

Meeting of the Virginia Board of Medicine



February 14, 2019
8:30 a.m.

Board of Medicine
Thursday, February 14, 2019 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Call to Order and Roll Call

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Approval of Minutes from October 18, 20181

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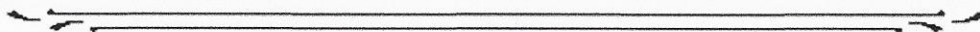
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8. Adjournment

Agenda Item: Approval of Minutes of the October 18, 2018

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

Action: Motion to approve minutes.

---DRAFT UNAPPROVED---

**VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES**

October 18, 2018 Department of Health Professions Henrico, VA 23233

CALL TO ORDER: Dr. Tuck called the meeting to order at 8:40 a.m.

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

MEMBERS PRESENT: Ray Tuck, DC, Vice-President
Lori Conklin, MD, Secretary-Treasurer
Syed Ali, MD
David Archer, MD
James Arnold, DPM
Manjit Dhillon, MD
Alvin Edwards, PhD
David Giammittorio, MD
Jane Hickey, JD
L. Blanton Marchese
Jacob Miller, DO
Karen Ransone, MD
Brenda Stokes, MD
David Taminger, MD
Svinder Toor, MD
Kenneth Walker, MD
Martha Wingfield

MEMBERS ABSENT: Kevin O’Connor, MD, President

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
Colanthia M. Opher, Deputy Executive Director, Administration
Barbara Matusiak, MD, Medical Review Coordinator
Cheryl Clay, Administrative Assistant
Daniel Carey, MD, Secretary of Health and Human Resources
David Brown, DC, DHP Director
Barbara Allison-Bryan, MD, DHP Deputy Director
Lisa Hahn, DHP Chief Operating Officer
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT: A. Rose Rutherford, VAPA
Scott Johnson, JD, MSV
Sara Heisler, JD, VHHA

---DRAFT UNAPPROVED---

Richard Grossman, VCNP
Becky Bowers-Lanier, VATA

WELCOME TO NEW BOARD MEMBERS

Dr. Tuck welcomed Board members appointed since the June meeting. He asked Mr. Marchese, Dr. Dhillon, Dr. Arnold, Dr. Ransone and Dr. Stokes to introduce themselves to their colleagues on the Board.

EMERGENCY EGRESS

Dr. Conklin provided the emergency egress procedures for Conference Room 2.

APPROVAL OF THE JUNE 14, 2018 MINUTES

Dr. Edwards moved to approve the minutes as presented; the motion was properly seconded and carried unanimously.

ADOPTION OF THE AGENDA

Dr. Harp requested that the agenda be amended to include the Advisory Board on Radiologic Technology minutes from October 3, 2018 and an updated Chart of Regulatory Actions. Dr. Edwards moved to accept the agenda as amended; the motion was properly seconded and carried unanimously.

COMMENTS FROM DANIEL CAREY, MD, SECRETARY OF HEALTH AND HUMAN RESOURCES

Dr. Brown introduced Dr. Carey and said, that from his point of view, Dr. Carey is the right person at the right time to hold the position that he has, especially with so many healthcare issues that require collaboration amongst the agencies.

Dr. Carey told the Board members it was an honor to visit with them and that he has a lot of respect for the work the Board does. He noted that he also knows what it's like to be investigated. Although there were no findings, he understands the anxiety and vulnerability that a licensee experiences during an investigation. He remembers distinctly that the process was fair, and he appreciates the time and work that goes into ensuring the safety of the public.

Dr. Carey stated that one of the highest compliments he receives is when a stakeholder acknowledges the collaboration between agencies. He said that it is his honor to work with such talented agency heads like Dr. Brown, who is a consigliere that has taken other agency heads under his wing to help them develop leadership skills.

Dr. Carey noted that there are 5 priorities on the front burner for HHR at this time. 1) Medicaid expansion and implementation, 2) Behavioral Health and Developmental Services, 3) all addictions, 4) women's health, and 5) women's health care services. He closed by saying that there is more to come and he expects the Board to hold him accountable for the results.

PUBLIC COMMENT ON AGENDA ITEMS

Annie Rose Rutherford of the Virginia Academy of Physician Assistants said that she had submitted comments regarding proposed changes to the Physician Assistant regulations. She said that she would be available to the Board to answer any questions if need be.

DHP DIRECTOR’S REPORT- Barbara Allison-Bryan, MD

Dr. Allison-Bryan welcomed the new Board members and said that when she was in their place, she would remind herself how special it was to be on the Board. She shared 3 points, beginning with when present at the Board, you are not acting as part of any other professional society. Many times the mission of other professional organizations may overlap with that of the Board, but many times it does not. DHP and the Board’s mission is to make Virginia healthcare safe, so watch which hat you’re wearing and where your allegiance lies as a Board member.

Secondly, be aware of what’s going on in the emergency rooms of the hospitals where you work. Over the summer, Virginia launched the Emergency Department Care Coordination Program and all hospitals across the Commonwealth are now connected electronically. This system provides patient history information and allows real-time communication between healthcare facilities, which is a great tool for practitioners.

Lastly, Board member training day held annually is being replaced with educational modules designed to be pertinent to each board and their specific needs. Some of the topics are board member etiquette, probable cause, Conflict of Interest, Freedom of Information Act, Characteristics of an Effective Board Member, chairing an effective meeting, etc. Dr. Allison-Bryan stated that some of these modules are interactive and are currently available to internal staff only.

Dr. Tuck encouraged the members to pass along any topics they would be interested in having developed into a training module.

Lisa Hahn provided an update on the report from law enforcement regarding building security and advised that the preliminary recommendations are being reviewed.

Several members of the Board expressed their concern about the decision to no longer issue access badges. Comment was offered that besides being impractical, if safety of the Board members was a concern, then some thought needed to be given to avoiding Board members entering through the same door with respondents who may be upset. Ms. Barrett shared the same concern and pointed out that there are benefits to Board members coming through another door. She asked if delegation to the Department of General Services for the management of badges would address the issue.

Ms. Hahn indicated that would not address the issue of the Board’s accountability for the badges.

Dr. Allison-Bryan informed the members it was recently discovered that DHP was the only state agency that issued board member badges. She advised that members in other agencies performing similar regulatory processes have been successfully working without badges, but she is keenly aware that this change will be more inconvenient to the Board of Medicine. She stated that options that will be beneficial for everyone

are being considered.

Ms. Hahn concluded her report by advising that DHP’s sister agency, Department of Professional and Occupational Regulation, recently went through a operational efficiency survey. DHP will make a concerted effort to look at the report and see if there are lessons to be learned.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Dr. Harp advised that he will provide Dr. O’Connor’s report throughout the meeting.

VICE-PRESIDENT’S REPORT

Dr. Tuck had no report.

SECRETARY-TREASURER’S REPORT

Dr. Conklin had no report.

EXECUTIVE DIRECTOR’S REPORT

Reports

Dr. Harp briefly reviewed the Board’s cash balance, Quarterly Case reports, License Counts, HPMP Participation, Enforcement and APD Reports.

These reports were for informational purposes only and did not require any action.

Federation of State Medical Boards (FSMB) Call for Nominations

Dr. Harp asked Dr. Tuck to recognize Dr. Walker for this FSMB item. Dr. Walker, a member of the FSMB Nominating Committee, explained what the FSMB is and its functions. He encouraged the Board members to consider serving on committees and could express their interest to him or Dr. Harp.

Conversion Therapy

Dr. Harp reported that, at the behest of the General Assembly, Dr. Brown convened a Conversion Therapy workgroup on October 5th that Dr. O’Connor and he attended. Delegate Hope and Senator Chase were present. Dr. Harp noted that the meeting was well-attended and that public comment was passionate and sincere. He referred to a letter from Senator Scott Surovell to Dr. Brown which stated “Conversion therapy is a dangerous and discredited practice aimed at changing a person’s sexual orientation or gender identity. Numerous health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, the American Academy of Pediatrics, and the American Association for Marriage and Family

Therapy deem conversion therapy a harmful and ineffective practice. Gay and transgender youth who are subjected to conversion therapy face traumatic consequences such as depression, low self-esteem, substance abuse, and even suicide.” Dr. Harp pointed out that Senator Surovell and Delegate Hope are asking that the practice of conversion therapy be defined as unprofessional conduct in the regulations of the healthcare boards in DHP.

COMMITTEE and ADVISORY BOARD REPORTS

Dr. Ransone moved to accept all the minutes en bloc. The motion was seconded and carried.

OTHER REPORTS

Board Counsel

Erin Barrett, AAG introduced herself to the new Board members, explained her role, and provided an update on the status of the following cases:

Clowdis v. Virginia Board of Medicine

Merchia v. Virginia Board of Medicine

Garada v. Virginia Board of Medicine

Board of Health Professions

Dr. Harp reported that licensure of art therapists has been recommended by the Board of Health Professions.

Podiatry Report

Dr. Arnold had no report.

Chiropractic Report

Dr. Tuck had no report.

Committee of the Joint Boards of Nursing and Medicine

Dr. Harp reported that the Board of Nursing and the Committee of the Joint Boards accepted the Board of Medicine’s recommendation of 9,000 hours in 5 years for nurse practitioners to qualify for autonomous practice.

Dr. Walker and Ms. Barrett confirmed that the Board of Medicine will still be involved in the disciplinary process for autonomous nurse practitioners.

Break

Dr. Tuck called for a 15-minute break; the meeting reconvened at 10:26 a.m.

New Business:

1) Regulatory and Legislative Issues

In Ms. Yeatts absence, Dr. Harp presented the Regulatory and Legislative issues for the Board.

- **Chart of Regulatory Actions**

Dr. Harp briefly reviewed the Chart of Regulatory Actions as of October 15, 2018. This report was for informational purposes only and did not require action.

- **Final Regulatory Action on Prescribing of Opioids and Buprenorphine by Nurse Practitioners**

Dr. Harp referred to the comments, summary of comments, and copy of the proposed regulations with suggested amendments.

MOTION: After a brief discussion, Dr. Toor moved to adopt the final regulations as presented with the suggested amendments. The motion was properly seconded and carried unanimously.

- **Proposed Regulatory Action – Prescriptive Authority**

The NOIRA that was published for this action was done so with the idea that the Boards would likely repeal Chapter 40, Regulations for Prescriptive Authority for Nurse Practitioners, and the necessary provisions would be incorporated into a new Part in Chapter 30, Regulations Governing the Licensure of Nurse Practitioners. However, since there are two emergency actions amending Chapter 40 currently in process, staff recommends amending Chapter 40 by this action now. Then, when all actions (opioid regulations and autonomous practice) are completed, repeal Chapter 40 and incorporate provisions into Chapter 30, so there will be one regulatory source for nurse practitioners.

Ms. Barrett explained that currently nurse practitioners hold two licenses, one to practice and a separate one for prescriptive authority. This action would merge the two.

Dr. Harp said that he did not think this action would greatly affect revenues of the Board of Nursing.

MOTION: Dr. Ransone moved to adopt the proposed regulatory action with the proposed amendments. The motion was properly seconded and carried unanimously.

- **Periodic Review of Chapter 20: Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic**

Dr. Harp explained that the Legislative Committee had done the periodic review of Chapter 20 at its

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September 7, 2018 meeting. The Committee made recommendations for edits and clarifications, but no substantive amendments. Dr. Harp also noted that no comments were received during the NOIRA period.

MOTION: After a brief discussion, Dr. Edwards moved to adopt, by fast-track action, the amendments to Chapter 20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic recommended by the Legislative Committee from its periodic review. The motion was properly seconded and carried unanimously.

- **Adoption of Fast-Track Action**

Dr. Harp advised that, during review of the regulations for all professions, it was noted that §54.1-2904. Biennial renewal of licenses, copies, fee, lapsed licenses; reinstatement, penalties, needed to be amended to comply with the Board’s new statutory authority to e-mail notices (including renewal notices). As such, the proposed amendment to the regulations of all professions say “sent” instead of “mailed.”

MOTION: Dr. Edwards moved to adopt the amended regulations as a fast-track action. The motion was properly seconded and carried unanimously.

- **Periodic Review of Chapter 150: Regulations Governing the Practice of Behavior Analysis**

Dr. Harp explained that, at the meeting of the Advisory Board for Behavior Analysis held October 1, 2018, the regulations were periodically reviewed pursuant to Executive Order 14. The Advisory Board reviewed and considered significant amendments recommended by the Association of Professional Behavior Analysts (APBA) to defer licensure, renewal and ethical standards to the Behavior Analyst Certification Board (BACB). After much discussion, the Advisory Board recommended an amendment to require maintenance of current certification with BACB for renewal of licensure. The vote was 3-2 with the MD member and the citizen member voting nay.

Ms. Deschenes stated that this topic comes up frequently with the advisory professions, especially when they’ve been part of a national organization prior to licensure. However, it is rare for an outside entity to be part of our renewal process.

MOTION: Dr. Tuck called for a motion to adopt a Notice of Intended Regulatory Action to require licensed behavior analysts and licensed assistant behavior analysts to maintain board certification with the BACB in order to renew or reinstate a license. No motion was made; no action was taken.

- **Adoption of Fast-Track Action – Acupuncture regulations**

Dr. Harp explained that the Advisory Board on Acupuncture conducted a periodic review of the regulations on October 3, 2018, and there were two amendments recommended:

- 1) Amendment to the name of the Point Location examination to be consistent with the new name used by the national examination, and
- 2) Clarification in the section on the use of vitamins, minerals and food supplements to include herbs and herbal supplements. The term “dietary supplements” used by the FDA is inclusive

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of all those, so the recommendation is to amend the language to simply say “dietary supplements.”

Dr. Archer expressed some concern about the use of the term “dietary supplements”, as it encompasses drugs like melatonin and other compounds. Additionally, it describes other potential harmful drugs.

Dr. Harp pointed out that acupuncturists can’t prescribe, but patients can purchase these “dietary supplements” over the counter. If used responsibly, they should not be harmful.

MOTION: Dr. Edwards moved to adopt the amended regulations as a fast-track action. The motion was 16-1 with Dr. Archer opposing.

• **Adoption of Fast-Track Action – Athletic Training (AT) regulations**

Dr. Harp explained that the Advisory Board on Athletic Training conducted a periodic review of the regulations on October 4, 2018. In the meeting, the question was raised by public comment about the meaning of the requirement for “direction” by a physician. Direction is specified in the statutory definition of the practice of athletic training but is not further defined in regulation.

Dr. Harp noted that the National Board of Certification for Athletic Training has recently adopted model language regarding direction. The definition of “direction” recommended by the Advisory Board is consistent with the model language and is consistent with current practice in accordance with the Virginia AT scope of practice which reads:

“Practice of athletic training” means the prevention, recognition, evaluation and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions **under the direction of the patient’s physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry**, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

The proposed amendments to the regulations would create a definition of “direction” as:

“Direction” means authorization by a doctor of medicine, osteopathic medicine, podiatry, chiropractic, or dentistry for care and treatment by a verbal order if the doctor or dentist is present or by written order, telecommunication, plans of care, protocols, or standing orders if the doctor or dentist is not present.

The second amendment is under Individual Responsibilities in the section on Standards of Practice.

An athletic trainer practices under the direction of the individual’s physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry or dentistry.

MOTION: After a brief discussion, Dr. Ransone moved to adopt the amended regulation as a fast-track action. The motion was properly seconded and moved unanimously.

---DRAFT UNAPPROVED---

• **Adoption of Fast-Track Action – Physician Assistant regulations**

Dr. Harp explained that the Advisory Board on Physician Assistants conducted a periodic review on October 4, 2018. The recommended amendments are to delete outdated language, primarily related to the changes in the law and regulations for prescriptive authority.

MOTION: Dr. Arnold moved to adopt the amended regulations as a fast-track action. The motion was properly seconded and carried unanimously.

Dr. Harp then asked the Board to consider an additional change to 18VAC85-50-115. Responsibilities of the physician assistant. He explained that a physician assistant is no longer required to submit a practice agreement to the Board for approval. The Board was asked to consider if a practice agreement with an alternate supervising physician still needed to be submitted to the Board. The proposed amendment would read:

18VAC85-50-115. Responsibilities of the physician assistant.

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the supervising physician as prescribed in the physician assistant's practice agreement. When a physician assistant is to be supervised by an alternate supervising physician outside the scope of specialty of the supervising physician, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate practice agreement has been executed for that alternate supervising physician. ~~is approved and on file with the board.~~

MOTION: Dr. Toor moved to adopt the amended regulations as a fast-track action. The motion was properly seconded and carried unanimously.

2) Guidance documents – Periodic Review

Dr. Harp stated that like regulations, the Board’s guidance documents were subject to periodic review. He briefly highlighted all the guidance documents identified for revision.

MOTION: Dr. Miller moved to adopt the recommended actions for all guidance documents as presented. The motion was properly seconded and carried unanimously.

3) VCA – Request for Approval to Offer TYPE I CEs to Chiropractors

Dr. Harp stated that the Virginia Chiropractic Association (VCA) seeks approval from the Board as a provider of Type 1 continuing education.

During the discussion, members had several questions, including why doesn’t VCA go to its national organization to obtain this accreditation. Dr. Tuck explained that only teachers are certified through PACE, the continuing education arm of the Federation of Chiropractic Licensing Boards.

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After a lengthy discussion, Dr. Ransone called the question.

MOTION: Dr. Ransone then moved to approve VCA as a provider of Type 1 continuing education for chiropractors. The motion was properly seconded; the vote was 10 ayes, 6 nays, and 1 abstention. The motion carried.

4) Proposed Recommendations for Board Response to the Virginia Maternal Mortality Review Team

Dr. Harp referred to a letter from Melanie Rouse, PhD, Maternal Mortality Projects Coordinator for the Office of the Chief Medical Examiner, with the following proposed recommendations for the Board of Medicine and DHP:

- 1- All healthcare providers licensed by the Board of Medicine be required to receive and maintain training through continuing medical education, in the contemporary management of chronic diseases in women of childbearing age within the scope of practice in their specialty.
- 2- All providers of care to women of childbearing age should be trained in and engage in Screening, Brief Intervention and Referral to Treatment (SBIRT) for substance abuse, mental illness, domestic violence and trauma at the initiation of care.
- 3- For DHP – Given that women with chronic diseases have worse outcomes during pregnancy and the postpartum period, we recommend that board certifiers promote and incentivize the use of established prescribed management algorithms for standards of care for the treatment of pregnant and postpartum women through required continuing medical education. These should include the management of hypertension, heart failure, and hemorrhage.

Dr. Harp then briefly reviewed his preliminary response and the article from the American College of Obstetricians and Gynecologists.

MOTION: After a brief discussion, Dr. Ransone moved to accept Dr. Harp’s preliminary response as sufficient and that no further action was needed. The motion was seconded and carried unanimously.

5) Licensing Report

Dr. Harp informed the Board that the Licensure by Endorsement regulations went into effect September 5, 2018 and that the instructions and application are a work in progress.

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

6) Discipline Report

Ms. Deschenes went over the status of pending cases at the Board, APD and Enforcement levels. She also asked that Board members respond to Ms. Wood’s request for 2019 informal conference dates.

Ms. Deschenes then presented a Consent Order for reinstatement from a mandatory suspension for an action taken by another state. Ms. Deschenes noted that Board staff recommends reinstatement with a reprimand.

---DRAFT UNAPPROVED---

Dr. Ransone moved that the license to practice medicine and surgery be reinstated with a reprimand. The motion was properly seconded and carried unanimously.

7) **Announcements**

Dr. Harp reminded Board members that communication with 1 other Board member is lawful. However, communicating with 2 other Board members at a time constitutes a meeting. He asked all to adhere to this guidance.

8) **Adjournment**

With no other business to discuss, Dr. Tuck adjourned the meeting of the Full Board at 11:59 a.m.

Ray Tuck, Jr., DC
President, Chair

William L. Harp, MD
Executive Director

Colanthia Morton Opher
Recording Secretary

Agenda Item: Director's Report

Staff Note: None.

Action: Informational presentation. No action required.

Agenda Item: Report of Officers

- Staff Note:**
- ◆ President
 - ◆ Vice-President
 - ◆ Secretary-Treasurer
 - ◆ Executive Director

Action: Informational presentation. No action required.

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

Staff Note: All items for information only

Action: None.

Virginia Department of Health Professions
Cash Balance
As of December 31, 2018

	<u>102- Medicine</u>
Board Cash Balance as June 30, 2018	\$ 10,185,518
YTD FY19 Revenue	5,656,944
Less: YTD FY19 Direct and Allocated Expenditures	<u>4,387,823</u>
Board Cash Balance as December 31, 2018	<u><u>\$ 11,454,639</u></u>

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
4002400	Fee Revenue				
4002401	Application Fee	552,376.00	1,298,780.00	746,404.00	42.53%
4002402	Examination Fee	1,410.00	-	(1,410.00)	0.00%
4002406	License & Renewal Fee	5,017,933.00	6,238,567.00	1,220,634.00	80.43%
4002407	Dup. License Certificate Fee	4,480.00	3,375.00	(1,105.00)	132.74%
4002409	Board Endorsement - Out	7,155.00	11,720.00	4,565.00	61.05%
4002421	Monetary Penalty & Late Fees	72,585.00	142,912.00	70,327.00	50.79%
4002432	Misc. Fee (Bad Check Fee)	105.00	175.00	70.00	60.00%
	Total Fee Revenue	5,656,044.00	7,695,529.00	2,039,485.00	73.50%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	900.00	-	(900.00)	0.00%
	Total Sales of Prop. & Commodities	900.00	-	(900.00)	0.00%
	Total Revenue	5,656,944.00	7,695,529.00	2,038,585.00	73.51%
5011110	Employer Retirement Contrib.	85,289.53	174,026.00	88,736.47	49.01%
5011120	Fed Old-Age Ins- Sal St Emp	38,863.37	87,932.00	49,068.63	44.20%
5011130	Fed Old-Age Ins- Wage Earners	141.98	2,066.00	1,924.02	6.87%
5011140	Group Insurance	8,331.87	16,862.00	8,530.13	49.41%
5011150	Medical/Hospitalization Ins.	108,973.25	256,809.00	147,835.75	42.43%
5011160	Retiree Medical/Hospitalizatn	7,446.74	15,060.00	7,613.26	49.45%
5011170	Long term Disability Ins	3,568.43	7,981.00	4,412.57	44.71%
	Total Employee Benefits	252,615.17	560,736.00	308,120.83	45.05%
5011200	Salaries				
5011230	Salaries, Classified	634,102.43	1,263,168.00	629,065.57	50.20%
5011250	Salaries, Overtime	4,709.01	-	(4,709.01)	0.00%
	Total Salaries	638,811.44	1,263,168.00	624,356.56	50.57%
5011300	Special Payments				
5011340	Specified Per Diem Payment	4,450.00	21,150.00	16,700.00	21.04%
5011380	Deferred Compnstrn Match Pmnts	2,776.20	9,298.00	6,521.80	29.86%
	Total Special Payments	7,226.20	30,448.00	23,221.80	23.73%
5011400	Wages				
5011410	Wages, General	20,234.20	51,000.00	30,765.80	39.67%
	Total Wages	20,234.20	51,000.00	30,765.80	39.67%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	468.52	-	(468.52)	0.00%
5011660	Defined Contribution Match - Hy	685.88	-	(685.88)	0.00%
	Total Terminatn Personal Svce Costs	1,154.40	-	(1,154.40)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	920,041.41	1,905,352.00	985,310.59	48.29%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	245.50	5,997.00	5,751.50	4.09%
5012120	Outbound Freight Services	42.54	-	(42.54)	0.00%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012130	Messenger Services	1,997.84	-	(1,997.84)	0.00%
5012140	Postal Services	32,915.40	66,802.00	33,886.60	49.27%
5012150	Printing Services	1,023.66	3,026.00	2,002.34	33.83%
5012160	Telecommunications Svcs (VITA)	4,588.07	10,500.00	5,911.93	43.70%
5012170	Telecomm. Svcs (Non-State)	585.00	-	(585.00)	0.00%
5012190	Inbound Freight Services	-	35.00	35.00	0.00%
	Total Communication Services	41,398.01	86,360.00	44,961.99	47.94%
5012200	Employee Development Services				
5012210	Organization Memberships	6,237.00	7,228.00	991.00	86.29%
5012240	Employee Trainng/Workshop/Conf	60.00	4,283.00	4,223.00	1.40%
	Total Employee Development Services	6,297.00	11,511.00	5,214.00	54.70%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	2,298.00	2,298.00	0.00%
	Total Health Services	-	2,298.00	2,298.00	0.00%
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	104,440.29	119,963.00	15,522.71	87.06%
5012440	Management Services	849.91	1,797.00	947.09	47.30%
5012460	Public Infrmtni & Relatn Svcs	32.00	-	(32.00)	0.00%
5012470	Legal Services	6,303.49	5,579.00	(724.49)	112.99%
	Total Mgmnt and Informational Svcs	111,625.69	127,339.00	15,713.31	87.66%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	7,294.66	1,705.00	(5,589.66)	427.84%
	Total Repair and Maintenance Svcs	7,294.66	1,705.00	(5,589.66)	427.84%
5012600	Support Services				
5012630	Clerical Services	65,733.03	160,729.00	94,995.97	40.90%
5012640	Food & Dietary Services	4,494.88	12,698.00	8,203.12	35.40%
5012660	Manual Labor Services	7,962.24	24,912.00	16,949.76	31.96%
5012670	Production Services	56,319.96	153,625.00	97,305.04	36.66%
5012680	Skilled Services	215,970.19	531,779.00	315,808.81	40.61%
	Total Support Services	350,480.30	883,743.00	533,262.70	39.66%
5012700	Technical Services				
5012790	Computer Software Dvp Svcs	(1,100.00)	-	1,100.00	0.00%
	Total Technical Services	(1,100.00)	-	1,100.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	9,172.92	25,626.00	16,453.08	35.80%
5012830	Travel, Public Carriers	-	4,170.00	4,170.00	0.00%
5012850	Travel, Subsistence & Lodging	4,016.13	21,524.00	17,507.87	18.66%
5012880	Trvl, Meal Reimb- Not Rprtble	1,905.00	7,407.00	5,502.00	25.72%
	Total Transportation Services	15,094.05	58,727.00	43,632.95	25.70%
	Total Contractual Svcs	531,089.71	1,171,683.00	640,593.29	45.33%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	12,540.19	14,609.00	2,068.81	85.84%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5013130	Stationery and Forms	-	3,614.00	3,614.00	0.00%
	Total Administrative Supplies	12,540.19	18,223.00	5,682.81	68.82%
5013300	Manufactrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%
	Total Manufactrng and Merch Supplies	-	94.00	94.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	528.00	528.00	0.00%
5013630	Food Service Supplies	-	1,129.00	1,129.00	0.00%
	Total Residential Supplies	-	1,657.00	1,657.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	82.00	166.00	84.00	49.40%
	Total Specific Use Supplies	82.00	166.00	84.00	49.40%
	Total Supplies And Materials	12,622.19	20,140.00	7,517.81	62.67%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014150	Unemployment Comp Reimbursemt	6,430.00	-	(6,430.00)	0.00%
	Total Awards, Contrib., and Claims	6,430.00	-	(6,430.00)	0.00%
	Total Transfer Payments	6,430.00	-	(6,430.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	367.34	485.00	117.66	75.74%
	Total Insurance-Fixed Assets	367.34	485.00	117.66	75.74%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3,873.92	7,200.00	3,326.08	53.80%
5015350	Building Rentals	257.00	-	(257.00)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	69,837.29	138,058.00	68,220.71	50.59%
	Total Operating Lease Payments	73,968.21	145,358.00	71,389.79	50.89%
5015500	Insurance-Operations				
5015510	General Liability Insurance	1,318.47	1,828.00	509.53	72.13%
5015540	Surety Bonds	77.80	108.00	30.20	72.04%
	Total Insurance-Operations	1,396.27	1,936.00	539.73	72.12%
	Total Continuous Charges	75,731.82	147,779.00	72,047.18	51.25%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	4,124.21	-	(4,124.21)	0.00%
	Total Computer Hrdware & Sftware	4,124.21	-	(4,124.21)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	829.00	829.00	0.00%
	Total Educational & Cultural Equip	-	829.00	829.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2018 and Ending December 31, 2018

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
5022620	Office Furniture	-	1,857.00	1,857.00	0.00%
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	<u>-</u>	<u>3,249.00</u>	<u>3,249.00</u>	<u>0.00%</u>
	Total Equipment	<u>4,124.21</u>	<u>4,078.00</u>	<u>(46.21)</u>	<u>101.13%</u>
	Total Expenditures	<u>1,550,039.34</u>	<u>3,249,032.00</u>	<u>1,698,992.66</u>	<u>47.71%</u>
Allocated Expenditures					
30100	Data Center	624,183.93	1,173,111.36	548,927.44	53.21%
30200	Human Resources	44,703.23	100,030.07	55,326.84	44.69%
30300	Finance	161,335.91	377,995.03	216,659.12	42.68%
30400	Director's Office	76,410.66	145,092.01	68,681.34	52.66%
30500	Enforcement	1,139,206.04	2,271,934.04	1,132,728.00	50.14%
30600	Administrative Proceedings	574,946.37	1,053,145.87	478,199.50	54.59%
30700	Impaired Practitioners	16,527.34	41,843.80	25,316.46	39.50%
30800	Attorney General	93,392.69	194,258.43	100,865.73	48.08%
30900	Board of Health Professions	55,138.84	120,662.19	65,523.35	45.70%
31100	Maintenance and Repairs	-	18,736.11	18,736.11	0.00%
31300	Emp. Recognition Program	354.01	2,219.32	1,865.31	15.95%
31400	Conference Center	577.12	1,639.24	1,062.13	35.21%
31500	Pgm Devlpmnt & Implmentn	51,007.56	87,601.59	36,594.03	58.23%
	Total Allocated Expenditures	<u>2,837,783.70</u>	<u>5,588,269.07</u>	<u>2,750,485.37</u>	<u>50.78%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 1,269,120.96</u>	<u>\$ (1,141,772.07)</u>	<u>\$ (2,410,893.03)</u>	<u>111.15%</u>

Board	License	Census (December 31, 2018)		#Admissions	
		Number	Percentage of Total	Req1	Vol2
	LPN	37	8.6	1	
	RN	215	49.9	2	
	LNP	17	3.9		
Nursing Total		269	62.4	3	0
CNA Total	CNA	5	1.2		
	DO	10	2.3		
	Intern/Resident	10	2.3		
	MD	72	16.7	1	
	PA	7	1.6		
	Lic Rad Tech	1	0.2		
	DC	4	0.9		
	OT	4	0.9		
	RT	2	0.5		
	DPM	1	0.2		
	LBA	1	0.2		
Medicine Total		112	26.0	1	0
	Pharmacist	14	3.2		
	Pharm Tech	1	0.2		
Pharmacy Total		15	3.5	0	0
	DDS	9	2.1		
	DMD	3	0.7		
	RDH	4	0.9		
Dentistry Total		16	3.7	0	0
Social Work Total	LCSW	3	0.7	0	0
	LCP	1	0.2		
	SOTP	1	0.2		
Psychology Total		2	0.5	0	0
Optometry Total	OD	2	0.5	0	0
Veterinary Medicine Total	DVM	3	0.7	0	0
Audiology & Speech-Language Path Total	SLP	2	0.5	1	0
	PT	1	0.2		
	PTA	1	0.2		
Physical Therapy Total		2	0.5		
TOTALS		431	100	5	0

Req1: Required (Board Referred, Board Ordered, Investigation)

Vol2: Voluntary (No known DHP involvement at time of intake)

Virginia Department of Health Professions
 Input of Case Hours by Department
 For Use in Allocation of Department 305- Enforcement Costs
 For the Fiscal Year Ended June 30, 2019

Dept. No.	Fiscal Month No. Month Name	1	2	3	4	5	6	7	8	9	10	11	12	Annual Total
		July	August	September	October	November	December	January	February	March	April	May	June	
101	Nursing	1,729.00	1,758.25	1,716.50	1,952.13	1,552.25	1,445.75							10,153.88
102	Medicine	1,881.00	2,274.33	1,606.30	1,640.00	1,575.50	1,392.50							10,369.63
103	Dentistry	421.00	632.75	500.05	479.25	439.50	417.00							2,889.55
104	Funeral Directors and Emba	138.00	154.00	103.00	133.03	87.00	60.75							675.78
105	Optometry	46.75	12.25	45.50	10.00	11.25	19.75							145.50
106	Veterinary Medicine	345.25	341.58	273.00	392.38	308.25	258.00							1,918.46
107	Pharmacy	1,236.65	1,549.13	1,163.35	1,446.68	914.50	793.05							7,103.36
108	Psychology	52.00	41.75	46.00	104.25	60.50	103.75							408.25
109	Professional Counselors	191.50	216.25	179.50	201.99	136.75	190.00							1,115.99
110	Social Work	121.50	118.00	76.75	66.25	58.50	70.50							511.50
112	Certified Nurse Aids (State	612.50	480.50	388.70	374.75	401.25	403.25							2,660.95
114	Nursing Home Administrator	105.75	108.75	136.50	116.00	99.75	87.75							654.50
115	Audiology and Speech Lang	13.50	18.00	32.00	30.50	2.50	4.75							101.25
116	Physical Therapy	21.75	36.25	55.00	68.00	30.25	36.25							247.50
118	Va. Pharm Processor Pgm	-	-	-	-	-	-							-
	Total	6,916.15	7,741.79	6,322.15	7,015.21	5,677.75	5,283.05	-	-	-	-	-	-	38,956.100

Description of Allocation Method

Sources & Notes

Note: Number of hours = Investigative Hours + Manpower Analysis Hours (#'s come from monthly statistical reports from Enforcement (Tamika)
 The source for these numbers is a VDHP spreadsheet titled Allocation 305 & 306.xls

Maximus report of April 11, 2002 recommended using the average of the current and two prior months in computing the allocation factor.

Virginia Department of Health Professions
 Input of Case Hours by Department
 For Use in Allocation of Department 306- Administrative Proceedings Costs
 For the Fiscal Year Ended June 30, 2019

Dept. No.	Fiscal Month No.	1	2	3	4	5	6	7	8	9	10	11	12	Annual Total
Month Name	Dept. Name	July	August	September	October	November	December	January	February	March	April	May	June	
101	Nursing	427.25	572.50	623.50	492.25	331.50	380.00							
102	Medicine	929.95	959.00	903.75	997.00	871.04	748.15							
103	Dentistry	84.25	72.00	89.00	150.25	207.00	68.00							
104	Funeral Directors and Emba	7.00	25.50	53.00	54.25	0.00	3.75							
105	Optometry	18.50	0.75	0.25	6.50	15.75	11.75							
106	Veterinary Medicine	46.25	20.25	36.75	55.25	69.75	29.00							
107	Pharmacy	246.25	239.50	194.75	190.75	169.25	157.75							
108	Psychology	22.50	74.50	15.00	58.00	4.00								
109	Professional Counselors	89.25	8.00	74.00	15.50	84.00	81.00							
110	Social Work	17.50	0.00	0.00	6.50	44.50	1.25							
112	Certified Nurse Aids (State	111.25	114.25	91.00	132.05	105.50	30.00							
114	Nursing Home Administrator	29.50	27.25	18.50	62.50	33.00	17.75							
115	Audiology and Speech Lang	11.50	14.25	14.75	4.00	36.25	5.50							
116	Physical Therapy	5.25	30.50	23.25	12.50	0.00	34.25							
118	Va. Phaim Processor Pgm													
	Total	2,046.20	2,158.25	2,137.50	2,237.30	1,971.54	1,568.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Description of Allocation Method

Notes & Sources
 Number of Hours = weekly log sheet totals provided monthly by APD - Susan Brooks
 The source for these numbers is a VDHP spreadsheet titled Allocation 305 & 306.xls

Note 10/22/17- Set up 118 with \$1



**Federation of State Medical Boards
2019 Annual Meeting Agenda**

**Omni Fort Worth Hotel
Fort Worth, Texas**

Draft Agenda

**Times and session titles are tentative and subject to change

Wednesday, April 24, 2019

- 8:00 a.m. – 5:00 p.m. **Administrators in Medicine Annual Meeting**
Members of Administrators in Medicine (AIM), the National Organization for State Medical & Osteopathic Board Executives, will convene for the organization’s annual meeting.

- 12:00 – 6:00 p.m. **Annual Meeting and CME Registration**

- 5:30 – 7:00 p.m. **Minnesota Welcome Reception**
The Minnesota Board of Medical Practice invites all FSMB meeting attendees to its Welcome Reception. The Board encourages meeting attendees to take this opportunity to network with each other, and it looks forward to sharing some Minnesota hospitality.

Thursday, April 25, 2019

- 7:00 a.m. – 5:00 p.m. **Annual Meeting and CME Registration**

- 7:00 – 7:45 a.m. **New Attendee Orientation** *(continental breakfast provided)*
All first-time meeting attendees, including new state medical board members and staff, are encouraged to sit in on this informative session. The session will walk newcomers through the major highlights and structure of FSMB’s Annual Meeting and provide a history of the organization, as well as tips for maneuvering through the next three days.

- 8:00 – 8:15 a.m. **Opening Ceremonies**
Welcome: Patricia A. King, MD, PhD, Chair, Federation of State Medical Boards

- 8:15 – 9:00 a.m. *General Session*
Dr. Herbert Platter Lecture

- 9:00 – 9:15 a.m. Break – Exhibits, Posters and Networking

- 9:15 – 10:00 a.m. *General Session*
Your Federation at Work
This session will cover the new and ongoing initiatives and services undertaken by the FSMB as it works with and for its members to improve the quality, safety and integrity of health care.
Speaker: Humayun J. Chaudhry, DO, MACP, President and Chief Executive Officer, Federation of State Medical Boards
Moderator:
Patricia A. King, MD, PhD, Chair, Federation of State Medical Boards
- 10:00 – 10:30 a.m. *General Session*
FSMB Awards Presentation
Honorees will be recognized and receive the FSMB’s highest awards, including the Lifetime Achievement Award, the Distinguished Service Award, the John H. Clark, M.D. Leadership Award, and the Award of Merit.
Presenters:
Patricia A. King, MD, PhD, Chair, Federation of State Medical Boards
Humayun J. Chaudhry, DO, MACP, President and Chief Executive Officer, Federation of State Medical Boards
- 10:30 – 10:45 a.m. Break – Exhibits, Posters and Networking
- 10:45 a.m. – 12:15 p.m. *General Session*
Sexual Boundary Violations: What State Medical Boards Need to Know
In recent years, high-profile sexual boundary violations in medicine have been widely reported in the media and have become an increasing focus of public discussion. This panel discussion and audience-participation session will include a look at trends, policies and new developments, with a focus on what state medical boards should know in light of this challenging issue.
- 12:30 – 1:45 p.m. *New Feature!*
Networking Luncheon
Participants will have opportunities to share ideas and compare notes during this luncheon, aimed at building new relationships.
- 1:45 – 2:00 p.m. Break – Exhibits, Posters and Networking
- 2:00 – 3:00 p.m. **Board Forums (three groups)**
During these issue-based group breakout forums, attendees will have the opportunity to engage with their colleagues on pre-identified emerging topics and discuss those topics in greater depth. Topics will be offered concurrently and participants simply attend the forum of greatest interest to them.
- 3:00 – 3:15 p.m. Break – Exhibits, Posters and Networking

3:15 – 4:15 p.m. **Public Members Forum**
During this year’s Public Members Forum, attendees will focus on the needs of public members. This session will be useful for both veteran public members and those just beginning their term of service on a state medical board.

3:15 – 4:15 p.m. **Physician Assistants Forum**
This session will focus on the licensing and regulation of Physician Assistants. The session will include licensing data specifically on PAs as well as common disciplinary issues state medical boards share.

3:15 – 4:15 p.m. **Board Attorney Roundtable**
The dialogue at this session will focus on board attorneys as they share and exchange valuable information on case experiences, best practices and current challenges. Attendees will focus their attention on discussing issues pertinent to a medical board attorney.

4:15 – 4:30 p.m. Break – Exhibits, Posters and Networking

4:30 – 5:30 p.m. **Candidates Forum**
This year’s candidates for FSMB leadership positions will present their views on the future of the FSMB. Attendees are invited to attend this event to personally meet the candidates.

5:30 – 6:30 p.m. **Meet the Candidates Reception**

Friday, April 26, 2019

7:00 a.m. – 5:00 p.m. **Annual Meeting and CME Registration**

8:00 – 9:00 a.m. **Reference Committees**

9:00 – 10:15 a.m. **Morning Concurrent Sessions**
Sessions will be offered concurrently with each other and repeated two times, allowing registrants to attend two of the three sessions.

Session 1: Getting Your Message Across: Tools and Techniques to Communicate More Effectively with Stakeholders

State medical boards interact with a wide range of audiences – all with differing needs and expectations. In this session, hands-on advice will be offered on how regulators can communicate better with legislators, policy makers, the media, licensees and the public – ranging from public speaking and development of message strategies to the use of social media.

Session 2: Global Medical Regulatory Trends

In an environment in which the global medical workforce and various health care issues are increasingly interconnected, regulatory issues and policies in distant countries are assuming great importance here in the United States. During this session, panelists will discuss global approaches to physician competence and lifelong learning, use and sharing of data across international borders, trends in medical school and residency training, shifting demographics and other global topics.

Session 3: Medical Regulation 2029: Where Will We Be in Ten Years?

This session will engage participants in a scenario-planning exercise designed to help medical regulators plan for the future -- identifying issues, trends and new regulatory models that are likely to be factors ten years from now. The session will offer a framework and resources that state boards can utilize as they consider their own unique strategic planning issues and challenges.

10:15 –11:00 a.m.

New Feature!

AIM/FSMB Spotlight Poster Session

Join your colleagues and our strategic partners in the exhibit area for an exciting array of poster displays. The AIM/FSMB Spotlight Poster Session is a special exhibition of posters highlighting the work of state medical and osteopathic boards and researchers on topics of interest to the medical regulatory community. During the Spotlight Poster Session, representatives of each poster will be on hand to explain their work and answer questions. Refreshments will be offered.

11:00 a.m. – 12:15 p.m.

Morning Concurrent Sessions Repeated

12:15 – 12:30 p.m.

Break – Exhibits, Posters and Networking

12:30 – 2:00 p.m.

FSMB Foundation Luncheon

Attendees will join the FSMB Foundation for its seventh annual luncheon. Space is limited and tickets are required, and opportunities to sponsor a table (tables of eight) are available.

2:00 – 3:30 p.m.

Afternoon Concurrent Sessions

The afternoon sessions will be offered in three tracks of concurrent educational breakout sessions, and they will be repeated. The three educational tracks offered this year include: *Operations, Regulatory Tools and Resources, and Public Affairs.*

(Note: speaker presentations within the afternoon concurrent sessions are timed so that meeting participants can move from one session to another as particular topics are discussed.)

Operations Track

Balancing Governance with Operations: What are the Boundaries?

2:00-2:45 p.m.

For success, state medical boards must have both effective governance -- provided by appointed board members, and effective operations -- provided by employed staff. Navigating the complex interplay between governance and operations requires good communications and a clear understanding of the responsibilities and boundaries of board members and staff members as they interact with each other. This session will provide tips and best practices for building strong working relationships between boards and staff.

Understanding the Sunset Review Process

2:45-3:30 p.m.

Sunset reviews -- which evaluate the need for the continued existence of a state program or agency -- can create challenges for medical regulators. While each state's review process is different, general factors in sunset review can be anticipated. What triggers a review? What steps are usually a part of the review process? What should boards do to prepare? These and other questions will be addressed.

Regulatory Tools and Resources Track

USMLE and COMLEX Update

2:00-2:30 p.m.

In this session, participants will hear the latest news and developments about the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), and the United States Medical Licensing Examination (USMLE).

FCVS, PDC and other FSMB Products and Services

2:30-3:00 p.m.

FSMB staff will highlight enhancements to products and services, including the Federation Credentials Verification Service (FCVS), the FSMB's redesigned website, Physician Data Center, and innovations in technology, data and research and other new developments to serve members and the public.

Update from NPDB

3:00 -- 3:30 p.m.

This session will provide an overview of the NPDB, including the laws and regulations that govern the NPDB, reporting and querying requirements, system enhancements and updates on compliance strategies.

Public Affairs Track

The Trust Barometer: How can State Medical Boards Bolster Public Confidence?

2:00-2:45 p.m.

Surveys of the public indicate that trust in U.S. institutions has dropped dramatically in recent years. The erosion of public trust presents significant

challenges for medical regulators, whose credibility and effectiveness are impacted. In this session, representatives of Edelman Inc., a global public relations firm, will discuss the company’s Trust Barometer, which for 18 years has measured public trust in institutions, and offer steps boards can take to bolster stronger relationships with public stakeholders.

Federal and State Legislative and Policy Update

2:45-3:30 p.m.

In this session, participants will hear from FSMB’s Washington, D.C. office with details about federal and state legislation and policy impacting state medical boards.

3:30 – 3:45 p.m. Break – Exhibits, Posters and Networking

3:45 – 5:15 p.m. **Afternoon Concurrent Sessions Repeated**

5:30 – 7:00 p.m. **Reception hosted by the Alabama State Board of Medical Examiners**

Saturday, April 27, 2019

7:00 a.m. – Noon **Annual Meeting and CME Registration**

6:30 – 7:30 a.m. *New Feature!*
Sunrise Activity (Yoga session)

8:00 – 9:30 a.m. *General Session*
Opioid Prescribing and Medical Marijuana: What Regulators Need to Know
Trends and developments related to opioid prescribing and medical marijuana continue to make headline news in the United States. During this session, a panel of experts will discuss new steps in the effort to reduce opioid abuse and policy developments as medical marijuana continues to expand as a treatment alternative.

9:30 – 9:45 a.m. Break – Exhibits, Posters and Networking

9:45 – 11:00 a.m. *General Session*
The Aging Physician in America: What Will be the Impact on Patient Care?
Demographic and professional studies indicate that physicians in coming years are likely to practice at much older ages than in previous generations. This poses many questions for medical regulation, including how to assess ongoing competency and administer licensing and oversight. In this joint session, co-hosted by the Federation of State Physician Health Programs (FSPHP) And the FSMB, experts will present policy developments and the latest data about aging and the practice of medicine.

- 11:00 – 11:15 a.m. Break – Exhibits, Posters and Networking
- 11:15 a.m. – 12:15 p.m. *General Session*
Dr. Bryant L. Galusha Lecture
This session honors Dr. Bryant L. Galusha, the FSMB’s chief executive officer from 1984-89, who was instrumental in enhancing the visibility of the FSMB and leading the organization toward a single examination pathway.
- 12:15 – 2:00 p.m. Lunch on your own
- 2:00 – 4:00 p.m. **House of Delegates**
The annual business meeting of the House of Delegates is open to all attendees.
- 5:00 – 5:30 p.m. **Chair’s Reception**
- 5:30 – 6:30 p.m. **Investiture of the Chair**
Scott A. Steingard, DO, will be installed as chair and elected officers and directors will be recognized during the occasion.
- 7:00 – 9:00 p.m. **Dr. Walter L. Bierring Dinner and Entertainment**
This event celebrates the installation of the FSMB’s new leadership team and honors Dr. Bierring, a pivotal leader during the FSMB’s formative years. Dr. Bierring edited the *Federation Bulletin* (now the *Journal of Medical Regulation*) for 45 years while simultaneously serving as the organization’s secretary and treasurer.

###

Agenda Item: Committee and Advisory Board Reports

Staff Note: Please note Committee assignments and minutes of meetings since October 18, 2018.

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

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2018-2019

EXECUTIVE COMMITTEE (8)

Kevin O'Connor MD, President, Chair
Syed Salman Ali, MD
David Archer, MD
Lori Conklin, MD, Secretary/Treasurer
Alvin Edwards, PhD
Jane Hickey, JD
Ray Tuck, DC, Vice-President
Kenneth Walker, MD

LEGISLATIVE COMMITTEE (7)

Ray Tuck, Jr., DC, Vice-President, Chair
Alvin Edwards, PhD
David Giammittorio, MD
Jane Hickey, JD
Karen Ransone, MD
David Taminger, MD
Svinder Toor, MD

CREDENTIALS COMMITTEE (9)

Kenneth Walker, MD, Chair
James Arnold, DPM
Manjit Dhillon, MD
Jane Hickey, JD
L. Blanton Marchese
Jacob Miller, DO
Brenda Stokes, MD
David Taminger, MD
Martha Wingfield

FINANCE COMMITTEE

Kevin O'Connor, MD, President
Ray Tuck, Jr., DC, Vice-President
Lori Conklin, MD - Secretary/Treasurer

BOARD BRIEFS COMMITTEE

William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE

Ray Tuck, Jr., DC - Secretary/Treasurer

BOARD OF HEALTH PROFESSIONS

Kevin O'Connor, MD

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE

Lori Conklin, MD
Kevin O'Connor, MD
Kenneth Walker, MD

**VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES**

Friday, December 7, 2018

Department of Health Professions

Henrico, VA

Convening of a Public Hearing on Regulations on Laser Hair Removal

Dr. O'Connor opened the floor at 8:38 AM for a Public Hearing to Receive Comment on the Regulations on Laser Hair Removal.

Ms. Yeatts referred to the copy of written comments from the Virginia Society of Plastic Surgeons which was provided to each member.

There was no other public comment.

The floor closed at 8:39 a.m.

CALL TO ORDER: Dr. O'Connor called the meeting of the Executive Committee to order at 8:40 a.m.

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

MEMBERS PRESENT: Kevin O'Connor, MD, President
Lori Conklin, MD, Secretary-Treasurer
Alvin Edwards, MDiv, PhD
Jane Hickey, JD
Kenneth Walker, MD

MEMBERS ABSENT: David Archer, MD
Nathaniel Tuck, Jr., DC, Vice-President
Syed Salman Ali, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Colanthia Morton Opher, Deputy Director, Administration
Barbara Matusiak, MD, Medical Review Coordinator
Deirdre Brown, Administrative Assistant
David Brown, DC, DHP Director
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT: W. Scott Johnson, JD, MSV
Kathy Martin, MSV

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

APPROVAL OF MINUTES OF AUGUST 3, 2018

Dr. Edwards moved to approve the meeting minutes of August 3, 2018 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Brown reported that there has been a decline in the numbers of opioid-related deaths in Virginia. He said that although the medical examiner's office has not released an official report, the preliminary numbers correlate with PMP statistics showing that opioid prescribing is significantly down. Dr. Brown pointed to the development of the opioid regulations as a major element in the decreased numbers of overdose deaths. He said that the concern expressed by Dr. Walker during the development of the regulations regarding physicians backing away from providing care is being recognized. Both he and Dr. Harp have received communications from patients with possible opioid addiction who are experiencing challenges in finding a practitioner willing to continue their opioid regimen.

Dr. Brown then reported on the legislative proposal for E-Prescribing implementation. He advised that if passed, the proposal will go into effect in 2022. He noted that Dr. Allison-Bryan's work in the opioid crisis has been very valuable. In addition to being an agency representative for interagency efforts, she has spoken in different venues. One of the most recent was a panel hosted by Dr. Bill Hazel at George Mason University where she discussed the direct and indirect effects of the Board of Medicine's regulations.

Dr. Brown also provided an update on the expansion of Medicaid. He noted that the expansion will facilitate more medication-assisted treatment of opioid addiction by waived physicians, nurse practitioners and physician assistants.

Dr. Brown concluded his report by noting that the rollout for "Competencies in Pain Management" to medical schools, pharmacy schools, dental and physician assistant schools is in full swing. VCU plans to take the competencies and create an online module program for each discipline. More to come on this initiative at a future date.

PRESIDENT'S REPORT

Dr. O'Connor reported that he attended a DHP Workgroup on Conversion Therapy. No action is required of the Board of Medicine at this time.

EXECUTIVE DIRECTOR'S REPORT

Revenue and Expenditures

Dr. Harp reported that the Board is still solid in its budgeting, revenues, and expenditures.

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

Enforcement – APD – HPMP Program Costs

Dr. Harp pointed out that Medicine is still the leader in terms of the hours provided by Enforcement and APD. The number of participants in HPMP is smaller than it has been in the past.

Discussion regarding the hours of Enforcement and APD included that Medicine cases are more complex and require more investigative effort to elucidate the facts in a case.

NEW BUSINESS

Chart of Regulatory Actions

Ms. Yeatts reviewed the Chart of Regulatory Actions as of November 30, 2018. She emphasized 18VAC85-20 Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic and the amendment for electronic renewal notices.

This report was for informational purposes only.

Summary of Legislative Proposals Approved for Submission to the 2019 General Assembly by DHP

Ms. Yeatts briefly reviewed 7 legislative proposals submitted by DHP for the next Session of the General Assembly. Ms. Yeatts specifically pointed out a bill that adds 10 exemptions to the E- Prescribing of opiates. She also noted that the amendment included a waiver of a year for demonstrated economic hardship or technological limitations not reasonably within the control of the prescriber.

Ms. Yeatts also explained the intent of the amendments to Code of Virginia §54.1-3002 and 54.1-3603 that stagger the terms of expiration for some board member appointments, including the Board of Medicine.

--- DRAFT UNAPPROVED ---

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

Recommendation of the Ad Hoc Committee on Controlled Substances Continuing Education

Dr. O'Connor advised that the Ad Hoc met to discuss the recommended requirements. During the discussion, the members agreed that not all practitioners have the time to read and or understand the laws and regulations.

Dr. Harp said he estimated that 10-15% of prescribers have read the regulations. He said that the main communication about opioids the Board receives from patients is that their practitioner has reduced their opioid in a manner that is not effectively managing their pain. In some instances, patients are being discharged from the practice with 30 days notice. Dr. Harp stated that in 2016, the CDC released guidelines for opioids from which some practitioners inferred that 90 MME was the ceiling for treating pain. Despite the fact that the Board's regulations emphasize 120 MME, do not have an established ceiling, and only require thorough documentation for higher doses, practitioners may be confused about how they can safely treat patients and avoid running afoul of the Board's regulations.

Dr. Conklin noted that she is aware of situations in which a nurse practitioner or physician assistant issues a prescription for a lesser amount than the previous practitioner wrote, so the patients may be receiving prescriptions with less effect than needed.

Dr. Brown announced that plans are in place to educate nurse practitioners early next year and to do so with the physician assistants as well.

Dr. O'Connor then reviewed the Committee's 2-hour "package" recommendation:

- Reading the Board of Medicine Regulations Governing Prescribing Opioids and Buprenorphine
- Reading the Board's FAQ's on Opioids and Buprenorphine
- Viewing the PMP Video on NarxCare Generic Navigation
- Taking the Stanford University course on "How to Taper Patients Off of Chronic Opioid Therapy" which provides 1.25 hours of Category I AMA PRA credit.

The 2-hour "package" is designed to be a convenient way for licensees to meet the opioid CE requirement, but they can still opt for 2 hours of opioid CE that may better suit their day-to-day practice.

MOTION: Dr. Edwards moved to accept the recommendations as presented. The motion was properly seconded and passed.

Licensure by Endorsement Application and Instructions

Dr. Harp acknowledged that forms are not traditionally presented to the Board for consideration, however, the application includes discretionary information that the Board may wish to weigh in on before the implementation of licensure by endorsement.

--- DRAFT UNAPPROVED ---

Dr. Harp reviewed the Instructions and asked whether an applicant with a medical malpractice history is eligible for licensure by endorsement, or should they apply through traditional pathway.

Ms. Deschenes pointed out that this application and these questions are supposed to be a quick check and any adverse information, regardless of what it is, should be a disqualifying factor for licensure by endorsement.

After discussion, the Committee unanimously agreed to amend the last paragraph on the first page of the Instructions to read as follows:

BASED ON #6 ABOVE, IF YOU HAVE CONVICTIONS, BOARD ACTIONS, IMPAIRMENT, OR MEDICAL MALPRACTICE IN THE LAST TEN YEARS, YOU ARE NOT ELIGIBLE FOR LICENSURE BY ENDORSEMENT. OTHER ADVERSE INFORMATION DISCLOSED IN THE QUESTIONS MAY BE DISQUALIFYING FOR LICENSURE BY ENDORSEMENT, DEPENDING UPON THE NARRATIVE EXPLANATION THAT YOU SUBMIT.

MOTION: Dr. Conklin moved to accept the amendment to the Instructions as discussed. The motion was properly seconded.

Dr. Harp then walked the Committee through the framework of the application.

Ms. Hickey noted that the application did not offer an opportunity for an applicant to provide past or current disciplinary actions.

Dr. Harp stated that gap was created when the regulations were developed. However, the National Practitioner Data Bank (NPDB) should provide that information.

Dr. O'Connor asked if the possibility existed to amend the questions in order to capture disciplinary actions.

Ms. Deschenes stated that question #9 (page 59) could be amended to say past or pending, but Code Section 54.1-2915 gives the Board the authority to look into anything adverse reported in an application.

After discussion, the motion on the floor carried unanimously.

ANNOUNCEMENTS

Dr. Harp announced that there is a new probable cause review form in use. After the meeting adjourns, Dr. Matusiak would like the Board members to review disciplinary cases and become familiar with the new form.

The next meeting of the Committee will be April 5, 2019 at 8:30 a.m.

--- DRAFT UNAPPROVED ---

ADJOURNMENT

With no additional business, the meeting adjourned at 9:49 a.m.

Kevin O'Connor, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

---DRAFT UNAPPROVED---

**VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE**

Wednesday, November 28, 2018 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Walker called the meeting to order at 10:05 A.M.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
 L. Blanton Marchese, Citizen Member
 Daniel Gochenour, RRT

STAFF PRESENT: William L. Harp, MD, Executive Director
 Colanthia M. Opher, Deputy Executive Director, Administration
 Shevaun Roukous, Adjudication Specialist, APD

Dr. Harp provided the emergency egress instructions prior to proceeding with the informal conference.

INFORMAL CONFERENCE

Joel Edward Windle, R.T.

Mr. Windle appeared without counsel to respond to the Board’s inquiry regarding the possible refusal to issue a license to practice as a respiratory therapist pursuant to Virginia Code Sections §§54.1-2915.A(1)(4)(16)(18) and 54.1-111.A(6).

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

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

Dr. Marchese moved to approve Mr. Windle's application for licensure to practice respiratory therapy. The motion was seconded and carried unanimously.

ADJOURNMENT

Kenneth Walker, MD,
Chair

William L. Harp, M.D.
Executive Director

Colanthia M. Opher
Deputy Executive Director, Administration

---DRAFT UNAPPROVED ---

**ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Virginia Board of Medicine
January 23, 2019, 1:00 p.m.**

The Advisory Board on Radiologic Technology met on Wednesday, January 23, 2018 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: Joyce O. Hawkins, RT, Chair
Rebecca Keith, RT
David Roberts, RT
William E. Quarles, Jr., Citizen

MEMBERS ABSENT: Uma Prasad, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Colanthia Opher Morton, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Jessica Hutchings
Mark Crosthwaite, VCU, Associate Professor and Program
Director of Nuclear Medicine, Department of Radiation
Sciences

CALL TO ORDER

Joyce Hawkins called meeting to order at 1:00 p. m.

EMERGENCY EGRESS PROCEDURES - Dr. Harp gave the emergency egress procedures.

ROLL CALL – Beulah Archer called the roll. A quorum was established.

APPROVAL OF MINUTES – January 31 and October 3, 2018

Mr. Quarles moved to approve minutes. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Harp asked the Advisory Board to amend the agenda with this item to discuss and approve a non-ACRRT approved chiropractic program taught by Eugene A. Lewis, DC, M.P.H., under #4 of 18VAC85-101-55 ‘*Educational Requirements for radiologic technologist-limited*’.

Mr. Quarles motioned to amend the agenda. The motion seconded and carried.

PUBLIC COMMENT

Mark Crosthwaite discussed his concern and wish that Nuclear Medicine Technologists, under the ‘umbrella’ of Radiologic Technology, have distinguishing language placed on their rad tech license. Board staff indicated that this could probably be done by adding, “Qualified to Practice Nuclear Medicine Technology.”

NEW BUSINESS

1. Orientation to the Work of the Advisory Board-William L. Harp, MD

Dr. Harp apprised the Advisory Board of its three primary functions that protect the public:

- License only qualified applicants
- Take disciplinary action for unprofessional conduct
- Promulgate strong regulations governing the practice of Radiologic Technology

2. Review of SB 1760 – 32.1-228.1 X-Ray Equipment, Inspection, and Manufacture Training–
Elaine Yeatts

Mrs. Yeatts discussed concern that trusting the manufacturer of x-ray equipment to train non- radiologic technology personnel for ‘non-diagnostic’ assessments ultimately endangers the public, as it overrides the Virginia regulatory mandate for licensure when using equipment that emits ionizing radiation outside of a hospital environment.

3. Discussion Radiologic Technologist Categories and Possible Additions to the Regulations

The Advisory Board reviewed the various credentials issued by ARRT, and it was determined that the Board’s regulations authorized it to license all categories. The issue Mr. Crosthwaite spoke to will be addressed at the policy level.

ANNOUNCEMENTS

No announcements

---DRAFT UNAPPROVED ---

NEXT MEETING DATE

May 22, 2019, at 1:00 pm.

ADJOURNMENT

Ms. Hawkins adjourned the meeting.

Joyce Hawkins, RT Chair

William L. Harp, MD, Executive Director

Beulah Baptist Archer, Recording Secretary

---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
MINUTES

Ad Hoc Committee on Controlled Substances Continuing Education

Friday, November 27, 2018 Department of Health Professions Henrico, Virginia

CALL TO ORDER: The meeting of the Ad Hoc Committee convened at 1:59 p.m.

MEMBERS PRESENT: Kevin O’Connor, MD, Chair
Robin Hills, NP
Ralph Orr
David Taming, MD

MEMBERS ABSENT: Lori Conklin, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Tamika Hines, Discipline Reinstatement & CCA Case Manager
Barbara Allison-Bryan, MD, DHP, Deputy Director

OTHERS PRESENT: Jerry Canaan, HDJ

SUMMARY OF MEETING:

Dr. O’Connor called the meeting to order. The roll was called and a quorum declared. The Emergency Evacuation Instructions were given.

Dr. Taming moved to approve the minutes of October 28, 2016. The motion was seconded and carried.

Dr. Taming moved to adopt the agenda as presented. The motion was seconded and carried.

The members discussed Code Section 54.1-2912.1 which authorizes the Board of Medicine to require 2 hours of continuing education on opioids each biennium. The topics included in the law are those related to pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction. The Board is to notify its licensees subject to the 2-hour requirement prior to January 1 of each odd-numbered year. The Ad Hoc Committee met on November 27, 2018 and developed a recommendation for the next biennium for the Board’s consideration.

The Committee thought the Board should offer a “package” of continuing education that would satisfy the 2-hour requirement. It also endorsed the principle that licensees should be able to select activities they deemed valuable to their day-to-day practice.

---DRAFT UNAPPROVED---

The “package” would include:

- Reading the Board of Medicine Regulations Governing Prescribing Opioids and Buprenorphine
- Reading the Board’s FAQ’s on Opioids and Buprenorphine
- Viewing the PMP video on NarxCare (Generic Navigation-6 minutes & 51 seconds)
- Taking the Stanford University course on “How to Taper Patients Off of Chronic Opioid Therapy” which provides 1.25 hours of Category I AMA PRA credit

MOTION: The members unanimously agreed to recommend both a 2-hour “package” on the Board’s website and the option for licensees to pick their 2 hours of opioid continuing education activities.

With no further business to discuss, the meeting was adjourned at 2:57 p.m.

Kevin O’Connor, MD
Chair

William L. Harp, M.D.
Executive Director

Tamika Hines
Recording Secretary

Agenda Item: Other Reports

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

Staff Note: *Reports will be given orally at the meeting

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



DRAFT

Agenda
Board of Health Professions
Full Board Meeting
December 4, 2018 at 10:00 a.m.
Board Room 4

▪ Call to Order	Dr. Clayton-Jeter
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▪ Emergency Egress	Dr. Carter
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▪ Approval of Minutes ▪ August 23, 2018	Dr. Clayton-Jeter
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▪ Director’s Report	Dr. Brown
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▪ Legislative and Regulatory Report	Ms. Yeatts
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▪ Board Chair Report	Dr. Clayton-Jeter
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▪ Agency Budget Report	Mr. Giles
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▪ Executive Director’s Report ▪ Board Budget ▪ Agency Performance	Dr. Carter
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▪ Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions ▪ Vote	Dr. Carter
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▪ Healthcare Workforce Data Center ▪ Update	Dr. Shobo
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▪ Individual Board Reports	Dr. Clayton-Jeter
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▪ Nominating Committee - Board Election ▪ Chair ▪ Vice Chair	Mr. Wells
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▪ New Business	Dr. Clayton-Jeter
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▪ Next Full Board Meeting ▪ February 25, 2019	Dr. Clayton-Jeter
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▪ Adjournment	

- 2019 Meeting Dates**
- February 25, 2019
 - May 14, 2019
 - August 20, 2019
 - November 4, 2019



Board of Health Professions
Full Board Meeting
December 4, 2018 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

DRAFT

In Attendance

- Helene D. Clayton-Jeter, OD, Board of Optometry
Mark Johnson, DVM, Board of Veterinary Medicine
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Trula E. Minton, MS, RN, Board of Nursing
Herb Stewart, PhD, Board of Psychology
James D. Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent

- Lisette P. Carbajal, MPA, Citizen Member
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louis R. Jones, FSL, Board of Funeral Directors and Embalmers
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
Martha S. Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member
John M. Salay, MSW, Board of Social Work

DHP Staff

- David Brown, DC, Director DHP
Elizabeth A. Carter, Ph.D., Executive Director BHP
Laura L. Jackson, MSHSA, Operations Manager BHP
Charise Mitchel, OAG
Yetty Shobo, PhD, Deputy Executive Director BHP
Elaine Yeatts, Senior Policy Analyst DHP

Presenters

- Charles Giles, Budget Manager DHP
Yetty Shobo, PhD, Deputy Executive Direct BHP

Speakers

No speakers signed-in

Observers

No observers signed-in

Emergency Egress

Dr. Carter



Board of Health Professions
Full Board Meeting
December 4, 2018 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

DRAFT

Call to Order

Chair: Dr. Clayton-Jeter Time 10:07 a.m.
Quorum Not established 7 members in attendance, 9 needed for quorum

Public Comment

Discussion

There was no public comment

Welcome of New Board Members

Discussion

Dr. Clayton Jeter welcomed three new board members:

- Louis R. Jones, Board of Funeral Directors & Embalmers
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech Language Pathology
John M. Salay, MSW, board of Social Work

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently in the General Assembly. There are currently 59 actions with 21 at the Governor's office.

Directors Report

Presenter Dr. Brown

Discussion

Dr. Brown reported that DHP has hired a contractor to assist with the creation of a new agency website. This new website will be user friendly for both internal staff as well as the public. IT has made it possible for boards to enter their own information on the agencies webpage.

Dr. Brown provided two handouts that included the Summary and Recommendations made by JLARC in the findings from the DPOR review. He stated that there were several comparisons in the report to DHP and how DHP can use the report findings as a blueprint for the future.



DRAFT

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

Approval of minutes was carried over to February 25, 2019 due to lack of quorum.

Board Chair Report

Presenter Dr. Clayton-Jeter

Discussion

Dr. Clayton-Jeter read the agencies Mission statement and stressed that it is each board members job to serve and protect the public.

Budget Report

Presenter Mr. Giles

Discussion

Mr. Giles reviewed the agencies FY20 Budget.

Executive Directors Report

Presenter Dr. Carter

Board Budget

Dr. Carter stated that the Board is operating under budget.

Agency Performance

Dr. Carter provided a review of the agencies current license count, applicant satisfaction survey results and cases received, open & closed.

Up for Review – Board Bylaws and Mission Statement

Dr. Carter stated that the Board will be reviewing its Bylaws and Mission statement. This discussion served as the start of the 30-day review period. A vote will be taken at the February 25, 2019 meeting.

Sanction Reference Points (SRP) - Update

SRP work for the boards is ongoing.



Board of Health Professions
Full Board Meeting
December 4, 2018 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

DRAFT

Policies & Procedures

Due to lack of quorum, this vote has been carried over to the February 25, 2019 meeting.

Lunch break - 12:05 p.m.

Healthcare Workforce Data Center (DHP HWDC)

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation that she presented at the annual Southern Demographics Association meeting that utilized DHP licensure data. She also advised the Board that DHP HWDC is up to date on all survey reports and posting of the workforce briefs and is in the process of collecting the survey data from December license renewals.

Board Reports

Presenter Dr. Clayton-Jeter

Board of Audiology & Speech Language Pathology

Dr. King was not present. There was no report for this Board.

Board of Counseling

Dr. Doyle was not present. There was no report for this Board.

Board of Dentistry

Dr. Watkins provided an overview of the Boards activities since its last meeting. He stated that the since July 2018 they have received one new board member appointment and that the September 14, 2018 Board meeting was cancelled due to the hurricane. The Boards Regulatory and Legislative Review Committee met in October and SRP interviews are ongoing. The next board meeting is scheduled for December 14, 2018.

Board of Funeral Directors & Embalmers

Mr. Jones was not present. There was not report for this Board.

Board of Long Term Care Administrators

Mr. Kendall was not present. Dr. Carter provided his written update. The LTCA Board items of interest were that final regulations from its periodic review of regulations for both Assisted Living Facility



Board of Health Professions
Full Board Meeting
 December 4, 2018 at 10:00 a.m.
 Board Room 4
 9960 Mayland Dr., Henrico, VA 23233

DRAFT

Administrators and Nursing Home Administrators are pending review in the Governor’s Office. Additionally, one item of special interest on the Board’s November agenda is Emergency Preparedness and the lessons learned from Hurricane Florence for LTC facilities. Board member Karen Stanfield, who oversees a number of nursing home facilities in the region, including in the Wilmington area of North Carolina, will share her insights about what went well and did not go well. This will likely stimulate discussion about the regulatory implications when there are emergencies of this magnitude.

Board of Medicine

Dr. O’Connor was not present. There was no report for this Board.

Board of Nursing

Ms. Minton stated that the Board last met November 13, 2018. She was happy to report that all Board staff vacancies within the department have been filled, and that Dr. Paula Saxby will be retiring in June 2019. She noted that Executive Director Jay Douglas has been appointed to the NCSBN Board of Directors. The Board is currently reviewing 14 guidance documents, including the prescribing of bupropion by licensed NPs. The Board had extensive turnover and is in the beginning phase of strategic planning for new board member training. Ms. Minton also stated that probable cause acceptance of recommendation was at 88%.

Board of Optometry

Dr. Clayton-Jeter provided an overview of the Boards activities since its last meeting. (Attachment 1)

Board of Pharmacy

Mr. Logan was not present. There was no report for this Board.

Board of Physical Therapy

Dr. Jones, Jr. provided an overview of the Boards activities since its last meeting. (Attachment 2)

Board of Psychology

Dr. Stewart provided an overview of the Boards activities since its last meeting. He stated that he and Ms. Hoyle attended the ASPPB annual meeting in Utah. The meeting focused on the roll-out of the Enhanced Examination for Professional practice in Psychology (EPPP), which would add a competency component to the current EPPP. Future meetings of the board will include discussion of the development of the competency part and its impact on Virginia.

Board of Social Work

Mr. Salay was not present. There was no report for this Board.

Board of Veterinary Medicine

Dr. Johnson provided an overview of the Boards activities since its last meeting. (Attachment 3)



Board of Health Professions
Full Board Meeting
December 4, 2018 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

DRAFT

Election of Officers - Nominating Committee

Presenter Ms. Haynes, Chair

Discussion

The Nominating Committee met prior to the Full Board meeting to organize a slate of officers for today's Chair and Vice Chair elections. Dr. Johnson stated that Dr. Allen Jones, Jr., submitted interest in the Chair position and James Wells, RPh, submitted interest in the Vice Chair position. Due to lack of quorum this vote will be carried over to the February 25, 2019 Full Board meeting.

New Business

Presenter Dr. Clayton-Jeter

No new business was discussed.

February 25, 2019 Full Board Meeting

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as February 25, 2019.

Adjourned

Adjourned 1:16 p.m.

Chair Helene Clayton-Jeter, OD

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____

**Virginia Board of Optometry
Board of Health Professions Meeting
December 4, 2018**

Statistics

January 1 – December 4, 2018

Board - 3	Committee – 0	Disciplinary – 5
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Complaints (no further update)

FY2016 Received - 13	FY2017 Received - 36	FY2018 Received - 42	Y-T-D FY2019 Received - 7
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Licenses (in state/out of state based on address of record provided by licensee)

Licensure renewal is currently underway. There was a fee reduction with this renewal and a change in expiration date. The expiration date is moved to March 31. This year’s renewal will result in a license that is valid for 15 months.

FY2017

Total – 1,921	TPA – 1,148/390	DPA – 27/90	Professional Designations - 266
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Y-T-D as of 11/30/19

Total – 1,948	TPA – 1,178/407	DPA – 21/84	Professional Designations - 258
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Continuing Education

Audit underway.

Regulatory Changes

The Board is promulgating regulations for and inactive optometry license.

Board of Physical Therapy

Last Meeting: November 13, 2018

Current Items of Interest:

- **PT Licensure Compact** - In May, the Board voted to pursue legislation to enact the Physical Therapy Licensure Compact. This legislation would allow agreement between member states to improve access to physical therapy services for the public by increasing the mobility of eligible physical therapy providers to work in multiple states. The Board has received word that this legislation will be in the Governor's Legislative Package for 2019.
- In October, the Board received the 2018 Excellence in Regulation Award from the Federation of State Boards of Physical Therapy (FSBPT). The Board was one of two states chosen for the award.
- In November, the Board received training from Kim Small and Neal Kauder from Visual Research, Inc., regarding the Board's updated Sanctioning Reference Points (SRP) worksheets. The Board voted to make slight changes to the manual, which is being updated for use.
- The Board has initiated the periodic review process for its regulations related to the practice of physical therapy, as well as the Board's public participation guidelines.

**Virginia Board of Veterinary Medicine
Board of Health Professions Meeting
December 4, 2018**

Statistics

Next scheduled meeting is November 6, 2018.

Complaints (62 additional cases equates to a 31.5% increase; complexity of cases have also increased)

FY2016 Received – 197	FY2017 Received - 259	FY2018 Received - 217	Y-T-D FY2019 Received - 76
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Licenses (in state/out of state based on address of record provided by licensee)

Renewal currently underway.

Type of Licensee	Total # of Licensees	In-State Address Active/Inactive	Out-of-State Address Active/Inactive
Veterinarian	4,458	3234/56	946/222
Veterinary Technician	2,318	1,986/43	253/28
Equine Dental Technician	26	17/0	9/0
Veterinary Establishment Stationary & Ambulatory	1156		

Continuing Education

Continuing education (CE) audit is complete.

Inspection Update

Starting in January, the routine inspection process will focus on the most frequent types of violations, which are related to drug stocks and surgical suites. Focused inspection will be a better utilization of resources and improve efficiency of the inspection process. A focused inspection will not preclude and inspection from citing a violation related to other areas.

Legislation of Interest

The Board continues to oversee the new PMP reporting requirements for veterinarians. There are 1,163 veterinarians with a current, active license that have not completed a waiver or registered to report to the PMP. The Board is working with the PMP to resolved this issue.

Staffing Update

A Veterinary Review Coordinator has been added to board staff to help with the disciplinary caseload. The VRC has been delegated authority by the Board to make probable cause decisions for cases involving impairment, facility inspections violations, non-compliance with a board order and PMP reporting.

The next board meeting is scheduled for March 7, 2017.

Report of the 2019 General Assembly

Board of Medicine

HB 1952 Patient care team; podiatrists and physician assistants.

Chief patron: Campbell, J.L.

A BILL to amend and reenact §§ 54.1-2900, 54.1-2951.1 through 54.1-2952.1, 54.1-2953, and 54.1-2957 of the Code of Virginia, relating to patient care teams; podiatrists and physician assistants.

19105098D

01/25/19 House: Engrossed by House - committee substitute HB1952H1
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 1970 Telemedicine services; payment and coverage of services.

Chief patron: Kilgore

A BILL to amend and reenact §§ 32.1-325 and 38.2-3418.16 of the Code of Virginia, relating to telemedicine services; coverage and practice.

19105496D

01/31/19 House: Read first time
02/01/19 House: Read second time
02/01/19 House: Committee substitute agreed to 19105496D-H1
02/01/19 House: Engrossed by House - committee substitute HB1970H1
02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)

HB 1971 Health professions and facilities; adverse action in another jurisdiction.

Chief patron: Stolle

A BILL to amend and reenact §§ 54.1-2409 and 54.1-3434.3 of the Code of Virginia, relating to health professions and facilities; adverse action in another jurisdiction; suspension and reinstatement.

19101778D

01/25/19 House: Read second time and engrossed
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 2169 Physician assistants; licensure by endorsement.

Chief patron: Thomas

A BILL to amend and reenact § 54.1-2951.1 of the Code of Virginia, relating to physician assistants; licensure by endorsement.

19103329D

02/01/19 House: Committee amendment agreed to
02/01/19 House: Engrossed by House as amended HB2169E
02/01/19 House: Printed as engrossed 19103329D-E
02/01/19 House: Impact statement from DPB (HB2169E)
02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)

HB 2184 Volunteer license, special; issuance for limited practice.

Chief patron: Kilgore

A BILL to amend and reenact §§ 54.1-2701 and 54.1-2901 of the Code of Virginia and to amend the Code of Virginia by adding in Article 2 of Chapter 29 of Title 54.1 a section numbered 54.1-2928.3, relating to special volunteer license for limited practice.

19105144D

01/31/19 House: Read first time
02/01/19 House: Read second time
02/01/19 House: Committee substitute agreed to 19105144D-H1
02/01/19 House: Engrossed by House - committee substitute HB2184H1
02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)

HB 2228 Nursing and Psychology, Boards of; health regulatory boards, staggered terms.

Chief patron: Bagby

A BILL to amend and reenact §§ 54.1-3002 and 54.1-3603 of the Code of Virginia, relating to composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms.

19101801D

01/25/19 House: Read second time and engrossed
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 2457 Medicine, osteopathy, podiatry, or chiropractic, practitioners of; inactive license, charity care.

Chief patron: Landes

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2937.1, relating to Board of Medicine; retiree license.

19105633D

01/31/19 House: Read first time
02/01/19 House: Read second time
02/01/19 House: Committee substitute agreed to 19105633D-H1
02/01/19 House: Engrossed by House - committee substitute HB2457H1
02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)

HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.

Chief patron: Pillion

A BILL to amend and reenact §§ 54.1-3454 and 54.1-3456.1 of the Code of Virginia, relating to Drug Control Act; Schedule V; gabapentin.

19101661D

01/25/19 House: Read second time and engrossed
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 2559 Electronic transmission of certain prescriptions; exceptions.

Chief patron: Pillion

A BILL to amend and reenact §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia, relating to electronic transmission of certain prescriptions; exceptions.

19101805D

02/01/19 House: Committee amendments agreed to
02/01/19 House: Engrossed by House as amended HB2559E
02/01/19 House: Printed as engrossed 19101805D-E
02/01/19 House: Impact statement from DPB (HB2559E)
02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)

HB 2731 Lyme disease; disclosure of information to patients.

Chief patron: Edmunds

A BILL to amend the Code of Virginia by adding in Article 1 of Chapter 5 of Title 32.1 a section numbered 32.1-137.06, relating to Lyme disease test result information.

19105570D

01/31/19 House: Read first time
02/01/19 House: Read second time
02/01/19 House: Committee substitute agreed to 19105570D-H1
02/01/19 House: Engrossed by House - committee substitute HB2731H1
02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)

SB 1004 Health care services; payment estimates.

Chief patron: Chase

A BILL to amend and reenact §§ 32.1-137.05 and 54.1-2963.1 of the Code of Virginia, relating to health care services; payment estimates.

19104197D

01/29/19 Senate: Impact statement from DPB (SB1004S1)
01/29/19 Senate: Read third time and passed Senate (40-Y 0-N)
02/04/19 House: Placed on Calendar
02/04/19 House: Read first time
02/04/19 House: Referred to Committee on Health, Welfare and Institutions

SB 1106 Physical therapists & physical therapist assistants; licensure, Physical Therapy Licensure Compact.

Chief patron: Peake

A BILL to amend and reenact §§ 2.2-3705.7 and 54.1-2400.2 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 34.1 of Title 54.1 a section numbered 54.1-3484 and an article numbered 2, consisting of sections numbered 54.1-3485 through 54.1-3496, relating to the licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact.

19101635D

01/28/19 Senate: Read second time and engrossed
01/29/19 Senate: Read third time and passed Senate (40-Y 0-N)
02/04/19 House: Placed on Calendar
02/04/19 House: Read first time
02/04/19 House: Referred to Committee on Health, Welfare and Institutions

SB 1167 Medicaid recipients; treatment involving opioids or opioid replacements, coverage of health care.

Chief patron: Chafin

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2910.3:1, relating to Medicaid recipients; treatment involving opioids; payment.

19102202D

01/22/19 Senate: Read third time and passed Senate (40-Y 0-N)
01/22/19 Senate: Impact statement from DPB (SB1167E)
01/24/19 House: Placed on Calendar
01/24/19 House: Read first time
01/24/19 House: Referred to Committee on Health, Welfare and Institutions

SB 1209 Patient care team; podiatrists and physician assistants.

Chief patron: Peake

A BILL to amend and reenact §§ 54.1-2900, 54.1-2951.1 through 54.1-2952.1, 54.1-2953, and 54.1-2957 of the Code of Virginia, relating to patient care teams; podiatrists and physician assistants.

19104787D

01/21/19 Senate: Engrossed by Senate - committee substitute SB1209S1
01/22/19 Senate: Read third time and passed Senate (40-Y 0-N)
01/24/19 House: Placed on Calendar
01/24/19 House: Read first time
01/24/19 House: Referred to Committee on Health, Welfare and Institutions

SB 1221 Telemedicine services; payment and coverage of services.

Chief patron: Chafin

A BILL to amend and reenact §§ 32.1-325 and 38.2-3418.16 of the Code of Virginia, relating to telemedicine services; coverage.

19105327D

01/31/19 Senate: Read second time
01/31/19 Senate: Reading of substitute waived
01/31/19 Senate: Committee substitute agreed to 19105327D-S1
01/31/19 Senate: Engrossed by Senate - committee substitute SB1221S1
02/01/19 Senate: Read third time and passed Senate (40-Y 0-N)

SB 1439 Death certificates; medical certification, electronic filing.

Chief patron: McClellan

A BILL to amend and reenact §§ 32.1-263 and 54.1-2915 of the Code of Virginia, relating to death certificates; medical certifications; electronic filing.

19105238D

01/22/19 Senate: Read third time and passed Senate (40-Y 0-N)
01/24/19 House: Placed on Calendar
01/24/19 House: Read first time
01/24/19 House: Referred to Committee on Health, Welfare and Institutions
01/24/19 Senate: Impact statement from DPB (SB1439S1)

SB 1547 Music therapy; Board of Medicine to regulate practice.

Chief patron: Vogel

A BILL to amend and reenact § 54.1-2900 of the Code of Virginia and to amend the Code of Virginia by adding in Article 4 of Chapter 29 of Title 54.1 sections numbered 54.1-2957.23 and 54.1-2957.24, relating to music therapy.

19103941D

01/25/19 Senate: Assigned Education sub: Health Professions
01/31/19 Senate: Reported from Education and Health with substitute (14-Y 0-N)
01/31/19 Senate: Committee substitute printed 19106234D-S1
02/01/19 Senate: Impact statement from DPB (SB1547S1)
02/01/19 Senate: Constitutional reading dispensed (40-Y 0-N)

SB 1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol oil, regulation of pharmaceutical.

Chief patron: Dunnavant

A BILL to amend and reenact §§ 54.1-3408.3 and 54.1-3442.6 of the Code of Virginia, relating to Board of Pharmacy; cannabidiol oil and THC-A oil; regulation of pharmaceutical processors.

19105737D

01/29/19 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/19 Senate: Impact statement from DPB (SB1557S1)
02/04/19 House: Placed on Calendar
02/04/19 House: Read first time
02/04/19 House: Referred to Committee on Health, Welfare and Institutions

SB 1760 Diagnostic X-ray machines; operation of machine.

Chief patron: DeSteph

A BILL to amend and reenact § 32.1-229.1 of the Code of Virginia, relating to diagnostic X-ray machines; operation.

19104268D

01/18/19 Senate: Presented and ordered printed 19104268D
01/18/19 Senate: Referred to Committee on Education and Health
01/21/19 Senate: Assigned Education sub: Health
01/22/19 Senate: Impact statement from DPB (SB1760)
01/31/19 Senate: Passed by indefinitely in Education and Health with letter (15-Y 0-N)

SB 1778 Health regulatory boards; conversion therapy.

Chief patron: Newman

A BILL to direct certain health regulatory boards to promulgate certain regulations regarding conversion therapy.

19104585D

01/29/19 Senate: Impact statement from DPB (SB1778)
01/31/19 Senate: Reported from Education and Health with substitute (7-Y 6-N 2-A)
01/31/19 Senate: Committee substitute printed 19106131D-S1
02/01/19 Senate: Impact statement from DPB (SB1778S1)
02/01/19 Senate: Constitutional reading dispensed (40-Y 0-N)

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of February 4, 2019**

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<p><u>Supervision and direction for laser hair removal</u> [Action 4860]</p> <p>Proposed - Register Date: 10/29/18 Board to adopt final: 2/14/19</p>
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<p>Result of periodic review [Action 5167]</p> <p>Fast-Track - At Secretary's Office for 67 days</p>
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<p><u>Electronic renewal notices</u> [Action 5171]</p> <p>Fast-Track - Register Date: 2/4/19 Effective: 3/22/19</p>
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<p>Result of periodic review [Action 5168]</p> <p>Fast-Track - At Secretary's Office for 62 days</p>
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	<p>Result of periodic review [Action 5169]</p> <p>Fast-Track - At Secretary's Office for 60 days</p>
[18 VAC 85 - 120]	Regulations Governing the Licensure of Athletic Trainers	<p>Result of periodic review [Action 5170]</p> <p>Fast-Track - At Secretary's Office for 60 days</p>
[18 VAC 85 - 170]	Regulations Governing the Practice of Genetic Counselors	<p><u>Temporary licensure</u> [Action 5066]</p> <p>Fast-Track - Register Date: 12/24/18 Effective: 2/10/19</p>

Agenda Item: Regulatory –Adoption of proposed regulations for autonomous practice for nurse practitioners

Enclosed are:

Copy of emergency regulations currently in effect

Comment period on NOIRA to replace emergency regulations – closed 2/6/19

Staff note:

There was no comment on the NOIRA as of 2/5/19; any public comment will be provided at the meeting.

Emergency regulation became effective 1/7/19 – remains in effect for 18 months and must be replaced with permanent regulation

Board action:

Adoption of proposed regulations identical to emergency regulations or other action

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

Agency Department of Health Professions

Board Board of Nursing

Chapter Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 – 30]

Action: Autonomous practice

Action 5132 / Stage 8395

Emergency/NOIRA Stage

- [Edit Stage](#)
- [Go to RIS Project](#)
- [Request Emergency Extension](#)

Documents		
<input checked="" type="radio"/> Emergency Text	9/28/2018 1:32 pm	Sync Text with RIS
<input checked="" type="radio"/> Agency Statement	9/21/2018 (modified 10/15/2018)	Upload / Replace
<input checked="" type="radio"/> Attorney General Certification	10/4/2018	
<input checked="" type="radio"/> Governor's Approval Memo	12/18/2018	
<input checked="" type="radio"/> Registrar Transmittal	12/19/2018	

Status	
Public Hearing	Will be held at the proposed stage
Emergency Authority	2.2-4011
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 9/21/2018 Review Completed: 10/4/2018 Result: Certified
DPB Review	Submitted on 10/4/2018 Policy Analyst: Cari Corr Review Completed: 10/17/2018 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 11/14/2018
Governor's Review	Review Completed: 12/18/2018 Result: Approved
Virginia Registrar	Submitted on 12/19/2018

	The Virginia Register of Regulations Publication Date: 1/7/2019  Volume: 35 Issue: 10
Comment Period	◆ In Progress! Ends 2/6/2019 Currently 0 comments
Effective Date	1/7/2019
Expiration Date	6/6/2020

Contact Information	
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This person is the primary contact for this chapter.

This stage was created by Elaine J. Yeatts on 09/21/2018

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Project 5512 - Emergency/NOIRA

BOARDS OF NURSING AND MEDICINE

Autonomous practice

Part I

General Provisions

18VAC90-30-10. Definitions.

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

"Approved program" means a nurse practitioner education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and which that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which a nurse practitioner is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or nurse practitioners, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

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

18VAC90-30-20. Delegation of authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter, to grant authorization for autonomous practice to those persons who have met the qualifications of 18VAC90-30-86, and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-30-105. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of nurse practitioners shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of nurse practitioners are:

- | | |
|-------------------------------|-------|
| 1. Application | \$125 |
| 2. Biennial licensure renewal | \$80 |
| 3. Late renewal | \$25 |
| 4. Reinstatement of licensure | \$150 |

5. Verification of licensure to another jurisdiction	\$35
6. Duplicate license	\$15
7. Duplicate wall certificate	\$25
8. Return check charge	\$35
9. Reinstatement of suspended or revoked license	\$200
<u>10. Autonomous practice attestation</u>	<u>\$100</u>

B. For renewal of licensure from July 1, 2017, through June 30, 2019, the following fee shall be in effect:

Biennial renewal	\$60
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18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as a nurse practitioner shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another U.S. jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;
2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and
3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

C. An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of 18VAC90-30-86.

18VAC90-30-86. Autonomous practice for nurse practitioners other than certified nurse midwives or certified registered nurse anesthetists.

A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as 1,800 hours per year for a total of 9,000 hours.

2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the nurse practitioner and the nurse practitioner's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed;
and

3. The period of time and hours of practice during which the patient care team physician practiced with the nurse practitioner under such a practice agreement.

C. The nurse practitioner may submit attestations from more than one patient care team physician with whom the nurse practitioner practiced during the equivalent of five years of practice, but all attestations shall be submitted to the boards at the same time.

D. If a nurse practitioner is licensed and certified in more than one category as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or of other circumstance that inhibits the ability of the nurse practitioner from obtaining an attestation as specified in subsection B of this section, the nurse practitioner may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the nurse practitioner. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of a nurse practitioner in the category for which the nurse practitioner is licensed and certified. The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inability to obtain an attestation from a patient care team physician.

F. A nurse practitioner to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the nurse practitioner has completed the equivalent of five years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the nurse practitioner was previously licensed.

G. A nurse practitioner authorized to practice autonomously shall:

1. Only practice within the scope of the nurse practitioner's clinical and professional training and limits of the nurse practitioner's knowledge and experience and consistent with the applicable standards of care;
2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and
3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-110. Reinstatement of license.

A. A licensed nurse practitioner whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;
2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and
3. Provide evidence of current professional competency consisting of:
 - a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;
 - b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or
 - c. If applicable, current, unrestricted licensure or certification in another jurisdiction.
4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee;
2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and
3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia to include:
 - a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or
 - b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act, § 2.2-4000 et seq. of the Code of Virginia.

Part III

Practice of Licensed Nurse Practitioners

18VAC90-30-120. Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives.

A. A nurse practitioner licensed in a category other than certified registered nurse anesthetist or certified nurse midwife shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in 18VAC90-30-90.

C. All nurse practitioners licensed in any category other than certified registered nurse anesthetist or certified nurse midwife shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10 or in accordance with 18VAC90-30-86.

D. The written or electronic practice agreement shall include provisions for:

1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and
3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:
 - a. In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;
 - b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and
 - c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the nurse practitioner and provided to the boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and

responsibilities; however, the nurse practitioner shall be responsible for providing a copy to the boards upon request.

Part III

Practice Requirements

18VAC90-40-90. Practice agreement.

A. With the ~~exception of~~ exceptions listed in subsection E of this section, a nurse practitioner with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. At any time there are changes in the patient care team physician, authorization to prescribe, or scope of practice, the nurse practitioner shall revise the practice agreement and maintain the revised agreement.

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.
2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.
3. The signature of the patient care team physician who is practicing with the nurse practitioner or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

D. In accordance with § 54.1-2957.01 of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six nurse practitioners with prescriptive authority at any one time.

E. Exceptions.

1. A nurse practitioner licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

2. A nurse practitioner who is licensed in a category other than certified nurse midwife or certified registered nurse anesthetist and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.

Agenda Item: Regulatory Action – Adoption of Final Regulations

Direction and supervision of laser hair removal by nurse practitioners

Direction and supervision of laser hair removal by doctors and physician assistants

Included in agenda package:

Amendments to 18VAC90-30-10 et seq. on direction and supervision of laser hair removal by nurse practitioners

Amendments to 18VAC85-20-10 et seq. (Doctors of medicine and osteopathic medicine) and 18VAC85-50-10 et seq. (Physician assistants) on direction and supervision of laser hair removal

Staff Note:

There was a public comment period on proposed regulations for 10/29/18 to 12/28/18; no comment was received.

Board action:

Adoption of final regulation

Project 5221 - Proposed

BOARDS OF NURSING AND MEDICINE

Supervision and direction of laser hair removal

18VAC90-30-124. Direction and supervision of laser hair removal.

A. A nurse practitioner, as authorized pursuant to § 54.1-2957 of the Code of Virginia, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;
2. Skin type and appropriate patient selection;
3. Laser safety;
4. Operation of laser device to be used;
5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and
6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Nurse practitioners who have been performing laser hair removal prior to (the effective date of this regulation) are not required to complete the training specified in subsection A of this section.

C. A nurse practitioner who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A of this section.

D. A nurse practitioner who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques

and laser devices. The nurse practitioner shall ensure that persons the nurse practitioner supervises also receive ongoing training to maintain competency.

E. A nurse practitioner may delegate laser hair removal to a properly trained person under the nurse practitioner's direction and supervision. Direction and supervision shall mean that the nurse practitioner is readily available at the time laser hair removal is being performed. The supervising nurse practitioner is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

Project 5269 - Proposed

BOARD OF MEDICINE

Supervision and direction for laser hair removal

18VAC85-20-91. Practice and supervision of laser hair removal.

A. A doctor of medicine or osteopathic medicine may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;

2. Skin type and appropriate patient selection;

3. Laser safety;

4. Operation of laser device to be used;

5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and

6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Doctors of medicine or osteopathic medicine who have been performing laser hair removal prior to (the effective date of this regulation) are not required to complete training specified in subsection A of this section.

C. A doctor who delegates the practice of laser hair removal and provides supervision to a person other than a licensed physician assistant or licensed nurse practitioner shall ensure that such person has completed the training required in subsection A of this section.

D. A doctor who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques and laser

devices. The doctor shall ensure that persons the doctor supervises also receive ongoing training to maintain competency.

E. A doctor may delegate laser hair removal to a properly trained person under the doctor's direction and supervision. Direction and supervision shall mean that the doctor is readily available at the time laser hair removal is being performed. The supervising doctor is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

18VAC85-50-191. Practice and supervision of laser hair removal.

A. A physician assistant, as authorized pursuant to § 54.1-2952 of the Code of Virginia, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;
2. Skin type and appropriate patient selection;
3. Laser safety;
4. Operation of laser device to be used;
5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and
6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Physician assistants who have been performing laser hair removal prior to (the effective date of this regulation) are not required to complete training specified in subsection A of this section.

C. A physician assistant who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A of this section.

D. A physician assistant who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques and laser devices. The physician assistant shall ensure that persons the physician assistant supervises also receive ongoing training to maintain competency.

E. A physician assistant may delegate laser hair removal to a properly trained person under the physician assistant's direction and supervision. Direction and supervision shall mean that the physician assistant is readily available at the time laser hair removal is being performed. The supervising physician assistant is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

Agenda Item: Licensing of Nuclear Medicine Technologists and Radiation Therapists

Staff Note: In 1994, the General Assembly established the profession of radiologic technology for those individuals trained to use equipment that apply x-rays to human beings. The regulations became effective in December 1996, but it was not until 2001 that the Board began to enforce the requirement to have a license to practice radiography outside a hospital. Since that time, for licensure the Board has been issuing Consent Orders that grant the license and impose an immediate reprimand to acknowledge an unlicensed period of practice. The Board still issues many Consent Orders each year to rad techs that: 1) have practiced in clinics and doctors' offices; 2) worked in a hospital for years and transitioned to outpatient without obtaining a license; 3) were placed in a hospital setting by a staffing company, were not employees of the hospital, and were paid by the staffing company.

The credentialing body that the Board of Medicine regulations rest upon is the American Registry of Radiologic Technologists (ARRT). The ARRT examination is the foundation for licensure, and evidence of passing the exam is a requirement for licensure. Over the years, ARRT has added more credentialing categories, including radiation therapists and nuclear med techs. In 2015, the General Assembly added "therapeutic" to the scope of radiologic technology ("Practice of radiologic technology" means the application of ionizing radiation to human beings for diagnostic or therapeutic purposes.), which authorized the Board to license radiation therapists and nuclear med techs.

The Advisory Board on Radiologic Technology discussed the impact that the authorization, and the requirement, of licensure for radiation therapists and nuclear med techs would have. A member of the Advisory Board offered to provide a list of programs to Board staff so letters could be sent to the directors advising them of the requirement for licensure, who in turn would advise their students. It cannot be ascertained that the letter ever went out. However, it would appear that radiation therapists and nuclear med techs are beginning to hear about and apply for a license from the Board.

What Board staff recommends is to license, without Consent Orders, those radiation therapists and nuclear med techs that qualify for a license who have been practicing in Virginia. Although a letter to the program directors will help spread the word about licensure, it is likely that many radiation therapists and nuclear med techs are working in hospitals and physician practices across the state beyond the reach of program directors. Therefore, bringing this matter to the attention of those that hire these professionals is seen as necessary. To that end, an item will go out in the next several Board Briefs noting that a license is required to practice radiation therapy and nuclear medicine technology.

As the Board has traditionally granted a one-year grace period after regulations become effective, Board staff would suggest that the process of issuing licenses without Consent Orders for radiation therapists and nuclear med techs run for the next year.

On the following pages, you will find the minutes of the June 3, 2015 Advisory Board on Radiologic Technology and HB1818 from the 2015 General Assembly.

Action: Discuss and vote to approve the suggested process, amend or decline.

APPROVED

**ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Virginia Board of Medicine
June 3, 2015 1:00 p.m.**

The Advisory Board on Radiologic Technology met on Wednesday, June 3, 2015 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:

Joyce O. Hawkins, RT
Jan Gillespie Clark, RT
Patti S. Hershey, RT
Margaret Toxopeus, M.D.

MEMBERS ABSENT:

Bonnie Goodbody Kettlewell

STAFF PRESENT:

William L. Harp, MD, Executive Director
Alan Heaberlin, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Joyce O. Hawkins called the meeting to order at 1:07 p.m.

EMERGENCY EGRESS PROCEDURES

Mr. Heaberlin announced the Emergency Egress Instructions.

ROLL CALL – Beulah Baptist Archer

Roll was called and a quorum declared.

APPROVED

APPROVAL OF MINUTES OF February 4, 2015 – Dr. Toxopeus motioned to approve the minutes. The motion was seconded and carried.

ADOPTION OF AGENDA

Jan S. Clark motioned to adopt the agenda. The motion was seconded and carried

PUBLIC COMMENTS ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. 2015 Legislation Affecting Radiologic Technologists – Elaine Yeatts

Ms. Yeatts noted several changes to definitions in the Code of Virginia regarding the practice of radiologic technology that will be effective on July 1, 2015. Among those changes are “[T]he application of x-rays” is being replaced with “[T]he application of ionizing radiation.” The term “Radiologic Technologist” is revised to include a person who performs a comprehensive scope of “diagnostic and *therapeutic* radiological procedures.”

A discussion was held regarding the effects these changes would have on those practicing nuclear medicine without a license. Ms. Clark stated that she will send Alan Heaberlin contact information for the nuclear medicine programs in Virginia so a letter regarding the need to be licensed can be sent by the Board to these programs.

2. Identification of Radiologic Technologists- Joyce O Hawkins, RT

Ms. Hawkins discussed the distinction, per the ARRT, of Radiologic Technologists with the letters ‘R.T. (R)’, and other designations within the profession of Radiologic Technology. Ms. Clark moved to recommend to the full Board in October the adoption of language for fast-track regulations regarding Radiologic Technologists’ professional designation. The motion was seconded and carried. The Advisory Board will consider at its next meeting in October new language for identification of Radiologic Technologists.

ANNOUNCEMENTS Alan Heaberlin

Licensure Totals in FY 2015

- Total number of fully licensed Radiologic Technologists in Virginia - 3996
- Rad. Tech licenses issued in- 393 (FY 2014 – 392)
- Total number of Limited Radiologic Technologists -661
- Limited Radiologic Technologists licensed – 47 (FY 2014 -49)

APPROVED

- Total number licensed Radiologist Assistants – 10 (FY 2014 – 9)
- Radiologist Assistant licenses issued in 2014 - 2 (FY 2014- 1)

NEXT MEETING DATE

October 7, 2015 1:00 p.m.

ADJOURNMENT

Patti S. Hershey moved to adjourn. The motion was seconded and carried.

Joyce O. Hawkins RT, Chair

William L. Harp, MD, Executive Director

Beulah Baptist Archer, Recording Secretary

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VIRGINIA ACTS OF ASSEMBLY -- CHAPTER

An Act to amend and reenact §§ 54.1-2900, 54.1-2954 through 54.1-2956.01, and 54.1-3408 of the Code of Virginia, relating to regulation of health professions; updated terminology.

[H 1818]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2900, 54.1-2954 through 54.1-2956.01, and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2900. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Practice of radiologic technology" means the application of ~~x-rays~~ *ionizing radiation* to human beings for diagnostic or therapeutic purposes.

Agenda Item: Regulatory Advisory Panel for Mixing, Diluting or Reconstituting (MDR) of Drugs for Administration

Staff Note: In 2005, when the General Assembly carved out compounding in doctors' practices from oversight by the Board of Pharmacy and placed it with the Board of Medicine, regulations had to be promulgated. An Ad Hoc Committee that included pharmacists and physicians relied upon United States Pharmacopeia (USP) Chapter 797 as the basis for Medicine's MDR regulations.

Chapter 797 is the Pharmaceutical Compounding of Sterile Preparations, and it can be amended from time to time. An additional USP chapter has been in development, Chapter 800, which addresses the Handling of Hazardous Drugs in Healthcare Settings.

Revisions to Chapter 797 and the advent of Chapter 800 are both scheduled for December 1, 2019. The Board of Medicine wants to stay current with USP requirements, and therefore Board staff recommends the formation of a Regulatory Advisory Panel (RAP) to review 797 and 800 and suggest revisions to the language of 18VAC85-20-400 et seq. as seen fit.

On the next several pages, you will find the Board's current regulations, Chapter 797 information and FAQ's, Chapter 800 and the first 7 of 68 FAQ's.

Action: Discuss and vote to establish a RAP to be appointed by the President.

Part IX. Mixing, Diluting or Reconstituting of Drugs for Administration.

18VAC85-20-400. Requirements for immediate-use sterile mixing, diluting or reconstituting.

A. For the purposes of this chapter, the mixing, diluting, or reconstituting of sterile manufactured drug products when there is no direct contact contamination and administration begins within 10 hours of the completion time of preparation shall be considered immediate-use with the exception of drugs in fat emulsion for which immediate use shall be one hour. If manufacturers' instructions or any other accepted standard specifies or indicates an appropriate time between preparation and administration of less than 10 hours, the mixing, diluting or reconstituting shall be in accordance with the lesser time. No direct contact contamination means that there is no contamination from touch, gloves, bare skin or secretions from the mouth or nose. Emergency drugs used in the practice of anesthesiology and administration of allergens may exceed 10 hours after completion of the preparation, provided administration does not exceed the specified expiration date of a multiple use vial and there is compliance with all other requirements of this section.

B. Doctors of medicine or osteopathic medicine who engage in immediate-use mixing, diluting or reconstituting shall:

1. Utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility in immediate-use mixing, diluting or reconstituting;
2. Ensure that all personnel under their supervision who are involved in immediate-use mixing, diluting or reconstituting are appropriately and properly trained in and utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility;
3. Establish and implement procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check performed by a doctor of medicine or osteopathic medicine, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of this subsection in immediate-use mixing, diluting, or reconstituting. Mixing, diluting, or reconstituting that is performed by a doctor of medicine or osteopathic medicine, or by a specifically trained physician assistant or registered nurse or mixing, diluting, or reconstituting of vaccines does not require a second check;
4. Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations;
5. Document or ensure that personnel under his supervision document in the patient record or other readily retrievable record that identifies the patient; the names of drugs mixed, diluted or reconstituted; and the date of administration; and
6. Develop and maintain written policies and procedures to be followed in mixing, diluting or reconstituting of sterile products and for the training of personnel.

C. Any mixing, diluting or reconstituting of drug products that are hazardous to personnel shall be performed consistent with requirements of all applicable federal and state laws and regulations for safety and air quality, to include but not be limited to those of the Occupational Safety and Health Administration (OSHA). For the purposes of this chapter, Appendix A of the National Institute for Occupational Safety and Health publication (NIOSH Publication No. 2004-165), Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings is

incorporated by reference for the list of hazardous drug products and can be found at www.cdc.gov/niosh/docs/2004-165.

18VAC85-20-410. Requirements for low-, medium- or high-risk sterile mixing, diluting or reconstituting.

A. Any mixing, diluting or reconstituting of sterile products that does not meet the criteria for immediate-use as set forth in 18VAC85-20-400 A shall be defined as low-, medium-, or high-risk compounding under the definitions of Chapter 797 of the U.S. Pharmacopeia (USP).

B. Until July 1, 2007, all low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products shall comply with the standards for immediate-use mixing, diluting or reconstituting as specified in 18VAC85-20-400. Beginning July 1, 2007, doctors of medicine or osteopathic medicine who engage in low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products shall comply with all applicable requirements of the USP Chapter 797. Subsequent changes to the USP Chapter 797 shall apply within one year of the official announcement by USP.

C. A current copy, in any published format, of USP Chapter 797 shall be maintained at the location where low-, medium- or high-risk mixing, diluting or reconstituting of sterile products is performed.

18VAC85-20-420. Responsibilities of doctors who mix, dilute or reconstitute drugs in their practices.

A. Doctors of medicine or osteopathic medicine who delegate the mixing, diluting or reconstituting of sterile drug products for administration retain responsibility for patient care and shall monitor and document any adverse responses to the drugs.

B. Doctors who engage in the mixing, diluting or reconstituting of sterile drug products in their practices shall disclose this information to the board in a manner prescribed by the board and are subject to unannounced inspections by the board or its agents.

[General Chapter <797> \(https://www.usp.org/\)](#)
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General Chapter <797> Pharmaceutical Compounding – Sterile Preparations

Millions of medications are compounded each year in the US to meet the unique needs of patients. Compounding provides access to medication for patients who may not be able to use commercially available formulations due to dosing requirements, allergies or rare diseases. Medications that are required to be sterile include those administered through injection, intravenous infusion (IV), intraocular (injection in the eye) or intrathecal (injection in the spine).

Understanding the risks inherent in sterile compounding and incorporating established standards are essential for patient safety. Compounded drugs made without the guidance of standards may be sub-potent, super potent or contaminated, exposing patients to significant risk of adverse events or even death.

USP develops standards for preparing compounded sterile drugs to help ensure patient benefit and reduce risks such as contamination, infection or incorrect dosing.

USP General Chapter <797> describes a number of requirements, including responsibilities of compounding personnel, training, facilities, environmental monitoring, and storage and testing of finished preparations.

Important Updates

- July 27, 2018 - The proposed <797> revision was posted for public comment*
- September 4, 2018 - <797> was formally published in the *Pharmacopeial Forum (PF)* (<https://www.uspnf.com/pharmacopeial-forum>) 44(5) [Sept - Oct. 2018]
- September 5, 2018 - Open Microphone Session – Recorded Session
 - Web Recording (<https://uspevents.webex.com/uspevents/ldr.php?RCID=4ba867c57a5de5d82074bd19bcd216a3>)
 - Presentation (</sites/default/files/usp/document/our-work/healthcare-quality-safety/797-open-microphone-presentation.pdf>)
- November 30, 2018 - Public Comment Period for <797> closed
- June 1, 2019 - Intended Publication Date of <797> in *USP–NF*
- December 1, 2019 - Anticipated Official Date for <797>

* The current published version of General Chapter <797> in *USP–NF* is official until the new Chapter becomes official.

[Updates on Compounding related chapters \(/node/14511\)](#)

Developing USP General Chapter <797>

USP is a not-for-profit, science-driven organization that has an established process (</sites/default/files/usp/document/our-work/compounding/hqs102g-standard-setting-process.pdf>) for convening independent experts in the development and maintenance of healthcare quality standards. The process is public health focused, leveraging current science and technology, and draws on the expertise of scientists and healthcare practitioners while providing opportunities for public input from stakeholders throughout the standards' progress.

The USP Compounding Expert Committee is responsible for the development of General Chapter <797>. Review their work plan and past meeting summaries ([/expert-committees/compounding-expert-committee-work-plan](#)). General Chapter <797> is currently in an active revision process.

A revision to General Chapter <797> was proposed for public comment from Sept. 25, 2015 to Jan. 31, 2016, and remains in the development process with the Expert Committee. The chapter was published for a second round of public comment and was formally published in the *Pharmaceutical Forum* 44(5) (<http://www.uspnf.com/pharmaceutical-forum>) in September 2018.

Public comment is integral to the standard setting process. During standard development, public comment is designed to obtain input from stakeholders such as patients, healthcare practitioners, policymakers, academicians, and industry to ensure that broad perspectives are included in the standard.

Note: While General Chapter <797> is undergoing revision, the published version of the chapter which became official on June 1, 2008 is currently official.

Stay Involved: Stakeholder Engagement

Learn more about the second posting for public comment (<http://www.uspnf.com/notices/general-chapter-pharmaceutical-compounding-sterile-preparations-will-be-posted-second-round-public-comments>) and sign up to the Healthcare Quality Standards Newsletter ([/hqs-signup-form](#)) to receive updates on the chapter revision.

Resources

- USP General Chapter <797> FAQs ([/frequently-asked-questions/pharmaceutical-compounding-sterile-preparations](#))
- USP General Chapter <797> Education Courses (<http://education.usp.org>)
- Sign up for USP Updates ([/hqs-signup-form](#))



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FAQs: <797> Pharmaceutical Compounding—Sterile Preparations

Last updated: July 27, 2018

1. When was General Chapter <797> last revised?

General Chapter <797> was first published in 2004. The chapter was last revised in USP31–NF26 2nd Supplement, which became official on June 1, 2008.

2. *New - When will the revised USP General Chapter <797> be available for the next round of public comment?

The public comment period for <797> will occur between July 27 and November 30, 2018. During this period, you will be able to provide written comments through an electronic form (https://usp.az1.qualtrics.com/jfe/form/SV_3dDhnN2ZVCYh5yJ). More information can be found at <http://www.usp.org/compounding/general-chapter-797> (<http://www.usp.org/compounding/general-chapter-797>).

Revisions to General Chapter <797> are now published for a second round of public comment. Since the first public comment period, which began in September 2015, there has been significant input from stakeholders including roundtable meetings, discussion forums, and review of more than 8,000 written public comments. Expert consultants have been engaged to assist the Expert Committee during this revision process. The Expert Committee has reviewed all of the public comments from the September 2015 proposal along with additional guidance from many stakeholders to propose a new revision for a second round of public comment.

The revision to <797> will be harmonized with USP General Chapter <800> (<http://www.usp.org/compounding/general-chapter-hazardous-drugs-handling-healthcare>), with an anticipated official date of December 2019.

3. When will the final revision to General Chapter <797> be published and official?

The revised USP General Chapter <797> is expected to be published in USP 42-NF 37 Second Supplement on June 1, 2019 and become official on December 1, 2019. Sections of the revised <797> may have longer implementation dates that will allow time for adoption of the standard. More information can be found at <http://www.usp.org/compounding/updates-on-standards> (<http://www.usp.org/compounding/updates-on-standards>).

4. How can I get status updates on the proposed revisions to General Chapter ?

Sign up for USP Updates ([/HQS-Signup-Form](#)) to receive notifications for USP General Chapter <797> revisions and other Healthcare Quality & Safety standard.

5. Is USP General Chapter <797> still enforceable?

While USP General Chapter <797> is undergoing revision, the published version of the chapter which became official on June 1, 2008 is currently official and enforceable.

6. How can I obtain a copy of the currently official General Chapter ?



You may purchase a copy of the currently official chapter through several publications. You may purchase the chapter through a subscription to the USP Compounding Compendium (</products/usp-compounding-compendium>) or USP-NF (<http://www.uspnf.com/purchase-usp-nf>).

7. General Chapter <797> references both ISO 14644-1 and CAG-002-2006–section 2.09. Is there a conflict between these two guidance documents?

No, there is no conflict between these two guidance documents. General Chapter <797> references ISO 14644-1 to define the ISO classification of particulate matter in the primary and secondary engineering control. Additionally, the chapter specifies certification of engineering controls following procedures “such as those outlined in Certification Guide for Sterile Compounding Facilities (CAG-003-2006).” USP <797> further references CAG-002-2006 section 2.09 as sample procedures for placing Compounding Aseptic Isolators (CAI) and Compounding Aseptic Containment Isolators (CACI) outside of an ISO Class 7 buffer area. CAG-002-2006 section 2.09 is specifically referenced because it defines tests that prove whether a CAI or CACI can be placed outside of an ISO classified room. The test procedures in CAG-002-2006 are more robust than ISO 14644-1 because the tests increase the background particulate count. Section 2.09 increases background levels to prove that particulate contamination from the room is not dragged into the CAI or CACI when materials are transferred into or removed from the isolator. The procedures in ISO 14644-1 are not relevant to CAG-002-2006 section 2.09, and thus specific test procedures outlined in ISO 14644-1 are not referenced in these sections. Consequently, there is no conflict between CAG-002-2006 section 2.09 and ISO 14644-1.



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USP General Chapter <800> Hazardous Drugs—Handling in Healthcare Settings

USP General Chapter <800> provides standards for safe handling of hazardous drugs to minimize the risk of exposure to healthcare personnel, patients and the environment.

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[GC <800> Infographic \(/sites/default/files/usp/document/our-work/healthcare-quality-safety/800-know-your-exposure-to-hazardous-drugs.pdf\)](/sites/default/files/usp/document/our-work/healthcare-quality-safety/800-know-your-exposure-to-hazardous-drugs.pdf)

The National Institute for Occupational Safety and Health (NIOSH) (<https://www.cdc.gov/niosh/topics/hazdrug/>) considers a drug to be hazardous if it exhibits one or more of the following characteristics in humans or animals: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity, organ toxicity at low doses, genotoxicity, or structure and toxicity profiles of new drugs that mimic existing hazardous drugs.

General Chapter <800> describes requirements including responsibilities of personnel handling hazardous drugs; facility and engineering controls; procedures for deactivating, decontaminating and cleaning; spill control; and documentation. These standards apply to all healthcare personnel who receive, prepare, administer, transport or otherwise come in contact with hazardous drugs and all the environments in which they are handled.

Important Updates

USP announced the intent to postpone the official date of General Chapter <800>. The purpose of this postponement is to align the official date of General Chapter <800> with the official date of the next revision of General Chapter <797> *Pharmaceutical Compounding — Sterile Preparations*, to provide a unified approach to quality compounding.

Important Dates

- September 29, 2017: Notification of intent to revise (<http://www.uspnf.com/notices/gc-800-hazardous-drugs-handling-in-healthcare-settings>) the official date of USP General Chapter <800>
- December 1, 2019: USP General Chapter <800> expected official date

[Updates on Compounding related chapters \(/compounding/updates-on-standards\)](#)

To protect patients and healthcare workers from potential harm, USP General Chapters <800> *Hazardous Drugs – Handling in Healthcare Settings* and <797> *Pharmaceutical Compounding – Sterile Preparations* were developed to provide a complete set of standards for all healthcare workers to help ensure the safe handling of hazardous drugs throughout the healthcare system, including in the practice of compounding. The intent of the Expert Committee has always been to align these standards, providing a unified approach to quality compounding. The next revision to General Chapter <797> is anticipated to be published in the *Pharmacopeial Forum* 44(5) September/October 2018 for a second round of public comment. Both USP General Chapter <797> and USP General Chapter <800> are anticipated to become official on December 1, 2019. Sections of the revised <797> may have longer implementation dates that will allow time for adoption of the standard.

As we all move towards safer handling of hazardous drugs in the work place, USP strongly encourages early adoption and implementation of USP General Chapter <800> to protect the public health in all healthcare settings. We will continue to support our stakeholders through ongoing education and outreach.

Developing USP General Chapter <800>

Public Health Need

The need to help ensure a quality environment and to protect healthcare personnel from hazardous drugs has been a topic of concern for decades. Growing evidence highlights that acute and chronic health effects can occur due to occupational exposure to over 200 hazardous drugs used commonly in healthcare settings. While NIOSH (<https://www.cdc.gov/niosh/>) defines criteria and identifies hazardous drugs (<https://www.cdc.gov/niosh/topics/hazdrug/>), USP developed standards for handling these hazardous drugs to minimize the risk to public health. The goals of these standards are to help increase awareness, provide uniform guidance to reduce the risk of managing hazardous drugs, and help reduce the risk posed to patients and the healthcare workforce.

USP Process

USP is a not-for-profit, science-driven organization that has an established process (</sites/default/files/usp/document/our-work/compounding/hqs102g-standard-setting-process.pdf>) for convening independent experts in the development and maintenance of healthcare quality standards. The process is public health focused, leveraging current science and technology, and draws on the expertise of scientists and healthcare practitioners while providing opportunities for public input from stakeholders throughout the standard-setting progress.

The **USP Compounding Expert Committee** is responsible for the development of General Chapter <800>. Review their work plan and past meeting summaries (</expert-committees/compounding-expert-committee-work-plan>). USP General Chapter <800> was published twice in the Pharmacopeial Forum (<http://www.uspnf.com/pharmacopeial-forum>) for public comment. USP received over 1,300 comments from approximately 150 stakeholders during the second public comment period (Dec. 1, 2014, to May 31, 2015). All of the public comments were reviewed by the USP Compounding Expert Committee and many of them are incorporated in the final published chapter. Read the Compounding Expert Committee's responses to the public comments in the Commentary (http://www.uspnf.com/sites/default/files/usp_pdf/EN/USPNF/usp-nf-commentary/gc__800_commentary_final.pdf) (posted Feb. 1, 2016).

Resources

- Download USP General Chapter <800> (</usp-chapter-800-download>)
Note: This chapter alone is not sufficient for a comprehensive approach to safe handling of hazardous drugs. Additional chapters are required for complete implementation; see USP Compounding Compendium (<http://www.usp.org/store/products-services/usp-compounding-compendium>) or *USP-NF* (<http://www.usp.org/store/products-services/usp-nf>)
- USP General Chapter <800> FAQs (</frequently-asked-questions/hazardous-drugs-handling-healthcare-settings>)
- USP General Chapter <800> Education Courses (https://uspharmacoepia.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67&tab_id=20000495)
- Sign up for USP updates (</hqs-signup-form>)
- Other Publications (<https://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/ana-usp-safe-handling-of-hazardous-drugs.pdf>)



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FAQs: <800> Hazardous Drugs—Handling in Healthcare Settings

Last updated: November 3, 2017

The following are responses provided by members of the USP Compounding Expert Committee. Responses have been provided for informational purposes only, and should not be construed as an official interpretation of USP text or relied on to demonstrate compliance with USP standards or requirements.

General

1. What is a hazardous drug?

A hazardous drug is any drug identified as hazardous or potentially hazardous by the National Institute for Occupational Safety and Health (NIOSH) on the basis of at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low doses in humans or animals, genotoxicity, and new drugs that mimic existing hazardous drugs in structure or toxicity. NIOSH maintains a list of antineoplastic and other hazardous drugs used in healthcare settings.

2. What is the purpose of this chapter?

The purpose of the chapter is to describe practice and quality standards for handling hazardous drugs in healthcare settings and help promote patient safety, worker safety, and environmental protection. The chapter defines processes intended to minimize the exposure to hazardous drugs in healthcare settings. The chapter was developed by the USP Compounding Expert Committee with the assistance of the USP Compounding with Hazardous Drugs Expert Panel and government liaisons from the U.S. Food and Drug Administration (FDA) and the U.S. Centers for Disease Control and Prevention (CDC) including NIOSH. The chapter was published for the first time for public comment in March 2014. Based on the public comments received, the chapter was revised and proposed for another round of public comments in December 2014. The chapter was revised again and published in the USP-NF in February 2016.

3. Why was the chapter developed?

The public health need for developing <800> was based on published reports of adverse effects in healthcare personnel from occupational exposure to hazardous drugs.¹ General Chapter <800> was developed based on existing guidance documents published by the National Institute for Occupational Safety and Health (NIOSH), American Society of Health-System Pharmacists (ASHP), and the Oncology Nursing Society (ONS). ASHP published a Technical Assistance Bulletin in 1986 and NIOSH published an alert on preventing occupational exposure in 2004. There was a known risk of hazardous drug exposure in healthcare settings from published medical reports, but there was no enforceable standard to minimize the potential risk of exposure.

[1] Sessink PJ, Bos RP. Drugs hazardous to healthcare workers. Evaluation of methods for monitoring occupational exposure to cytostatic drugs. *Drug Saf.* April 1999; 20(4): 347-59. Venitt S, Crofton-Sleigh C, Hunt J, Speechley V, Briggs K. *Lancet*, Monitoring exposure of nursing and pharmacy personnel to cytotoxic drugs: urinary mutation assays and urinary platinum as markers of absorption. *Jan 1984;1(8368): 74-7.* (See also <https://www.cdc.gov/niosh/topics/antineoplastic/default.html> (<https://www.cdc.gov/niosh/topics/antineoplastic/default.html>)).

4. To whom does the chapter apply?

Chapter <800> was written to protect all workers, patients and the general public who may be accessing facilities where hazardous drugs (HDs) are prepared. This includes but is not limited to pharmacists, technicians, nurses, physicians, physician assistants, home healthcare workers, veterinarians, and veterinary technicians. If any workers come in contact with HDs, they must receive HD training, and be assessed for an understanding of the training. All personnel who handle HDs are responsible for understanding the fundamental practices and precautions and for continually evaluating these procedures and the quality of final HDs to prevent harm to patients, minimize exposure to personnel, and minimize contamination of the work and patient-care environment.



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5. What settings does the chapter apply to?

USP General Chapter <800> applies to all healthcare personnel who handle HD preparations and all entities that store, prepare, transport, or administer HDs (e.g., pharmacies, hospitals and other healthcare institutions, patient treatment clinics, physicians' practice facilities, or veterinarians' offices).

6. Does the chapter apply to administration of HDs?

Yes, the chapter applies to administration of HDs. If non-antineoplastic or reproductive risk HD dosage forms do require manipulation such as crushing tablet(s) or opening capsule(s) for a single dose, alternative containment strategies and work practices as defined in the assessment of risk must be used (e.g. appropriate personnel protective equipment (PPE), use a plastic pouch to contain any dust or particles generated). If antineoplastic HD dosage forms require manipulation, the requirements of Chapter <800> must be followed.

7. *NEW - What is the status of the General Chapter <800> and when will General Chapter <800> become official?

USP has announced the intent to postpone (<http://www.uspnf.com/notices/gc-800-hazardous-drugs-handling-in-healthcare-settings>) the official date of General Chapter <800> *Hazardous Drugs – Handling in Healthcare Settings*. The intent of this postponement is to align the official date of General Chapter <800> with the official date of the next revision of General Chapter <797> *Pharmaceutical Compounding — Sterile Preparations*, to provide a unified approach to quality compounding. The next revision to General Chapter <797> is anticipated to be published in the *Pharmacopeial Forum* 44(5) September/October 2018 for a second round of public comment. Both USP General Chapter <797> and USP General Chapter <800> are anticipated to become official on December 1, 2019. Sections of the revised <797> may have longer implementation dates that will allow time for adoption of the standard.

8. *NEW - What does 'official date' mean?

9. *NEW - Is <800> currently enforceable in the United States?

10. *NEW - Does the anticipated December 1, 2019 official date of <800> impact my current or early adoption of the general chapter?

11. *NEW - How do I adopt USP General Chapter if sections are not harmonized with USP General Chapter ?

12. *NEW - Have there been updates or changes to the chapter since it was published on February 1, 2016?

13. *NEW - Other than the change to the official date, are there other expected substantive changes to USP General Chapter?

14. *NEW - How can I obtain a copy of General Chapter?

15. Have there been any documented/published studies involving harm related to handling of HDs?

Assessment of Risk

16. Can repackaging containers of commercially available HD oral liquids into prescription containers or unit-dose packages be considered under an assessment of risk?

Agenda Item: Appointment of the Nominating Committee

Staff Note: New officer terms begin after the June Board meeting. The Nominating Committee traditionally meets at 7:45 AM on the day of the June Board meeting to hear candidates for office and to develop a slate for presentation to the Full Board later that morning. The Committee usually consists of 3 Board members who are not seeking office, but it can accommodate more than 3 at the President's discretion.

Action: Dr. O'Connor will ask for volunteers and appoint a number to the Committee.

Agenda Item: Licensing Report

Staff Note: Dr. Harp will provide information on note-worthy licensing matters.

Action: None anticipated.

License Count By State for Medicine

Board	State	License Status	Count
Medicine	Virginia	Current Active	46,754
		Current Inactive	656
		Probation - Current Active	4
	<u>Total Virginia</u>		<u>47,414</u>
	Out of state	Current Active	21,034
		Current Inactive	1,446
		<u>Total Out of state</u>	<u>22,480</u>
Total Medicine		69,894	

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Medicine

Board	Occupation	State	License Status	License Count
Medicine				
Assistant Behavior Analyst				
	Assistant Behavior Analyst	Virginia	Current Active	156
	Assistant Behavior Analyst	Out of state	Current Active	13
	Total for Assistant Behavior Analyst			169
Athletic Trainer				
	Athletic Trainer	Virginia	Current Active	1,389
	Athletic Trainer	Virginia	Current Inactive	3
	Athletic Trainer	Out of state	Current Active	308
	Athletic Trainer	Out of state	Current Inactive	2
	Total for Athletic Trainer			1,702
Behavior Analyst				
	Behavior Analyst	Virginia	Current Active	918
	Behavior Analyst	Virginia	Current Inactive	2
	Behavior Analyst	Out of state	Current Active	226
	Total for Behavior Analyst			1,146
Chiropractor				
	Chiropractor	Virginia	Current Active	1,374
	Chiropractor	Virginia	Current Inactive	22
	Chiropractor	Virginia	Probation - Current Active	1
	Chiropractor	Out of state	Current Active	228
	Chiropractor	Out of state	Current Inactive	90
	Total for Chiropractor			1,715
Genetic Counselor				
	Genetic Counselor	Virginia	Current Active	91
	Genetic Counselor	Out of state	Current Active	125
	Total for Genetic Counselor			216
Genetic Counselor-Temporary				
	Genetic Counselor-Temporary	Virginia	Current Active	7
	Total for Genetic Counselor-Temporary			7
Interns & Residents				
	Interns & Residents	Virginia	Current Active	2,720
	Interns & Residents	Out of state	Current Active	553
	Total for Interns & Residents			3,273
Licensed Acupuncturist				
	Licensed Acupuncturist	Virginia	Current Active	406
	Licensed Acupuncturist	Out of state	Current Active	129
	Licensed Acupuncturist	Out of state	Current Inactive	10
	Total for Licensed Acupuncturist			545
Licensed Midwife				
	Licensed Midwife	Virginia	Current Active	67
	Licensed Midwife	Out of state	Current Active	20

License Count Report for Medicine

Board	Occupation	State	License Status	License Count
Medicine				
	Total for Licensed Midwife			87
Limited Radiologic Technologist				
	Limited Radiologic Technologist	Virginia	Current Active	537
	Limited Radiologic Technologist	Virginia	Current Inactive	32
	Limited Radiologic Technologist	Out of state	Current Active	30
	Limited Radiologic Technologist	Out of state	Current Inactive	2
	Total for Limited Radiologic Technologist			601
Medicine & Surgery				
	Medicine & Surgery	Virginia	Current Active	21,580
	Medicine & Surgery	Virginia	Current Inactive	424
	Medicine & Surgery	Virginia	Probation - Current	3
	Medicine & Surgery	Out of state	Current Active	13,824
	Medicine & Surgery	Out of state	Current Inactive	1,121
	Total for Medicine & Surgery			36,952
Occupational Therapist				
	Occupational Therapist	Virginia	Current Active	3,259
	Occupational Therapist	Virginia	Current Inactive	42
	Occupational Therapist	Out of state	Current Active	783
	Occupational Therapist	Out of state	Current Inactive	48
	Total for Occupational Therapist			4,132
Occupational Therapy Assistant				
	Occupational Therapy Assistant	Virginia	Current Active	1,343
	Occupational Therapy Assistant	Virginia	Current Inactive	10
	Occupational Therapy Assistant	Out of state	Current Active	208
	Occupational Therapy Assistant	Out of state	Current Inactive	10
	Total for Occupational Therapy Assistant			1,571
Osteopathy & Surgery				
	Osteopathy & Surgery	Virginia	Current Active	1,747
	Osteopathy & Surgery	Virginia	Current Inactive	7
	Osteopathy & Surgery	Out of state	Current Active	1,636
	Osteopathy & Surgery	Out of state	Current Inactive	78
	Total for Osteopathy & Surgery			3,468
Physician Assistant				
	Physician Assistant	Virginia	Current Active	3,129
	Physician Assistant	Virginia	Current Inactive	4
	Physician Assistant	Out of state	Current Active	941
	Physician Assistant	Out of state	Current Inactive	24
	Total for Physician Assistant			4,098
Podiatry				
	Podiatry	Virginia	Current Active	392
	Podiatry	Virginia	Current Inactive	9
	Podiatry	Out of state	Current Active	108
	Podiatry	Out of state	Current Inactive	23
	Total for Podiatry			532
Polysomnographic Technologist				
	Polysomnographic Technologist	Virginia	Current Active	381
	Polysomnographic Technologist	Out of state	Current Active	115

License Count Report for Medicine

Board	Occupation	State	License Status	License Count
Medicine				
	Total for Polysomnographic Technologist			496
	Radiologic Technologist			
	Radiologic Technologist	Virginia	Current Active	3,544
	Radiologic Technologist	Virginia	Current Inactive	26
	Radiologic Technologist	Out of state	Current Active	925
	Radiologic Technologist	Out of state	Current Inactive	8
	Total for Radiologic Technologist			4,503
	Radiologist Assistant			
	Radiologist Assistant	Virginia	Current Active	9
	Radiologist Assistant	Out of state	Current Active	3
	Total for Radiologist Assistant			12
	Respiratory Therapist			
	Respiratory Therapist	Virginia	Current Active	3,127
	Respiratory Therapist	Virginia	Current Inactive	75
	Respiratory Therapist	Out of state	Current Active	805
	Respiratory Therapist	Out of state	Current Inactive	30
	Total for Respiratory Therapist			4,037
	Restricted Volunteer			
	Restricted Volunteer	Virginia	Current Active	69
	Restricted Volunteer	Out of state	Current Active	17
	Total for Restricted Volunteer			86
	Surgical Assistant			
	Surgical Assistant	Virginia	Current Active	220
	Surgical Assistant	Out of state	Current Active	24
	Total for Surgical Assistant			244
	Surgical Technologist			
	Surgical Technologist	Virginia	Current Active	269
	Surgical Technologist	Out of state	Current Active	12
	Total for Surgical Technologist			281
	University Limited License			
	University Limited License	Virginia	Current Active	20
	University Limited License	Out of state	Current Active	1
	Total for University Limited License			21
Total for Medicine				69,894

Agenda Item: Discipline Report

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

Action: None anticipated.

Next Meeting Date of the Full Board is

June 13-15, 2019



Please check your calendars and advise staff of any known conflicts that may affect your attendance.



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7)

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

March 13, 2019