

## Advisory Board on Physicians Assistants

Board of Medicine  
February 7, 2013, 1:00 PM  
9960 Mayland Drive, Suite 201  
Richmond, VA  
Board Room 1

	Page
Call to Order – Rachel Carlson, PA-C Chair	
Emergency Egress Procedures – Rachel Carlson, PA-C	i
Roll Call – ShaRon Clanton	
Approval of Minutes of June 28, 2012 and December 6, 2012	1-5
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
NEW BUSINESS	
1. Legislative Report – Elaine Yeatts	6-13
2. Review of Regulatory Revisions – Elaine Yeatts	14-28
3. 2013 Meeting Calendar	29
4. Election of Officers	
5. Conflict of Interest Training	
Announcements	
Next Scheduled Meeting: June 6, 2013 @ 1:00 p.m.	
Adjournment	

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

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**Board Room 1**

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**ADVISORY BOARD ON PHYSICIAN ASSISTANTS  
MINUTES**

**June 28, 2012**

The Advisory Board on Physician Assistants met Thursday, June 28, 2012, at 10:15 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia. Rachel Carlson, PA-C, Chair, called the meeting to order. A quorum was declared.

**MEMBERS PRESENT:** Rachel Carlson, PA-C, Chair  
Thomas Parish, PA-C, Vice-Chair  
Paul Marino, PA-C

**MEMBERS ABSENT:** James Potter, MD  
Kishore Thota

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
R. Alan Heaberlin, Deputy Executive Director  
Elaine Yeatts, Senior Regulatory Analyst  
ShaRon Clanton, Licensing Specialist

**GUESTS PRESENT:** David Falkenstein, VAPA

**CALL TO ORDER**

Ms. Carlson called the meeting to order.

Let it be noted for the record that Ms. Carlson announced the Emergency Evacuation Instructions.

**ROLL CALL**

Roll was called and a quorum declared.

**000001**

## **APPROVAL OF MINUTES DATED FEBRUARY 3, 2011**

Mr. Parish moved to approve the minutes dated February 3, 2011. The motion was seconded and carried.

## **ADOPTION OF AGENDA**

Mr. Parrish moved to approve the adoption of the agenda. Ms. Yeatts asked that the Status of Proposed Regulations be added. The motion to adopt with Ms. Yeatts' addition was seconded and carried.

## **PUBLIC COMMENT ON AGENDA ITEMS**

Mr. Falkenstein, representing VAPA, addressed the Advisory Board regarding the requirements for the use of fluoroscopy by PA's and provided the Advisory with the document on training agreed to by the AAPA and the ARRT. He further requested that the clause "within one hour" be removed from the definition of "General Supervision" being considered in the draft regulations. He addressed the authority of physician assistants to write Do Not Resuscitate Orders (DNR Orders). He noted that nurse practitioners can write DNR orders and that the Committee of the Joint Boards of Nursing and Medicine describe this authority in a guidance document. He requested that the Board of Medicine create a guidance document that addresses the authority of physician assistants to write DNR orders.

## **NEW BUSINESS**

### **1. Legislative Report from the 2012 General Assembly**

Mrs. Yeatts reviewed bills from the 2012 Session of the General Assembly relevant to the profession of physician assisting.

### **2. Physician Assistants signing DNR papers**

The authority for a PA to write DNR orders must be included in the written protocol as a delegated act by the supervising physician and must be performed in consultation with the physician. Guidance Document 85-8 was reviewed.

### **3. Definition of General Supervision**

Dr. Harp discussed the definitions of general supervision and continuous supervision in the proposed regulations. The concept of continuous supervision was deemed to mean that the supervisor was continuously available, either in-person or electronically, for routine and rapid consultation.

#### **4. Adoption of Amended Regulations for Physician Assistants**

Mrs. Yeatts reviewed the proposed regulations as presented including Authorization to use Fluoroscopy written as a new section, 18VAC85-50-117. Paul Marino moved to recommend the Adoption of Amended Regulations for Physician Assistants to the Executive Committee on August 3, 2012.

#### **ANNOUNCEMENTS**

Ms. Carlson announced the proposed changes coming into effect in 2014 concerning NCCPA certification with the general examination moving to every 10 years; however, PA's will be required to maintain certification with 100 hours of CME every 2 years.

#### **NEXT SCHEDULED MEETING**

October 4, 2012

#### **ADJOURNMENT**

Thomas Parish moved to adjourn. The motion was seconded and carried.

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Rachel Carlson, PA-C, Chair

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

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ShaRon Clanton, Licensing Specialist

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**PUBLIC HEARING ON PROPOSED REGULATIONS FOR THE SUPERVISION OF  
PHYSICIAN ASSISTANT PRACTICE  
MINUTES**

**December 6, 2012**

A public hearing of the Virginia Board of Medicine was held on Thursday, December 6, 2012, at 8:55 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

**MEMBERS PRESENT:** Wayne Reynolds, DO

**STAFF PRESENT:** William L. Harp, MD, Executive Director  
Alan Heaberlin, Deputy Executive Director  
Elaine Yeatts, Senior Regulatory Analyst

**GUESTS PRESENT:** David Falkenstein, PA, VAPA  
Hunter Jamerson,

**CALL TO ORDER:** Wayne Reynolds, DO called the meeting to order.

**PUBLIC COMMENT ON AGENDA ITEMS**

Mr. Falkenstein, representing the Virginia Academy of Physician Assistants, addressed the Board regarding the proposed changes by offering the Academy's support and to encourage the full Board of Medicine to adopt the changes as written.

Mr. Jamerson, representing the Virginia Academy of Family Physicians, addressed to Board regarding the proposed changes by offering the Academy's support and to recommend passage of the regulations.

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**ADJOURNMENT**

There being no more comments offered to the Board, Dr. Reynolds adjourned the meeting at 9:00 a.m.

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Wayne Reynolds, DO, Chair

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

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# Report of the 2013 General Assembly

## Board of Medicine - Advisory Boards

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### **HB 1352 Health care records; increases maximum copying fee that a health provider may charge.**

*Chief patron:* Habeeb

*Summary as introduced:*

**Health care records; copying fees.** Increases the maximum fee that a health care provider may charge for retrieving, reviewing, and preparing copies of patient records in response to a subpoena duces tecum or a request by the patient, his attorney, or his executor or administrator. The maximum fee is raised from \$0.50 to \$0.75 per page for up to 50 pages and from \$0.25 to \$0.50 per page for documents in excess of 50 pages. The bill also raises the maximum search and handling fee from \$10 to \$20.

11/29/12 House: Referred to Committee for Courts of Justice

01/10/13 House: Assigned Courts sub: #2 Civil

01/21/13 House: Subcommittee failed to recommend reporting (3-Y 4-N)

01/23/13 House: Subcommittee recommends reporting with amendment(s) (5-Y 1-N)

### **HB 1422 Interchangeable biosimilar biological products; permits pharmacists to dispense.**

*Chief patron:* O'Bannon

*Summary as introduced:*

**Dispensing of interchangeable biosimilar biological products.** Permits pharmacists to dispense a biosimilar that has been licensed by the U.S. Food and Drug Administration as interchangeable with a prescribed biological product unless the prescriber indicates such substitution is not authorized or the patient insists on dispensing of the prescribed biological product. The bill requires any pharmacist who dispenses an interchangeable biosimilar to inform the patient prior to dispensing the biosimilar, provide notification of the substitution to the prescriber, and record the brand name or the product name and name of the manufacturer of the biosimilar on the record of dispensing and the prescription label.

01/21/13 House: Engrossed by House - floor substitute HB1422H1

01/22/13 House: Read third time and passed House (91-Y 6-N 1-A)

01/22/13 House: VOTE: PASSAGE (91-Y 6-N 1-A)

01/23/13 Senate: Referred to Committee on Education and Health

### **HB 1444 Medications; administration by certain employees or contract service providers.**

*Chief patron:* O'Bannon

*Summary as introduced:*

**Administration of medications by employees or contract service providers of providers licensed by the Department of Behavioral Health and Developmental Services.** Provides that employees of or persons providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may administer insulin, glucagon, and epinephrine in certain circumstances; provides protection from liability for certain acts related to such administration; and requires the Board of Nursing to promulgate regulations governing training in the administration of epinephrine by persons authorized to administer epinephrine.

01/22/13 House: Impact statement from DPB (HB1444E)  
01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/23/13 Senate: Referred to Committee on Education and Health

**HB 1463 Tramadol; adds to list of Schedule IV controlled substances.**

*Chief patron:* Yost

*Summary as introduced:*

**Schedule IV controlled substances; tramadol.** Adds tramadol, an opiate painkiller, to the list of Schedule IV controlled substances.

12/28/12 House: Referred to Committee on Health, Welfare and Institutions  
01/07/13 House: Impact statement from VCSC (HB1463)  
01/11/13 House: Assigned HWI sub: #2  
01/24/13 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

**HB 1468 Public schools; possession & administration of epinephrine by employees of local governing bodies.**

*Chief patron:* Greason

*Summary as introduced:*

**Public schools; possession and administration of epinephrine.** Adds employees of local governing bodies and employees of local health departments to the lists of individuals who are permitted to possess and administer epinephrine and not be held liable for civil damages when certain conditions are met. The bill also requires local school boards to include in policies for the possession and administration of epinephrine a provision adding any employee of a local governing body or an employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine to administer the drug to any student believed to be having an anaphylactic reaction.

**EMERGENCY**

01/23/13 House: Emergency clause added  
01/23/13 House: Engrossed by House as amended HB1468E  
01/24/13 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

**HB 1499 Emergency medical services personnel; administration of medications.**

*Chief patron:* Stolle

*Summary as introduced:*

**Administration of medications.** Clarifies the circumstances under which emergency medical services personnel may administer medications and provides that emergency medical services personnel may administer medications pursuant to an oral or written order or standing protocol.

01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/23/13 Senate: Referred to Committee on Education and Health

**HB 1501 Pharmacy; collaborative agreements.**

*Chief patron:* O'Bannon

*Summary as introduced:*

**Pharmacy; collaborative agreements.** Clarifies parties with whom a pharmacist may enter into a collaborative

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agreement; provides that a patient who does not wish to participate in a collaborative procedure must notify the prescriber of his decision; and provides that a prescriber may elect to have a patient not participate in a collaborative agreement by contacting the pharmacist or his designated alternative pharmacist or by documenting his decision on the patient's prescription. The bill also clarifies that collaborative agreements may be in writing or in electronic form.

01/24/13 House: Committee amendments agreed to  
01/24/13 House: Engrossed by House as amended HB1501E  
01/24/13 House: Printed as engrossed 13100522D-E  
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)

**HB 1516 Pharmacies; access to the Prescription Monitoring Program.**

*Chief patron:* Lewis

*Summary as introduced:*

**Pharmacies; access to the Prescription Monitoring Program.** Requires every pharmacy permitted by the Board of Pharmacy to ensure that at least one pharmacist who is physically present at the pharmacy shall have access to the Prescription Monitoring Program at all times.

01/03/13 House: Prefiled and ordered printed; offered 01/09/13 13102118D  
01/03/13 House: Referred to Committee on Health, Welfare and Institutions  
01/15/13 House: Assigned HWI sub: #1

**HB 1564 Drugs; administration by a person to a child in private school.**

*Chief patron:* Orrock

*Summary as introduced:*

**Administration of drugs; private schools, private nursery schools, and private preschools.** Provides that nothing shall prevent the administration of drugs by a person to a child in a private nursery school or preschool that is accredited by the Virginia Council for Private Education and exempt from licensure by the Board of Social Services, or in a private school that is accredited by the Virginia Council for Private Education in accordance with standards prescribed by the Board of Education, provided such person has completed an approved training program, obtained written authorization of the parent, and administers drugs dispensed from a pharmacy and maintained in the original labeled container only to the child identified on the prescription label and in accordance with the prescriber's instructions.

01/17/13 House: Read second time and engrossed  
01/18/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/21/13 Senate: Referred to Committee on Education and Health

**HB 1644 Birth control; definition.**

*Chief patron:* Watts

*Summary as introduced:*

**Birth control; definition.** Adds a definition of birth control. "Birth control" means contraceptive methods that are approved by the U.S. Food and Drug Administration. Birth control shall not be considered abortion for the purposes of Title 18.2.

01/07/13 House: Prefiled and ordered printed; offered 01/09/13 13101037D  
01/07/13 House: Referred to Committee for Courts of Justice

**HB 1666 Professional counselors; establishes minimum education requirements for licensure.**

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*Chief patron:* Yost

*Summary as introduced:*

**Licensure of professional counselors.** Establishes minimum education requirements for licensure as a professional counselor and provides that an applicant must have received a master's degree from a program in which the primary emphasis is on preparation for the practice of counseling. The bill exempts individuals who meet all other requirements for licensure as a professional counselor related to coursework and completion of a supervised residency by July 1, 2017, from provisions related to completion of a graduate degree.

01/07/13 House: Referred to Committee on Health, Welfare and Institutions

01/11/13 House: Assigned HWI sub: #2

01/24/13 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

**HB 1672 Naloxone; administration by unlicensed individual in cases of opiate overdose.**

*Chief patron:* O'Bannon

*Summary as introduced:*

**Naloxone; administration in cases of opiate overdose.** Provides that nothing shall prohibit an unlicensed individual from administering naloxone to a person who is experiencing or is about to experience a life-threatening opiate overdose, provided the unlicensed individual has completed a training program approved by the Board of Health. The bill also requires the Board of Health and the Board of Pharmacy to work together with law-enforcement agencies to develop a pilot program for the training of law-enforcement personnel and provision of nasally administered naloxone to law-enforcement personnel for the purpose of enabling law-enforcement personnel to administer naloxone to persons experiencing opiate overdose and to work together with recovery support organizations and other stakeholders to develop a pilot program for the training of members of the public and provision of nasally administered naloxone to members of the public for the purpose of enabling members of the public who have received such training to administer naloxone to persons experiencing opiate overdose.

01/07/13 House: Referred to Committee on Health, Welfare and Institutions

01/11/13 House: Assigned HWI sub: #1

**HB 1702 Counseling, Board of; confirmation of appointments by General Assembly.**

*Chief patron:* Carr

*Summary as introduced:*

**Board of Counseling; confirmation of appointments by General Assembly.** Provides that all appointments to the Board of Counseling that are made by the Governor shall be subject to confirmation by the General Assembly.

01/08/13 House: Referred to Committee on Privileges and Elections

01/11/13 House: Assigned P & E sub: Appointments

01/11/13 House: Impact statement from DPB (HB1702)

01/24/13 House: Subcommittee recommends reporting (7-Y 0-N)

01/25/13 House: Reported from Privileges and Elections (22-Y 0-N)

**HB 1704 Prescription Monitoring Program; disclosure of information to local chief law enforcement officer.**

*Chief patron:* Stolle

*Summary as introduced:*

**Prescription Monitoring Program; disclosure of information to local law enforcement.** Adds an agent designated by the chief law-enforcement officer of any county or city to the list of individuals to whom the Department of Health

Professions must disclose information relevant to a specific investigation of a specific recipient or of a specific dispenser or prescriber upon request.

01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/22/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)  
01/23/13 Senate: Constitutional reading dispensed  
01/23/13 Senate: Referred to Committee on Education and Health  
01/24/13 House: Impact statement from DPB (HB1704E)

**HB 1778 Mammography; provider must notify patient about dense breast tissue.**

*Chief patron:* Filler-Corn

*Summary as introduced:*

**Mammography results; information about dense breast tissue.** Clarifies the conditions under which a mammography services provider must notify a patient of dense breast tissue and adds language to the notice that must be sent to patients under the existing law.

01/24/13 House: Read second time  
01/24/13 House: Committee substitute agreed to 13104024D-H1  
01/24/13 House: Engrossed by House - committee substitute HB1778H1  
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

**HB 1791 Practitioners; suspension of license, etc., by health regulatory agency.**

*Chief patron:* Garrett

*Summary as introduced:*

**Suspension of license, registration or certificate by a health regulatory agency; practice pending appeal.** Prohibits a practitioner of the healing arts whose license, certificate, registration, or permit has been suspended or revoked by a health regulatory board from engaging in practice pending appeal of the board's order.

01/15/13 House: Referred to Committee for Courts of Justice  
01/21/13 House: Subcommittee recommends reporting (8-Y 0-N)  
01/22/13 House: Assigned Courts sub: #2 Civil  
01/23/13 House: Reported from Courts of Justice (17-Y 0-N)  
01/25/13 House: Read first time

**HB 1876 Sterilization operations; for persons capable of informed consent.**

*Chief patron:* McClellan

*Summary as introduced:*

**Sterilization operations for persons capable of informed consent.** Eliminates the requirement for a 30-day waiting period prior to a sterilization operation for persons who are over the age of 18 and capable of giving informed consent who have not previously become the natural or adoptive parent of a child.

01/08/13 House: Referred to Committee on Health, Welfare and Institutions  
01/17/13 House: Reported from Health, Welfare and Institutions (21-Y 1-N)  
01/17/13 House: Impact statement from DPB (HB1876)  
01/18/13 House: Motion to rerefer to committee agreed to  
01/18/13 House: Rereferred to Health, Welfare and Institutions

**HB 1933 Lyme disease; disclosure of information to patients.**

*Chief patron:* Comstock

*Summary as introduced:*

**Lyme disease; disclosure of information to patients.** Requires physicians to provide each patient for whom a test for the presence of Lyme disease is ordered with a notice about Lyme disease, about testing for Lyme disease, and about the need to contact his physician with questions or concerns about Lyme disease.

01/09/13 House: Prefiled and ordered printed; offered 01/09/13 13102771D  
01/09/13 House: Referred to Committee on Health, Welfare and Institutions  
01/14/13 House: Impact statement from DPB (HB1933)  
01/15/13 House: Assigned HWI sub: #1

**HB 2120 Health care practitioner, licensed; procedure for physical evidence recovery kit examination.**

*Chief patron:* Herring

*Summary as introduced:*

**Individual incapable of making an informed decision; procedure for physical evidence recovery kit examination.** Provides that a licensed health care provider may perform a physical evidence recovery kit examination for a person who is believed to be the victim of a sexual assault and who is incapable of making an informed decision regarding consent to such examination when there is an immediate need to conduct the examination, no legally authorized representative is available to provide consent, and a capacity reviewer provides written certification that the person is incapable of providing informed consent and that the examination should be performed.

01/09/13 House: Referred to Committee on Health, Welfare and Institutions  
01/15/13 House: Referred from Health, Welfare and Institutions  
01/15/13 House: Referred to Committee for Courts of Justice  
01/18/13 House: Impact statement from DPB (HB2120)  
01/25/13 House: Assigned Courts sub: #1 Criminal

**HB 2136 Methasterone and prostanazol; added to list of Schedule III controlled substances.**

*Chief patron:* Hodges

*Summary as introduced:*

**Adding methasterone and prostanazol to Schedule III.** Adds methasterone and prostanazol to Schedule III.

01/22/13 House: Reported from Health, Welfare and Institutions (22-Y 0-N)  
01/23/13 House: Read first time  
01/24/13 House: Read second time and engrossed  
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

**HB 2161 Nurses; authority to possess and administer oxygen to treat emergency medical conditions.**

*Chief patron:* O'Bannon

*Summary as introduced:*

**Nurses; authority to possess and administer oxygen to treat emergency medical conditions.** Provides that a prescriber may authorize registered nurses and licensed practical nurses to possess oxygen for administration in treatment of emergency medical conditions.

01/22/13 House: Reported from Health, Welfare and Institutions (22-Y 0-N)  
01/23/13 House: Read first time  
01/24/13 House: Read second time and engrossed  
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

**HB 2181 Medical equipment suppliers; delivery of sterile water and saline.**

*Chief patron:* Hodges

*Summary as introduced:*

**Medical equipment suppliers; delivery of sterile water and saline.** Adds sterile water and saline to the list of prescription drugs and devices that a permitted medical equipment supplier may receive, store, and distribute to a consumer.

01/22/13 House: Reported from Health, Welfare and Institutions (22-Y 0-N)  
01/23/13 House: Read first time  
01/24/13 House: Read second time and engrossed  
01/25/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)  
01/25/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

**HB 2312 Pharmacies; clarifies definition of compounding, etc.**

*Chief patron:* Jones

*Summary as introduced:*

**Compounding pharmacies.** Clarifies the definition of "compounding" and adds a requirement for a current inspection report for registration or renewal of a registration for a nonresident pharmacy.

01/18/13 House: Presented and ordered printed 13103613D  
01/18/13 House: Referred to Committee on Health, Welfare and Institutions  
01/25/13 House: Impact statement from DPB (HB2312)

**HJ 571 JCHC; study of feasibility of developing program of trained primary care personnel.**

*Chief patron:* Hope

*Summary as introduced:*

**JCHC; study of the feasibility of developing a program of trained primary care personnel to extend the reach of primary care services and reduce health care costs in the Commonwealth; report.** Directs the Joint Commission on Health Care to study (i) the feasibility of developing and (ii) the potential impacts on access to and the quality and cost of health care resulting from implementation of a program whereby individuals are trained to provide primary health care services through telephone contacts and home visits, in accordance with standardized protocols and under the supervision of a licensed nurse or physician, using the Grande-Aides model or a similar program.

12/18/12 House: Prefiled and ordered printed; offered 01/09/13 13100760D  
12/18/12 House: Referred to Committee on Rules  
01/16/13 House: Assigned Rules sub: Studies

**SB 858 Surgical assistants and surgical technologists; licensure and certification by Board of Medicine.**

*Chief patron:* Blevins

*Summary as introduced:*

**Surgical technologists and surgical assistants.** Requires certification for surgical technologists and licensure for surgical assistants, and provides requirements for such certification and licensure. The bill creates the Advisory Board of Surgical Technology and Surgical Assisting to assist the Board of Medicine in the regulation of surgical technologists and surgical assistants.

01/03/13 Senate: Prefiled and ordered printed; offered 01/09/13 13101106D

01/03/13 Senate: Referred to Committee on Education and Health

01/09/13 Senate: Assigned Education sub: Health Professions

01/09/13 Senate: Impact statement from DPB (SB858)

**SB 898 Practitioners; Board of Medicine to revoke license of certain (Twomey bill).**

*Chief patron:* Reeves

*Summary as introduced:*

**Board of Medicine; license revocation (Twomey bill).** Makes it mandatory for the Board to revoke a license of a practitioner who engages in sexual contact with a patient under certain circumstances and provides that the person whose license has been revoked may not apply for reinstatement for five years. Under current law, revocation is at the Board's discretion and the person may apply for reinstatement after three years.

01/09/13 Senate: Assigned Education sub: Health Professions

01/24/13 Senate: Reported from Education and Health with substitute (15-Y 0-N)

01/24/13 Senate: Committee substitute printed 13103765D-S1

01/25/13 Senate: Constitutional reading dispensed (40-Y 0-N)

**SB 950 Practitioners of medicine, etc.; updates terminology in sections governing licensure, etc.**

*Chief patron:* Garrett

*Summary as introduced:*

**Practice of medicine and other healing arts.** Updates terminology in sections governing licensure of practitioners of the healing arts, provides for use of electronic communication, and eliminates the Psychiatric Advisory Board.

01/07/13 Senate: Referred to Committee on Education and Health

01/15/13 Senate: Assigned Education sub: Health Professions

01/24/13 Senate: Reported from Education and Health (15-Y 0-N)

01/25/13 Senate: Constitutional reading dispensed (40-Y 0-N)

**SB 1250 Prescription Monitoring Program; Board of Pharmacy to identify "drugs of concern".**

*Chief patron:* Puckett

*Summary as introduced:*

**Designation and reporting of drugs of concern.** Authorizes the Board of Pharmacy to identify "drugs of concern" and requires prescribers to report prescription drugs of concern to the Prescription Monitoring Program.

01/09/13 Senate: Presented and ordered printed 13103116D

01/09/13 Senate: Referred to Committee on Education and Health

01/15/13 Senate: Assigned Education sub: Health Care

## Notice of Periodic Review

### Board of Medicine

Pursuant to Executive Order 14 (2010) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Medicine is conducting a periodic review of:

18VAC85-15	Regulations Governing Delegation to an Agency Subordinate
18VAC85-40	Regulations Governing the Practice of Respiratory Care
18VAC85-50	Regulations Governing the Practice of Physician Assistants
18VAC85-80	Regulations Governing the Licensure of Occupational Therapists
18VAC85-101	Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited
18VAC85-110	Regulations for Licensed Acupuncturists
18VAC85-120	Regulations Governing the Licensure of Athletic Trainers
18VAC85-130	Regulations Governing the Practice of Licensed Midwives

The review is part of the **Governor's Regulatory Reform Project with the goal of:**

- a. Repealing regulations that are unnecessary or no longer in use;
- b. Reducing unnecessary regulatory burdens on individuals, businesses, and other regulated groups; and
- c. Identifying statutes that require unnecessary or overly burdensome regulations.

Further, the Board is seeking comment on whether this regulation should be terminated, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

**The comment period begins November 5, 2012 and ends on December 5, 2012.**

Comments may be submitted online to the Virginia Regulatory Town Hall at:

<http://www.townhall.virginia.gov/L/Forums.cfm>.

Comments may also be sent to Elaine J. Yeatts, Agency Regulatory Coordinator, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233 or faxed to (804) 527-4434 or emailed to [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov).

Following the close of the public comment period, a report of the periodic review will be posted on the Town Hall and published in the Virginia Register of Regulations.

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*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS

### VIRGINIA BOARD OF MEDICINE

**Title of Regulations: 18 VAC 85-50-10 et seq.**

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

**Periodic review – Regulatory Reform Project**

9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

(804) 367-4600 (TEL)  
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## Part I. General Provisions.

### 18VAC85-50-10. Definitions.

A. The following words and terms shall have the meanings ascribed to them in §54.1-2900 of the Code of Virginia:

"Board."

"Physician assistant."

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

"Committee" means the Advisory Committee on Physician Assistants as specified in §54.1-2950.1 of the Code of Virginia.

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

"NCCPA" means the National Commission on Certification of Physician Assistants.

"~~Protocol~~ Practice agreement" means a set of directions written agreement developed by the supervising physician and the physician assistant that defines the supervisory relationship between the physician assistant and the physician, the prescriptive authority of the physician assistant and the circumstances under which the physician will see and evaluate the patient.

"Supervision" means:

1. "Alternate supervising physician" means a member of the same group or professional corporation or partnership of any licensee, any hospital or any commercial enterprise with the supervising physician. Such alternating supervising physician shall be a physician licensed in the Commonwealth who has registered with the board and who has accepted responsibility for the supervision of the service that a physician assistant renders.
2. "Direct supervision" means the physician is in the room in which a procedure is being performed.
3. "General supervision" means the supervising physician is easily available and can be physically present or accessible for consultation with the physician assistant within one hour.
4. "Personal supervision" means the supervising physician is within the facility in which the physician's assistant is functioning.

5. "Supervising physician" means the doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth who has accepted responsibility for the supervision of the service that a physician assistant renders.

6. "Continuous supervision" means the supervising physician has on-going, regular communication with the physician assistant on the care and treatment of patients.

**18VAC85-50-20. [Repealed]**

**18VAC85-50-21. Current name and address.**

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

**18VAC85-50-30. Public participation guidelines.**

A separate board regulation, 18VAC85-10-10 et seq., provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

**18VAC85-50-35. Fees.**

Unless otherwise provided, the following fees shall not be refundable:

1. The initial application fee for a license, payable at the time application is filed, shall be \$130.
2. The biennial fee for renewal of an active license shall be \$135 and for renewal of an inactive license shall be \$70, payable in each odd-numbered year in the birth month of the licensee.
3. The additional fee for late renewal of licensure within one renewal cycle shall be \$50.
4. A restricted volunteer license shall expire 12 months from the date of issuance and may be renewed without charge by receipt of a renewal application that verifies that the physician assistant continues to comply with provisions of §54.1-2951.3 of the Code of Virginia.
5. The fee for review and approval of a new protocol submitted following initial licensure shall be \$15.
6. The fee for reinstatement of a license pursuant to §54.1-2408.2 of the Code of Virginia shall be \$2,000.
7. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
8. The fee for a returned check shall be \$35.
9. The fee for a letter of good standing/verification to another jurisdiction shall be \$10.

10. The fee for an application or for the biennial renewal of a restricted volunteer license shall be \$35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$15 for each renewal cycle.

## **Part II. Requirements for Practice as a physician assistant.**

### **18VAC85-50-40. General requirements.**

A. No person shall practice as a physician assistant in the Commonwealth of Virginia except as provided in this chapter.

B. All services rendered by a physician assistant shall be performed only under the continuous supervision of a doctor of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

### **18VAC85-50-50. Licensure: entry requirements and application.**

The applicant seeking licensure as a physician assistant shall submit:

1. A completed application and fee as prescribed by the board.
2. Documentation of successful completion of an educational program as prescribed in §54.1-2951.1 of the Code of Virginia.
3. Documentation of passage of the certifying examination administered by the National Commission on Certification of Physician Assistants.
4. Documentation that the applicant has not had a license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

### **18VAC85-50-55. Provisional licensure.**

Pending the outcome of the next examination administered by the NCCPA, an applicant who has met all other requirements of 18VAC85-50-50 at the time his initial application is submitted may be granted provisional licensure by the board. The provisional licensure shall be valid until the applicant takes the next subsequent NCCPA examination and its results are reported, but this period of validity shall not exceed 30 days following the reporting of the examination scores, after which the provisional license shall be invalid.

### **18VAC85-50-56. Renewal of license.**

A. Every licensed physician assistant intending to continue to practice shall biennially renew the license in each odd numbered year in the licensee's birth month by:

1. Returning the renewal form and fee as prescribed by the board; and

2. Verifying compliance with continuing medical education standards established by the NCCPA.

B. Any physician assistant who allows his NCCPA certification to lapse shall be considered not licensed by the board. Any such assistant who proposes to resume his practice shall make a new application for licensure.

**18VAC85-50-57. Discontinuation of employment.**

If for any reason the assistant discontinues working in the employment and under the supervision of a licensed practitioner, such assistant ~~and~~ or the employing practitioner shall so inform the board. A new ~~proposed~~ practice agreement shall be submitted to the board and approved by the board in order for the assistant either to be reemployed by the same practitioner or to accept new employment with another supervising physician.

**18VAC85-50-58. Inactive licensure.**

A. A physician assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to maintain certification by the NCCPA.
2. An inactive licensee shall not be entitled to practice as a physician assistant in Virginia.

B. An inactive licensee may reactivate his license upon submission of:

1. The required application;
2. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and
3. Documentation of having maintained certification or having been recertified by the NCCPA.

C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2915 of the Code of Virginia or any provisions of this chapter.

**18VAC85-50-59. Registration for voluntary practice by out-of-state licensees.**

Any physician assistant who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

4. Pay a registration fee of \$10; and

5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

**18VAC85-50-60. [Repealed]**

**18VAC85-50-61. Restricted volunteer license.**

A. A physician assistant who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, a physician assistant shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-50-35.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-50-35.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to obtaining 50 hours of continuing education during the biennial renewal period with at least 25 hours in Type 1 and no more than 25 hours in Type 2 as acceptable to the NCCPA.

**18VAC85-50-70 to 18VAC85-50-100. [Repealed]**

**Part IV. Practice Requirements .**

**18VAC85-50-101. Requirements for a ~~protocol~~ practice agreement.**

A. Prior to initiation of practice, a physician assistant and his supervising physician shall submit a written ~~protocol~~ practice agreement which spells out the roles and functions of the assistant. Any such ~~protocol~~ practice agreement shall take into account such factors as the physician assistant's level of competence, the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician availability in ensuring direct physician involvement at an early stage and regularly thereafter. The ~~protocol~~ practice agreement shall also provide an evaluation process for the physician assistant's performance, including a requirement specifying the time period, proportionate to the acuity of care and practice setting, within which the supervising physician shall review the record of services rendered by the physician assistant.

B. The board may require information regarding the level of supervision, i.e. "direct," "personal" or "general," with which the supervising physician plans to supervise the physician assistant for selected tasks. The board may also require the supervising physician to document the assistant's competence in performing such tasks.

C. If the role of the assistant includes prescribing for drugs and devices, the written ~~protocol~~ practice agreement shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the supervising physician.

B. A new practice agreement must be submitted with the initial application for prescriptive authority and whenever there have been any changes in supervision, authorization or scope of practice.

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

The supervising physician shall:

1. See and evaluate any patient who presents the same complaint twice in a single episode of care and has failed to improve significantly. Such physician involvement shall occur not less frequently than every fourth visit for a continuing illness.
2. Be responsible for all invasive procedures.
  - a. Under general supervision, a physician assistant may insert a nasogastric tube, bladder catheter, needle, or peripheral intravenous catheter, but not a flow-directed catheter, and may perform minor suturing, venipuncture, and subcutaneous intramuscular or intravenous injection.
  - b. All other invasive procedures not listed above must be performed under direct supervision unless, after directly supervising the performance of a specific invasive procedure three times or more, the supervising physician attests to the competence of the physician assistant to perform the specific procedure without direct supervision by certifying to the board in writing the number of times the specific procedure has been performed and that the physician assistant is competent to perform the specific procedure. After such certification has been accepted and approved by the board, the physician assistant may perform the procedure under general supervision.
3. Be responsible for all prescriptions issued by the assistant and attest to the competence of the assistant to prescribe drugs and devices.

### **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 ~~protocol~~ 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 ~~protocol~~ practice agreement for that alternate supervising physician is approved and on file with the board.

2. Prescribe only those drugs and devices as allowed in Part V (18VAC85-50-130 et seq.) of this chapter.

3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

B. If, due to illness, vacation, or unexpected absence, the supervising physician or alternate supervising physician is unable to supervise the activities of his assistant, such supervising physician may temporarily delegate the responsibility to another doctor of medicine, osteopathy, or podiatry. The supervising physician so delegating his responsibility shall report such arrangement for coverage, with the reason therefor, to the board office in writing, subject to the following provisions:

1. For planned absence, such notification shall be received at the board office at least one month prior to the supervising physician's absence of both the supervising and alternative supervising physicians;

2. For sudden illness or other unexpected absence that necessitates temporary coverage, the board office shall be notified as promptly as possible, but in no event later than one week; and

3. Temporary coverage may not exceed four weeks unless special permission is granted by the board.

C. With respect to assistants employed by institutions, the following additional regulations shall apply:

1. No assistant may render care to a patient unless the physician responsible for that patient has signed the ~~protocol~~ practice agreement to act as supervising physician for that assistant. The board shall make available appropriate forms for physicians to join the ~~protocol~~ practice agreement for an assistant employed by an institution.

2. Any such ~~protocol~~ practice agreement as described in subdivision 1 of this subsection shall delineate the duties which said physician authorizes the assistant to perform.

3. The assistant shall, as soon as circumstances may dictate, report an acute or significant finding or change in clinical status to the supervising physician concerning the examination of the patient. The assistant shall also record his findings in appropriate institutional records.

D. Practice by a physician assistant in a hospital, including an emergency department, shall be in accordance with §54.1-2952 of the Code of Virginia.

**18VAC85-50-116. Volunteer restricted license for certain physician assistants.**

The issuance of a volunteer restricted license and the practice of a physician assistant under such a license shall be in accordance with the provisions of §54.1-2951.3 of the Code of Virginia.

## Part V. Prescriptive Authority.

### 18VAC85-50-120. [Repealed]

### 18VAC85-50-130. Qualifications for approval of prescriptive authority.

An applicant for prescriptive authority shall meet the following requirements:

1. Hold a current, unrestricted license as a physician assistant in the Commonwealth;
2. Submit a ~~protocol~~ practice agreement acceptable to the board prescribed in 18VAC85-50-101. This ~~protocol~~ practice agreement must be approved by the board prior to issuance of prescriptive authority;
3. Submit evidence of successful passing of the NCCPA exam; and
4. Submit evidence of successful completion of a minimum of 35 hours of acceptable training to the board in pharmacology.

### 18VAC85-50-140. Approved drugs and devices.

A. The approved drugs and devices which the physician assistant with prescriptive authority may prescribe, administer, or dispense manufacturer's professional samples shall be in accordance with provisions of §54.1-2952.1 of the Code of Virginia:

B. The physician assistant may prescribe only those categories of drugs and devices included in the practice agreement as submitted for authorization. The supervising physician retains the authority to restrict certain drugs within these approved categories.

C. The physician assistant, pursuant to §54.1-2952.1 of the Code of Virginia, shall only dispense manufacturer's professional samples or administer controlled substances in good faith for medical or therapeutic purposes within the course of his professional practice.

### 18VAC85-50-150. ~~Protocol regarding prescriptive authority.~~ **(Repealed).**

~~A. A physician assistant with prescriptive authority may prescribe only within the scope of the written protocol as prescribed in 18VAC85-50-101.~~

~~B. A new protocol must be submitted with the initial application for prescriptive authority and with the application for each biennial renewal, if there have been any changes in supervision, authorization or scope of practice.~~

### 18VAC85-50-160. Disclosure.

A. Each prescription shall bear the name of the supervising physician and of the physician assistant.

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the supervising physician. Such disclosure may be included on the prescription pad or may be given in writing to the patient.

**18VAC85-50-170. [Repealed]**

**Part V. Standards of Professional Conduct.**

**18VAC85-50-175. Confidentiality.**

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program shall be grounds for disciplinary action

**18VAC85-50-176. Treating and prescribing for self or family.**

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. A practitioner shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

**18VAC85-50-177. Patient records.**

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible and complete records.

C. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner and in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

**18VAC85-50-178. Practitioner-patient communication.**

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately inform a patient or his legally authorized representative of his medical diagnoses, prognosis and prescribed treatment or plan of care. A practitioner shall not deliberately make a false or misleading

statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure prescribed or directed by the practitioner in the treatment of any disease or condition.

B. A practitioner shall present information relating to the patient's care to a patient or his legally authorized representative in understandable terms and encourage participation in the decisions regarding the patient's care.

C. Before surgery or any invasive procedure is performed, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended surgery or invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient.

1. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

2. An exception to the requirement for consent prior to performance of surgery or an invasive procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

3. For the purposes of this provision, "invasive procedure" shall mean any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decision-maker prior to proceeding.

#### **18VAC85-50-179. Practitioner responsibility.**

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

#### **18VAC85-50-180. Vitamins, minerals and food supplements.**

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A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable patient outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual patient's overall medical condition and medications.

C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

**18VAC85-50-181. Pharmacotherapy for weight loss.**

A. A practitioner shall not prescribe amphetamine, Schedule II, for the purpose of weight reduction or control.

B. A practitioner shall not prescribe controlled substances, Schedules III through VI, for the purpose of weight reduction or control in the treatment of obesity, unless the following conditions are met:

1. An appropriate history and physical examination, are performed and recorded at the time of initiation of pharmacotherapy for obesity by the prescribing physician, and the physician reviews the results of laboratory work, as indicated, including testing for thyroid function;

2. If the drug to be prescribed could adversely affect cardiac function, the physician shall review the results of an electrocardiogram performed and interpreted within 90 days of initial prescribing for treatment of obesity;

3. A diet and exercise program for weight loss is prescribed and recorded;

4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy;

5. The treating physician shall direct the follow-up care, including the intervals for patient visits and the continuation of or any subsequent changes in pharmacotherapy. Continuation of prescribing for treatment of obesity shall occur only if the patient has continued progress toward achieving or maintaining a target weight and has no significant adverse effects from the prescribed program.

**18VAC85-50-182. Anabolic steroids.**

A physician assistant shall not prescribe or administer anabolic steroids to any patient for other than accepted therapeutic purposes.

**18VAC85-50-183. Sexual contact.**

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

#### **18VAC85-50-184. Refusal to provide information.**

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

**Advisory Board on:**

<b>Occupational Therapy</b>			<b>10:00 a.m.</b>
February 5	June 4	October 8	
<b>Respiratory Care</b>			<b>1:00 p.m.</b>
February 5	June 4	October 8	
<b>Acupuncture</b>			<b>10:00 a.m.</b>
February 6	June 5	October 9	
<b>Radiological Technology</b>			<b>1:00 p.m.</b>
February 6	June 5	October 9	
<b>Athletic Training</b>			<b>10:00 a.m.</b>
February 7	June 6	October 10	
<b>Physician Assistants</b>			<b>1:00 p.m.</b>
February 7	June 6	October 10	
<b>Midwifery</b>			<b>10:00 a.m.</b>
February 8	June 7	October 11	
<b>Polysomnographic Technology</b>			<b>1:00 p.m.</b>
February 8	June 7	October 11	
<b><u>Joint Board of Nursing and Medicine</u></b>			<b>9:00 a.m.</b>

TBA

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The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 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 February 15, 2013