



Advisory Board  
on  
Physician Assistants

Virginia Board of Medicine

February 2, 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 Physician Assistants

Board of Medicine

February 2, 2017, 1:00 PM

9960 Mayland Drive, Suite 201

Henrico, Virginia

	Page
Call to Order – Thomas Parrish, PA-C Chair	
Emergency Egress Procedures – Alan Heaberlin	i
Roll Call – ShaRon Clanton	
Approval of Minutes	1-2
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
NEW BUSINESS	
1. Legislative Report- Elaine Yeatts	3-11
2. Regulatory Panel on Opioid Regulations – Elaine Yeatts	12-20
3. Draft Regulations for Invasive Procedures – Elaine Yeatts	21
4. Procurement of Botox by Physician Assistants – Rachel Carlson, PA-C	

Announcements

Next Scheduled Meeting: June 8, 2017 @ 1:00 p.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 PHYSICIAN ASSISTANTS**

Board of Medicine  
June 9, 2016, 1:00 PM

The Advisory Board on Physician Assistants met Thursday, June 9, 2016, 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  
Portia Tomlinson, PA-C, Vice-Chair  
Rachel Carlson, PA-C

**MEMBERS ABSENT:** James Potter, MD  
Eileen F. Davis, R.N.

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Aaron Heaberlin, Deputy Executive Director  
Ernie Yeatts, Senior Regulatory Analyst  
Sharon Clanton, Licensing Specialist

**GUESTS PRESENT:** Robert Glasgow, PA-C, VAPA  
David Falkenstein, PA-C, VAPA

**Call to Order**

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

**Roll Call**

Roll was called and a quorum was declared.

**Approval of Minutes October 8, 2015**

Ms. Carlson moved to approve the minutes dated October 8, 2015. The motion was seconded and carried.

**DRAFT UNAPPROVED**

**Adoption of Agenda**

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

**Public Comment on Agenda Items**

None

**NEW BUSINESS**

**1. Review and vote to approve revised practice agreement regulations:**

The Advisory Board reviewed the revised practice agreement regulations provided by staff and discussed making further revisions. Ms. Carlson made a motion to request additional changes to 18VAC85-50-110.2(B) and to 18VAC85-50-115(A) and (B)(3). If these revisions are not exempt from the Administrative Process Act, a NOIRA will be issued. The motion was seconded and carried.

**ANNOUNCEMENTS**

Mr. Heaberlin announced there are currently 329 physician assistants with current active licenses and 26 with current inactive licenses.

**Next Scheduled Meeting:**

October 6, 2016 @ 1:00 p.m.

**ADJOURNMENT**

Mr. Parish moved to adjourn the meeting at 2:22 p.m. The motion was seconded and carried.

\_\_\_\_\_  
Thomas Parish, PA-C, 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

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 (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 17103433D.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 17102082D  
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 (40-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 ordered printed; offered 01/11/17 17101155D

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

01/12/17 Senate: Impact statement from HHS (SB 1179)

**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 Dunnavant 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:* Dunnavant

*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)



**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. Hoff, MD, Executive Director  
    Jennifer Mescherus, JD, Deputy Executive Director, Discipline  
    David Groves, MD, DHP Director  
    Elaine Yeatts, DHP Senior Policy Analyst  
    Colanthia Morton Opler, 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.



**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



*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING 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:**

9960 Mayland Drive, Suite 300  
Henrico, VA 23233-2463

(804) 367-4600 (TEL)  
(804) 527-4426 (FAX)  
email: [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

0000<sup>4</sup>15

## TABLE OF CONTENTS

Part I. General Provisions.....	3
18VAC85-21-10. Applicability.....	3
18VAC85-21-20. Definitions.....	3
Part II. Management of Acute Pain.....	3
18VAC85-21-30. Evaluation of the patient.....	3
18VAC85-21-40. Treatment with opioids.....	3
18VAC85-21-50. Medical records.....	4
Part II. Management of Chronic Pain.....	4
18VAC85-21-60. Evaluation of the patient.....	4
18VAC85-21-70. Treatment with opioids.....	5
18VAC85-21-80. Treatment plan.....	5
18VAC85-21-90. Informed consent and agreement for treatment.....	5
18VAC85-21-100. Periodic review.....	6
18VAC85-21-110. Consultation.....	6
18VAC85-21-120. Medical records.....	6
Part IV. Prescribing of Buprenorphine.....	7
18VAC85-21-120. General provisions.....	7
18VAC85-21-130. Patient assessment and treatment planning.....	7
18VAC85-21-140. Special populations.....	8



## Part I. General Provisions.

### 18VAC85-21-10. Applicability.

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

### 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 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 the Code of Virginia and conduct an assessment of the patient’s history and risk of substance abuse as a part of the initial evaluation.

### 18VAC85-21-40. Treatment with opioids.

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

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

1. The practitioner shall carefully consider and document the reasons to exceed 50 MME/day.
2. Prior to exceeding 120 MME/day, the practitioner shall refer or consult with a pain management specialist.
3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance abuse, 120 MME/day, or concomitant benzodiazepine are present.

C. Due to a higher rise of fatal overdose when buprenorphine is 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 a tapering plan if these medications are used.

**18VAC85-21-50. Medical records.**

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 (including date, type, dosage and quantity prescribed).

**Part II. Management of Chronic Pain.**

**18VAC85-21-60. Evaluation of the patient.**

A. Prior to initiating management of chronic pain with a controlled substance, a medical history and physical examination to include a mental status examination and 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 his family;
6. A urine drug screen;
7. A query the Prescription Monitoring Program as set forth in 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 analgesia 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 with opioids.**

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

B. Initiation of opioid treatment for opioid naïve patients shall be with short-acting opioids.

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

1. Carefully consider and document the reasons to exceed 50 MME/day;
2. Prior to exceeding 120 MME/day, refer or consult with a pain management specialist;
3. Prescribe naloxone for any patient when risk factors of prior overdose, substance abuse, 120 MME/day, or concomitant benzodiazepine are present; and
4. Document the rationale to continue opioid therapy every three months.

D. Due to a higher risk of fatal overdose when buprenorphine is 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 a tapering plan if these medications are used.

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

**18VAC85-21-80. Treatment plan.**

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 patient 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.**

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 a 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/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. Established expected outcome and improvement in both pain relief and function or just pain relief as well as limitations

(This paragraph needs to be worked in detail incorporating modern treatment plans)

**18VAC85-21-100. Periodic review.**

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

B. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the 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 the initiation of treatment with opioids that will extend beyond 14 days, and at least every three months thereafter.

D. Practitioner shall order and review a urine drug screen at the initiation of chronic pain management at least every three months in the first year, and at least annually thereafter.

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

**18VAC85-21-110. Consultation.**

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

B. When a practitioner makes the diagnosis of opioid disorder, he shall initiate or refer the patient for evaluation and treatment.

**18VAC85-21-120. Medical records.**

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





Logged in as  
Elaine J. Yeatts

## Proposed Text

**Action:** Elimination of required submission of certain documents

**Stage:** Fast-Track

12/14/16 11:44 AM

### 18VAC85-50-110. Responsibilities of the supervisor.

The supervising physician shall:

1. Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected. The supervising physician shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process.
2. Be responsible for all invasive procedures.
  - a. Under general supervision, a physician assistant may insert a nasogastric tube, bladder catheter, needle, or peripheral intravenous catheter, but not a flow-directed catheter, and may perform minor suturing, venipuncture, and subcutaneous intramuscular or intravenous injection.
  - b. All other invasive procedures not listed in subdivision 2 a of this section must be performed under direct supervision unless, after directly supervising the performance of a specific invasive procedure three times or more, the supervising physician attests on the practice agreement to the competence of the physician assistant to perform the specific procedure without direct supervision by certifying to the board in writing the number of times the specific procedure has been performed and that the physician assistant is competent to perform the specific procedure. After such certification has been accepted and approved by the board, the physician assistant may perform the procedure under general supervision.
3. Be responsible for all prescriptions issued by the assistant and attest to the competence of the assistant to prescribe drugs and devices.

000021