4, 2016 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland, Suite 201, Drive, Henrico, Virginia.

**MEMBERS PRESENT:** Lois Rowland, RRT, Chair  
Daniel Rowley, RRT  
Bruce Rubin, MD  
Hollie Freeman

**MEMBERS ABSENT:** Sherry Compton

**STAFF PRESENT:** William L. Harp, M.D., Executive Director  
Cynthia Morton, Operations Manager  
Chaine Beatts, DHP Senior Policy Analyst  
Elizabeth Coker, PhD  
Sherry Compton, Licensing Specialist

**GUESTS PRESENT:** None

**Call TO ORDER**

Ms. Rowland called the meeting to order at 1:11pm.

**EMERGENCY EGRESS PROCEDURES**

Ms. Rowland announced the Emergency Egress Procedures.

**ROLL CALL**

Roll was called. A quorum was declared.

**APPROVAL OF MINUTES OF June 2, 2015**

Mr. Rowley moved to approve the minutes of June 2, 2015. The motion was seconded and carried.

**ADOPTION OF AGENDA**

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

000001



**PUBLIC COMMENT ON AGENDA ITEMS**

There was no public comment.

**NEW BUSINESS**

**Virginia's Respiratory Therapist Workforce: 2015**

Dr. Carter reviewed scope and history of the Healthcare Data Workforce Center and reviewed the March 2014 report entitled, "Virginia's Respiratory Therapist Workforce: 2015". Dr. Carter provided reference materials for board review.

**State Licensure Liaison Group Meeting**

Lois Rowland discussed the State Licensure Liaison Group Meeting, which she attended on August 26-27, 2016. Dr. Harp will submit a report to Dr. Brown.

**Licensure Feedback from Inova Medical Center and Application Review**

Dr. Harp suggested that staff contact Mr. [redacted] concerning suggestion to improve the process.

**Promulgation of Regulations to Accept Volunteer Service for Fulfillment of Continuing Education Requirements**

The members reviewed the statute and the draft regulation which allows for up to 2 hours of continuing education to be satisfied through delivery of services, without compensation, to low-income individuals receiving health services through a local health department or free clinic organized in whole or primarily for the delivery of those 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. Ms. Rowland motioned to approve regulation as written. The motion was second and carried unanimously.

**Expanding Categories for Continuing Competency Respiratory Therapy Licensure**

Lois Rowland led a discussion on this item. Ms. Yeatts recommended that the notice of Board Intent

**Election of Officers**

Daniel Rowley was nominated as Chairperson of the Advisory Board. Lois Rowland was nominated as Vice Chairperson. The motion was seconded and carried unanimously.

**ANNOUNCEMENTS**

Colanthis Morton stated that there are 3,833 Respiratory Therapists with an active license and 97 with an inactive license.

DRAFT UNAPPROVED

**NEXT SCHEDULED MEETING**

January 31, 2017 @ 1:00pm

**ADJOURNMENT**

The meeting of the Advisory board was adjourned at 2:28pm

\_\_\_\_\_  
Daniel Rowley, RRT, Chair

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

\_\_\_\_\_  
ShaRon Clanton, Licensing Specialist

**DRAFT**

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**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

DRAFT



## 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 (7-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 17103433L-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 for 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 sub; 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 of Rules

01/12/17 Senate: Impact statement from VHB (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)





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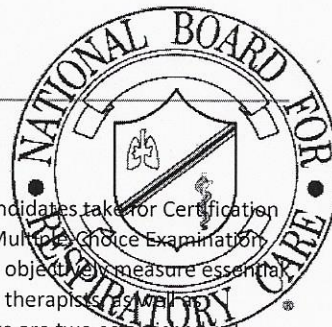
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## CRT Credential

Admission Requirements | Free Practice Examination | FAQs



Effective January 2015, the name of the examination that candidates take for Certification changes from the Entry Level CRT Examination to the Therapist Multiple-Choice Examination (TMC). The Therapist Multiple-Choice Examination is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists. TMC will determine eligibility for the Clinical Simulation Examination. There are two established cut scores for the Therapist Multiple-Choice Examination. If a candidate achieves the lower cut score, they will earn the CRT credential. If a candidate achieves the higher cut score, they will earn the CRT credential AND become eligible for the Clinical Simulation Examination (provided that those eligibility requirements are met and the candidate is eligible to earn the RRT credential). The CRT and/or RRT credentials are used as the basis for the licensure in all of the 49 states that regulate the practice of respiratory care. For more information about the RRT credential, please visit the RRT page.

The Therapist Multiple-Choice Examination consists of 160 multiple-choice questions (140 scored items and 20 pretest items) distributed among three major content areas: Patient Data Evaluation and Recommendations, Troubleshooting and Quality Control of Equipment and Infection Control, and Initiation and Modification of Interventions. Candidates will be given three hours to complete the TMC Examination. [Click here](#) for additional Frequently Asked Questions.

If you are planning to take any of the credentialing examinations offered by the National Board for Respiratory Care, Inc. (NBRC), the Self-Assessment Examination provides an excellent opportunity for you to find out in advance how well you will do. The SAEs are available in web-based format and more information can be found by clicking the Self-Assessment Examination Quick Link.

## Admission Requirements

1. Applicant shall be 18 years of age or older.
2. Applicant shall satisfy ONE of the following educational requirements:
  - Applicant shall be a graduate and have a minimum of an associate degree from a respiratory therapy education program 1) supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC), or 2) accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and graduated on or before November 11, 2009.

OR

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Printable TMC & CSE  
Application

TMC Detailed Content  
Outline

- Applicant shall hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.



## Free Practice Examination

The web-based NBRC practice examinations are designed to simulate taking an NBRC examination. The software is identical to that which is used for the administration of NBRC examinations. To use this software, you will need a compatible internet browser such as the current version of Internet Explorer, Chrome, Firefox, or Safari. Other browsers may or may not work. Cookies and scripting must be enabled. Pop-up blocking must be disabled.

Clicking the hyperlink below will open the practice examination login page. Please read the following instructions:

- Login using your e-mail address. Your results will be sent to this address.
- Use the mouse to select your responses and to maneuver through the examination.
- To obtain your results, you must take the entire examination in one sitting. Your results are not saved if you exit the examination.
- When you have completed the examination, click Finish and Display. Your results are displayed onscreen and will be e-mailed to you if you provided your e-mail address on the login page.
- If you need help using the examination software, click on the Help button in the lower portion of the screen once you begin the examination.

[Free TMC Practice Examination](#)



## CRT Credential FAQs

- What changes were made to the CRT examination in 2015?
- What are the admission requirements for the Therapist Multiple-Choice Examination (TMC)?
- What content will be included on the Therapist Multiple-Choice (TMC) Examination?
- What are the examination fees?
- How long is the examination?
- What is the application process?
- How long does it take to process my application?
- Can I schedule my examination online?
- When are NBRC examinations administered?
- What information does the confirmation of eligibility notice contain?
- What if I do not receive a confirmation of eligibility in the mail?

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- Are practice tests available?
- Are Self-Assessment Examinations available?
- What do the cut scores mean?
- How will the examination changes affect the Continuing Competency Program?
- Can I qualify to take the TMC Examination with foreign education?
- Does passing the Therapist Multiple-Choice Examination at the higher cut score automatically mean I'm eligible for the Clinical Simulation Examination?
- If I currently hold the CRT credential and score below the lower cut score on the Therapist Multiple-Choice Examination, will I lose my CRT credential?
- What do I need to know about tidal volume settings for the examination?



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## RRT ESTABLISHED AS MINIMUM EXAM REQUIREMENT FOR LICENSURE

On July 23, 2014 AB 1972 was signed by Governor Edmund G. Brown, Jr., establishing the Registered Respiratory Therapist (RRT) exam as the minimum requirement for licensure effective January 1, 2015. Therefore, the Respiratory Care Board (Board) will no longer recognize passage of the Certified Respiratory Therapist (CRT) examination by new graduates for licensure as of January 1, 2015.

Per the National Board for Respiratory Care (NBRC), October 31 is last day to file an application online for the current version of CRT exam, and must be scheduled before the end of this year. This rule is being applied to allow the NBRC a transition period to implement its new exam format, which combines the written portions of the CRT and RRT examinations. Students who file an application online with the NBRC on or after November 1 will be scheduled to take the new exam on or after January 15, 2015.

What this means for students/applicants to ensure a smooth application process during this transition:

- Those students who file an application with the Board for licensure prior to December 31, 2014, must also apply online to take the CRT exam with the NBRC by October 31, 2014 and pass the CRT exam prior to December 31, 2014.\*
- Those students who have already filed an application with the Board for licensure, must apply online with the NBRC to take or retake the CRT exam prior to October 31, 2014 and pass the CRT exam prior to December 31, 2014.\*
- Those students who miss the October 31, 2014 deadline to apply online with NBRC, may apply to take the CRT examination through the NBRC's "special application" found at: <http://www.nbrc.org/Documents/NBRC%20CRT%20and%20RRT%20Special%20Application.pdf>.\* Per NBRC's website, this "Special Application" only covers the period of November 1, 2014 through December 31, 2014. ... "[Applicants] will need to complete the special application and fax it to 913.895.4650 or mail it to 18000 W 105th St, Olathe, KS 66061. [Applicants] will not be able to apply online. Please keep in mind if [applicants] submit this special application, [they] will not receive a full 90-day eligibility window. If [applicants] do not schedule [their] testing appointment during [their] eligibility window, [they] will forfeit [their] entire [NBRC] application fee." Applicants must still file an application for licensure with the Board and pass the CRT exam prior to December 31, 2014.
- Those students who **do not** meet the criteria above will be required to take the new Therapist Multiple Choice Examination (the new version of the NBRC exam which will be available 1/15/15), and pass the RRT examination to qualify for licensure. The cost for the Therapist Multiple-Choice Examination will remain the same as the current cost for the CRT examination (\$190 for new applicants and \$150 for repeat applicants). However, students/applicants taking the new exam will now be required to apply for (and pass) the Clinical Simulation Examination, which includes a fee of \$200 (for both new and repeat applicants).\*

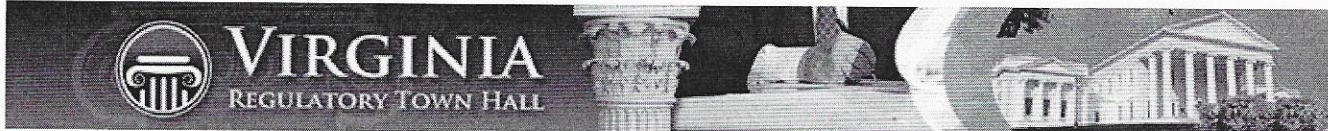
\* We encourage students/applicants to verify CRT admission requirements as it meets each individual's circumstances with the NBRC at: [www.nbrc.org](http://www.nbrc.org) (under the FAQ section) or 888.341.4811.



After December 31, 2014, the Board's office will continue to issue an Applicant Work Permit for initial applicants for a period of 90 days and failure of the exam will result in the rescission of the work permit. However, if the applicant passes the CRT portion of the written exam, he or she may qualify for an extension up to an additional 90 days depending upon when the initial application was filed or the applicant's graduation date (whichever is later).

Please contact the Board at 916.999.2190, or toll free at 866.375.0386 if you have any questions.

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### Proposed Text

**Action:** CE credit for volunteer practice and academic course

**Stage:** Fast-Track

1/11/17 11:41 AM [latest] ▼

18VAC85-40-66

18VAC85-40-66. Continuing education requirements.

A. In order to renew an active license as a respiratory therapist, a licensee shall attest to having completed 20 hours of continuing education within the last biennium as follows:

1. Courses approved and documented by a sponsor recognized by the AARC ~~or in~~ courses;

2. Courses directly related to the practice of respiratory care as approved by the American Medical Association for Category 1 CME credit within the last biennium; or

3. A credit course of post-licensure academic education relevant to respiratory care offered by a college or university accredited by an agency recognized by the U.S. Department of Education.

Up to two continuing education hours may be satisfied through delivery of respiratory 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. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing education 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 four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide 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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