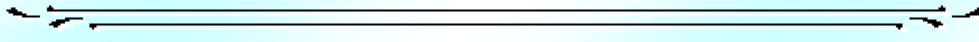
Meeting of the Virginia Board of Medicine

June 13, 2019
8:30 a.m.

Virginia Department of
Health Professions



Board of Medicine

Thursday, June 13, 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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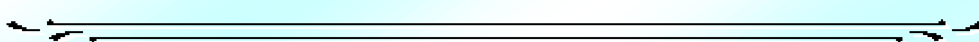

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Adjournment

Perimeter Center Conference Center
Emergency Evacuation of Board and Training Rooms
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Agenda Item: Approval of Minutes of the February 14, 2019

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.

VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES

February 14, 2019 | Department of Health Professions | Henrico, VA 23233

CALL TO ORDER: Dr. O'Connor called the meeting to order at 8:31 a.m.

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

MEMBERS PRESENT:
Kevin O'Connor, MD, President
Ray Tuck, DC, Vice-President
Lori Conklin, MD, Secretary-Treasurer
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: Syed Ali, MD

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
Tearia Davis, Administrative Assistant
Linda Hutson, Administrative Assistant
Barbara Allison-Bryan, MD, DHP Deputy Director
Elaine Yeatts, DHP Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
Lauren Bates-Rowe, MSV
Jerry Canaan, Hancock Daniel
Kathy Martin, Hancock Daniel

EMERGENCY EGRESS

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

APPROVAL OF THE OCTOBER 18, 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 Nursing's Guidance Documents 90-33 and 90-53. Dr. Tuck moved to accept the agenda as amended; the motion was properly seconded and carried unanimously.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

PHYSICIAN WORKFORCE REPORT – Elizabeth Carter, PhD

Dr. Carter provided an updated report on Virginia's Physician Workforce. She briefly reviewed the Workforce Data Center resource sheet that included helpful information and websites such as Virginia Careforce Snapshots, Trends in Healthcare Workforce Full Time Equivalency Units, and Student Choice.

Dr. Carter noted that since 2014, there have been very few changes in the survey. She said that there has been a significant increase in the number of survey respondents and therefore the physician workforce data. She also said that there is a slight increase in gender and racial diversity in the physician population.

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

Dr. Allison-Bryan provided a timeline on the development and implementation of the laws and regulations governing the prescribing of opioids and their impact on the opioid crisis in Virginia. She said opioid use has dropped by 51% since 2016, and there has been a slight decline in opioid deaths since 2018. Dr. Allison-Bryan also noted an increased number of calls from patients claiming abandonment by their practitioner that have been providing pain management. She emphasized that the regulations do not prohibit a practitioner from writing opioids, but there are parameters to follow for safe and effective prescribing. She also advised that the PMP is now interoperable with 30 other states and recently went live with the Department of Defense.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Dr. O'Connor had no report.

VICE-PRESIDENT'S REPORT

Dr. Tuck had no report.

SECRETARY-TREASURER'S REPORT

Dr. Conklin had no report.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp went over the Board's Revenue and Expenditures, HPMP Participation, Enforcement and APD utilization reports. Dr. Archer inquired about the average cost per hour for investigation. Ms. Deschenes advised that the Board spends approximately $1,000,000 annually for investigative services.

Dr. Harp said the Annual Meeting of the Federation of State Medical Boards will be held in Fort Worth, Texas April 24-27 and asked anyone interested in attending to let Board staff know as soon as possible.

COMMITTEE and ADVISORY BOARD REPORTS

Dr. O'Connor mentioned the Ad Hoc Committee on Controlled Substances Continuing Education meeting minutes of November 27, 2018. The purpose of the meeting was to identify the licensees required to obtain 2 hours of opioid continuing medical education for the next biennium. It was decided that all licensees with prescriptive authority would again be required to obtain 2 hours. Dr. O'Connor noted that the work done by Dr. Harp to create a 2-hour "package", which includes reading the regulations, should help address some of the myths about prescribing opioids in Virginia.

Ms. Deschenes requested that the Radiologic Technology meeting minutes be corrected to include her attendance.

Dr. Edwards moved to approve the Committee and Advisory Board Reports with the above amendment; the motion was seconded and carried unanimously.

OTHER REPORTS

Board Counsel

Ms. Barrett 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

No additional report.

Podiatry Report

Dr. Arnold had no report.

Chiropractic Report

Dr. Tuck had no report.

Committee of the Joint Boards of Nursing and Medicine

No additional report.

New Business:

1) Regulatory and Legislative Issues

2019 Report of the General Assembly

Ms. Yeatts reviewed the bills in the 2019 Session of the General Assembly relevant to the Board of Medicine. She highlighted the following bills:

- HB 1952 Patient care team; podiatrists and physician assistants
- HB 1970 Telemedicine services/ payment and coverage of services
- HB 1971 Health professions and facilities; adverse action in another jurisdiction
- HB 2169 Physician assistants; licensure by endorsement
- HB 2184 Volunteer license, special; issuance for limited practice
- HB 2228 Nursing and Psychology; Board of; health regulatory boards, staggered terms
- HB 2457 Medicine, osteopathy, podiatry, or chiropractic, practitioners of; inactive license charity care – this will allow the practitioner to be compensated for patients requiring home health care.
- HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance – Ms. Yeatts noted that gabapentin is the most prescribed controlled substance.
- HB 2559 Electronic transmission of certain prescriptions; exceptions – Ms. Yeatts advised that the process will become effective in 2020, and all the Boards will adopt emergency regulations with the allowance of a 12-month compliance window.
- HB 2731 Lyme disease; disclosure of information to patients – Ms. Yeatts stated that this no longer affects practitioners; the responsibility now rests with the laboratory.
- SB 1004 Health care services; payment estimates – Ms. Yeatts advised that this bill requires

practitioners to provide patients an estimate of charges for services only provided by their office.

- SB 1167 Medicaid recipients; treatment involving opioids or opioid replacements, coverage of health care
- SB 1439 Death certificates; medical certification, electronic filing – Ms. Yeatts stated this bill amends Section 54.1-2915 Unprofessional Conduct to say that failure to complete a death certificate may subject the practitioner to disciplinary action. Dr. Walker stated that, as an FYI, those practitioners who are not using Microsoft products might experience problems with the electronic form.
- SB 1547 Music Therapy; Board of Medicine to regulate practice – Ms. Yeatts stated that BHP is to do a study.

Ms. Yeatts then said that SB 1760 Diagnostic X-ray machines; operation of machine; SB 1778 Health regulatory boards; and conversion therapy bills have been tabled. She added that it has been left to the boards to define what constitutes conversion therapy and the necessary regulation. She noted that the Board of Psychology has developed a guidance document to address this topic.

- Regulatory Actions – Chart of Regulatory Actions as of February 4, 2019

Ms. Yeatts covered the Board's current regulatory activity and the stages of the process for each.

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

- Adoption of proposed regulations for autonomous practice for nurse practitioners

Ms. Yeatts reviewed the emergency regulations that went into effect January 7, 2019. She stated that there was no public comment received and that the proposed regulations were identical to the emergency regulations.

Dr. O'Connor added that a great deal of time and negotiation were necessary to arrive at the final version of the regulations.

MOTION: After a brief discussion, Dr. Walker moved to adopt the proposed regulations as presented; the motion was properly seconded and carried unanimously.

- 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

Ms. Yeatts advised that these regulations set out the requirements for who can perform this service and under what circumstances.

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

- Board of Nursing Guidance Document 90-33 – Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders

Ms. Yeatts informed the Board members that this document has been amended to include nurse practitioners in autonomous practice.

- Board of Nursing Guidance Document 90-53 – Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases

Ms. Yeatts advised that this document was reaffirmed by the Board of Nursing with no amendments.

MOTION: The Board accepted both Guidance Documents by unanimous vote.

2) Licensing of Nuclear Medicine Technologists and Radiation Therapists

Staff note from the agenda packet:

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 tum 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.

MOTION: After a brief discussion, the Board unanimously agreed to grant a one-year grace period without a reprimand for radiation therapists and nuclear med techs. Staff was instructed to use reasonable methods to get the word out about the licensure requirement.

3) Regulatory Advisory Panel for Mixing, Diluting or Reconstituting (MDR) of Drugs for Administration

Staff Note from the agenda packet:

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.

Dr. O'Connor appointed the following as members to serve on this panel:

- Syed Ali, MD
- Lori Conklin, MD
- Blanton Marchese
- Karen Ransone, MD
- Kenneth Walker, MD

4) Appointment of the Nominating Committee

Dr. Harp advised that the new officer terms begin after the June Board meeting, and a slate for the 2019-2020 will need to be developed.

Dr. O'Connor appointed Syed Ali, MD, Kenneth Walker, MD and Martha Wingfield to serve as this year's Nominating Committee.

5) Licensing Report

Dr. Harp provided a brief overview of the current licensing process and the licensee count.

This report was for informational purposes only.

ACTION: Dr. Archer asked that at the next meeting of the Board, staff provide the qualifications for a radiation therapist.

6) Discipline Report

Ms. Deschenes went over the status of pending cases at the Board, APD and Enforcement levels. She advised that the Board's numbers are up and that 120 advisory letters have been issued. She asked the members to be mindful that the decision to close an investigation as No Violation be substantiated by the facts in the case.

- Presentation of Consent Orders

Ms. Deschenes presented two Consent Orders for the Board's consideration. She also asked that the Board allow staff to issue Consent Orders for Virginia licensees affected by a Maryland revocation for failing to get a criminal background check in a timely manner.

Mr. Canaan addressed the Board and summarized the issue with the Maryland revocations.

MOTION: After some discussion, Dr. Ransone moved to reinstate a license affected by the above circumstances with no sanction by the Board, and to give staff the authority to address any future actions of a similar nature. The motion was seconded and carried unanimously.

7) Announcements

Next meeting of the Board is June 13-15, 2019

Travel vouchers for today's meeting are due by March 13, 2019.

Dr. Harp requested the return of all Board-issued access badges and provided instructions on how to gain access to the building and floors at future meetings.

8) Adjournment

With no other business to discuss, Dr. O'Connor adjourned the meeting of the Full Board at 10:25 a.m.

Kevin O'Connor, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia Morton Opher
Recording Secretary

Agenda Item: Presentation by the Health Practitioners' Monitoring Program (HPMP)--Janet Knisely, PhD

Staff Note: In keeping with the Department of Health Professions' efforts in professional development for Board members, Dr. Knisely will cover the policies and procedures of HPMP, its relationship with the Board of Medicine, and answer any questions that Board members may have.

Action: None anticipated, for information only.

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.

Virginia Department of Health Professions
Cash Balance
As of April 30, 2019

		102- Medicine
Board Cash Balance as June 30, 2018	$	10,185,518
YTD FY19 Revenue		6,856,179
Less: YTD FY19 Direct and Allocated Expenditures		7,167,367
Board Cash Balance as April 30, 2019		9,874,330

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,087,670.00	1,298,780.00	211,110.00	83.75%
4002402	Examination Fee	2,241.00	-	(2,241.00)	0.00%
4002406	License & Renewal Fee	5,640,917.00	6,238,567.00	597,650.00	90.42%
4002407	Dup. License Certificate Fee	6,895.00	3,375.00	(3,520.00)	204.30%
4002409	Board Endorsement - Out	12,130.00	11,720.00	(410.00)	103.50%
4002421	Monetary Penalty & Late Fees	104,551.00	142,912.00	38,361.00	73.16%
4002432	Misc. Fee (Bad Check Fee)	245.00	175.00	(70.00)	140.00%
	Total Fee Revenue	6,854,649.00	7,695,529.00	840,880.00	89.07%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,030.00	-	(1,030.00)	0.00%
	Total Sales of Prop. & Commodities	1,030.00	-	(1,030.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	500.00	-	(500.00)	0.00%
	Total Other Revenue	500.00	-	(500.00)	0.00%
	Total Revenue	6,856,179.00	7,695,529.00	839,350.00	89.09%
5011110	Employer Retirement Contrib.	137,005.29	174,026.00	37,020.71	78.73%
5011120	Fed Old-Age Ins- Sal St Emp	69,024.04	87,932.00	18,907.96	78.50%
5011130	Fed Old-Age Ins- Wage Earners	141.98	2,066.00	1,924.02	6.87%
5011140	Group Insurance	13,383.63	16,862.00	3,478.37	79.37%
5011150	Medical/Hospitalization Ins.	175,948.21	256,809.00	80,860.79	68.51%
5011160	Retiree Medical/Hospitalizatn	11,958.74	15,060.00	3,101.26	79.41%
5011170	Long term Disability Ins	5,717.23	7,981.00	2,263.77	71.64%
	Total Employee Benefits	413,179.12	560,736.00	147,556.88	73.69%
5011200	Salaries				
5011230	Salaries, Classified	1,021,040.38	1,263,168.00	242,127.62	80.83%
5011250	Salaries, Overtime	6,386.13	-	(6,386.13)	0.00%
	Total Salaries	1,027,426.51	1,263,168.00	235,741.49	81.34%
5011300	Special Payments				
5011340	Specified Per Diem Payment	8,650.00	21,150.00	12,500.00	40.90%
5011380	Deferred Compnstn Match Pmts	4,435.40	9,298.00	4,862.60	47.70%
	Total Special Payments	13,085.40	30,448.00	17,362.60	42.98%
5011400	Wages				
5011410	Wages, General	38,488.32	51,000.00	12,511.68	75.47%
	Total Wages	38,488.32	51,000.00	12,511.68	75.47%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	468.52	-	(468.52)	0.00%
5011660	Defined Contribution Match - Hy	1,107.96	-	(1,107.96)	0.00%
	Total Terminatn Personal Svce Costs	1,576.48	-	(1,576.48)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	1,493,755.83	1,905,352.00	411,596.17	78.40%
5012000	Contractual Svs				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012100	Communication Services				
5012110	Express Services	969.56	5,997.00	5,027.44	16.17%
5012120	Outbound Freight Services	733.80	-	(733.80)	0.00%
5012130	Messenger Services	2,648.27	-	(2,648.27)	0.00%
5012140	Postal Services	48,168.60	66,802.00	18,633.40	72.11%
5012150	Printing Services	1,023.66	3,026.00	2,002.34	33.83%
5012160	Telecommunications Svcs (VITA)	7,899.07	10,500.00	2,600.93	75.23%
5012170	Telecomm. Svcs (Non-State)	945.00	-	(945.00)	0.00%
5012190	Inbound Freight Services	16.29	35.00	18.71	46.54%
	Total Communication Services	62,404.25	86,360.00	23,955.75	72.26%
5012200	Employee Development Services				
5012210	Organization Memberships	8,183.00	7,228.00	(955.00)	113.21%
5012240	Employee Trainng/Workshop/Conf	1,545.00	4,283.00	2,738.00	36.07%
	Total Employee Development Services	9,728.00	11,511.00	1,783.00	84.51%
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	134,443.31	119,963.00	(14,480.31)	112.07%
5012430	Attorney Services	8,282.50	-	(8,282.50)	0.00%
5012440	Management Services	1,001.97	1,797.00	795.03	55.76%
5012460	Public Infrmtnl & Relatn Svcs	50.00	-	(50.00)	0.00%
5012470	Legal Services	8,360.99	5,579.00	(2,781.99)	149.87%
	Total Mgmnt and Informational Svcs	152,138.77	127,339.00	(24,799.77)	119.48%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	8,538.72	1,705.00	(6,833.72)	500.80%
	Total Repair and Maintenance Svcs	8,538.72	1,705.00	(6,833.72)	500.80%
5012600	Support Services				
5012630	Clerical Services	91,049.32	160,729.00	69,679.68	56.65%
5012640	Food & Dietary Services	7,967.26	12,698.00	4,730.74	62.74%
5012660	Manual Labor Services	13,674.72	24,912.00	11,237.28	54.89%
5012670	Production Services	93,859.66	153,625.00	59,765.34	61.10%
5012680	Skilled Services	348,472.83	531,779.00	183,306.17	65.53%
	Total Support Services	555,023.79	883,743.00	328,719.21	62.80%
5012700	Technical Services				
5012790	Computer Software Dvp Svs	(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	15,656.05	25,626.00	9,969.95	61.09%
5012830	Travel, Public Carriers	2,775.52	4,170.00	1,394.48	66.56%
5012850	Travel, Subsistence & Lodging	8,547.14	21,524.00	12,976.86	39.71%
5012880	Trvl, Meal Reimb- Not Rprtble	4,062.50	7,407.00	3,344.50	54.85%
	Total Transportation Services	31,041.21	58,727.00	27,685.79	52.86%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Contractual Svs	817,774.74	1,171,683.00	353,908.26	69.79%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	19,331.84	14,609.00	(4,722.84)	132.33%
5013130	Stationery and Forms	-	3,614.00	3,614.00	0.00%
	Total Administrative Supplies	19,331.84	18,223.00	(1,108.84)	106.08%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%
	Total Manufctrng and Merch Supplies	-	94.00	94.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	22.89	-	(22.89)	0.00%
5013530	Electrcal Repair & Maint Matrl	6.56	-	(6.56)	0.00%
	Total Repair and Maint. Supplies	29.45	-	(29.45)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	514.28	528.00	13.72	97.40%
5013630	Food Service Supplies	20.13	1,129.00	1,108.87	1.78%
5013640	Laundry and Linen Supplies	68.97	-	(68.97)	0.00%
	Total Residential Supplies	603.38	1,657.00	1,053.62	36.41%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	103.70	166.00	62.30	62.47%
	Total Specific Use Supplies	103.70	166.00	62.30	62.47%
	Total Supplies And Materials	20,068.37	20,140.00	71.63	99.64%
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	5,680.58	7,200.00	1,519.42	78.90%
5015350	Building Rentals	385.70	-	(385.70)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	123,049.78	138,058.00	15,008.22	89.13%
	Total Operating Lease Payments	129,116.06	145,358.00	16,241.94	88.83%
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	130,879.67	147,779.00	16,899.33	88.56%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	4,643.21	-	(4,643.21)	0.00%
	Total Computer Hrdware & Sftware	4,643.21	-	(4,643.21)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	161.60	829.00	667.40	19.49%
	Total Educational & Cultural Equip	161.60	829.00	667.40	19.49%
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%
5022620	Office Furniture	440.00	10,826.00	10,386.00	4.06%
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	440.00	12,218.00	11,778.00	3.60%
5022700	Specific Use Equipment				
5022710	Household Equipment	181.10	-	(181.10)	0.00%
	Total Specific Use Equipment	181.10	-	(181.10)	0.00%
	Total Equipment	5,425.91	13,047.00	7,621.09	41.59%
	Total Expenditures	2,474,334.52	3,258,001.00	783,666.48	75.95%
	Allocated Expenditures				
30100	Data Center	1,071,862.29	1,170,797.90	98,935.61	91.55%
30200	Human Resources	49,167.33	100,030.07	50,862.74	49.15%
30300	Finance	269,662.70	376,967.34	107,304.64	71.53%
30400	Director's Office	123,729.41	149,734.96	26,005.56	82.63%
30500	Enforcement	1,859,047.69	2,272,462.40	413,414.72	81.81%
30600	Administrative Proceedings	937,801.42	1,053,145.87	115,344.46	89.05%
30700	Impaired Practitioners	30,634.21	41,843.80	11,209.59	73.21%
30800	Attorney General	186,785.38	194,258.43	7,473.04	96.15%
30900	Board of Health Professions	90,740.29	120,662.19	29,921.90	75.20%
31100	Maintenance and Repairs	71.70	18,736.11	18,664.41	0.38%
31300	Emp. Recognition Program	777.53	2,219.32	1,441.79	35.03%
31400	Conference Center	1,523.47	1,639.24	115.77	92.94%
31500	Pgm Devlpmnt & Implmentn	71,228.87	87,601.59	16,372.72	81.31%
	Total Allocated Expenditures	4,693,032.28	5,590,099.23	897,066.96	83.95%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (311,187.80)	$ (1,152,571.23)	$ (841,383.44)	27.00%

Virginia HPMP
March 31, 2019 Monthly Report

Board	License	Census (March 31, 2019)		#Admissions	
		Number	Percentage of Total	Req[1]	Vol[2]
	LPN	37	8.8	3	
	RN	209	49.6	4	1
	LNP	16	3.8	1	
Nursing Total		**262**	**62.2**	**8**	**1**
CNA Total	CNA	**5**	**1.2**	**0**	**0**
	DO	10	2.4		
	Intern/Resident	9	2.1		
	MD	71	16.9	1	
	PA	6	1.4		
	Lic Rad Tech	1	0.2		
	DC	3	0.7		
	OT	4	1.0		
	RT	3	0.7		
	DPM	1	0.2		
	LBA	1	0.2		
Medicine Total		**109**	**25.9**	**1**	**0**
	Pharmacist	14	3.3	1	
	Pharm Tech	2	0.5		
Pharmacy Total		**16**	**3.8**	**1**	**0**
	DDS	8	1.9		
	DMD	4	1.0	1	
	RDH	3	0.7		
Dentistry Total		**15**	**3.6**	**1**	**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	**3**	**0.7**	**1**	**0**
	DVM	2	0.5		
	Vet Tech	1	0.2	1	
Veterinary Medicine Total		**3**	**0.7**	**1**	**0**
Audiology & Speech-Language Path Total	SLP	**1**	**0.2**	**0**	**0**
	PT	1	0.2		
	PTA	1	0.2		
Physical Therapy Total		**2**	**0.5**	**0**	**0**
TOTALS		**421**	**100**	**13**	**1**

Req[1]: Required (Board Referred, Board Ordered, Investigation)
Vol[2]: Voluntary (No known DHP involvement at time of intake)

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EXECUTIVE OFFICES

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Executive Director

OFFICERS

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President

Carol J. Winkler, D.C.
Vice President

Keita Vanterpool, D.C
Treasurer

Margaret Colucci, D.C.
Immediate Past President

EXECUTIVE BOARD

James Buchanan, D.C.
District I Director

Robert Daschner, D.C.
District II Director & Board Chair

George Khoury, D.C.
District III Director

Karen Campion, D.C.
District IV Director

Ned Martello, D.C.
District V Director

ADMINISTRATIVE FELLOW DIRECTOR

Patricia Oliver

May 26, 2019

The Honorable FIRST LAST
Governor, State of STATE
ADDRESS1
ADDRESS2
CITY,STATE ZIP

Dear Governor LAST,

The BOARD NAME is to be commended for its commitment to protecting the health, safety, and welfare of the citizens in your state.

Recently, the Federation of Chiropractic Licensing Boards (FCLB) held our 93rd Annual Congress in San Diego, California. This annual educational conference attended by state and provincial regulators from the United States, Canada, and New Zealand helps board members, staff, and representatives from the offices of the Attorneys General to identify emerging problems and solutions in healthcare regulation.

This year's educational program included presentations on these (and other) critical issues:

- The Opioid Epidemic
- Ethical Considerations in Regulation
- Deregulation and Top Cases
- Stem Cell Therapy and Chiropractic Regulation
- Addressing Legal Issues in Regulation
- Licensure Exams and Services of the National Board of Chiropractic Examiners

Commendations are due to all who worked to make this conference such a strong success, but special recognition is extended to –
ATTENDEE
ATTENDEE
ATTENDEE
ATTENDEE

Our attendees all volunteer their time away from practice and other professional duties to advance their regulatory skills.

Resources are stretched tight in every jurisdiction, but FCLB member boards are committed to sharing generously of their time and ideas. By their active participation, they demonstrate their willingness to address tough issues candidly and creatively.

The networking and problem-solving that occurs at this annual conference guarantees your board access to cost-saving ideas, advance warning about new challenges, and opportunities to pool resources with other boards.

FCLB is a non-profit 501(c)(3) corporation.

Contributions are deductible as allowed under section 170 of the IRS Code.

Tax ID 83-0208564

Simply put, participants at FCLB's non-profit educational meetings serve in the dual roles of teacher and student in order to upgrade the quality of chiropractic regulation and public protection.

It is my distinct pleasure to bring your board's dedication and achievements to your personal attention. Please feel free to contact me if you would like further information about the Federation of Chiropractic Licensing Boards.

Sincerely,

Karlos Boghosian, D.C.
President

CC: ATTORNEYGENERAL Attorney General
CHAIR
ATTENDEE
ATTENDEE
ATTENDEE
EXECUTIVE DIRECTOR

FCLB Board of Directors

KB/krw

Agenda Item: **Committee and Advisory Board Reports**

Staff Note: Please note Committee assignments and minutes of meetings since February 14, 2019.

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
LEGISLATIVE COMMITTEE MINUTES

Friday, May 17, 2019 Department of Health Professions Henrico, VA

CALL TO ORDER:	The meeting of the Legislative Committee convened at 8:34 a.m.
ROLL CALL:	Ms. Opher called the roll; a quorum was established.
MEMBERS PRESENT:	Ray Tuck, DC, Vice-President, Chair David Giammittorio, MD Jane Hickey, JD Karen Ransone, MD David Taminger, MD Svinder Toor, MD
MEMBERS ABSENT:	Alvin Edwards, PhD
STAFF PRESENT:	William L. Harp, MD, Executive Director Barbara Matusiak, MD, Medical Review Coordinator Colanthia Morton Opher, Deputy Director for Administration David Brown, DC, DHP Director Barbara Allison-Bryan, MD, DHP Chief Deputy Erin Barrett, JD, Assistant Attorney General
OTHERS PRESENT:	W. Scott Johnson, Esq., MSV Richard Grossman, VCNP

EMERGENCY EGRESS INSTRUCTIONS

Dr. Ransone provided the emergency egress instructions.

APPROVAL OF MINUTES OF SEPTEMBER 7, 2018

Dr. Ransone moved to approve the meeting minutes of September 7, 2018 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Ransone moved to accept the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment

DHP DIRECTOR'S REPORT

David Brown, DC, DHP Agency Director, advised the Committee that DHP's website has a new look. The pilot for the new site began with the Board of Nursing, and by year's end, the remaining boards will migrate over to the new format. He said the new format will make it easier for the external stakeholders to navigate, which in turn, should decrease the number of phone calls to the boards.

Dr. Brown then provided an update on the Board of Pharmacy's cannabidiol oil and THC-A processing program. He noted that Pharmacy has approved five processors, one for each health district. By the end of 2019, they are to be up and running. Dr. Brown spoke to the CBD oil that is currently available at a number of retail outlets. He said that for the last couple of years, federal farm bills have supported market research, including cultivating hemp for fiber or bio fuel. Hemp is also now being used as a source for CBD oil. Virginia farmers are not currently allowed to grow hemp or produce CBD oil. A bill will be introduced next year in the General Assembly to align Virginia law with federal law. It will provide for the Secretary of Agriculture to develop a regulatory scheme for hemp and hemp products in the Commonwealth. Dr. Brown also pointed out that the CBD oil currently being sold at retail stores is hemp-derived and unregulated, so products may contain contaminants and pesticides. Once the CDC became aware of contaminated oil and its effect on those who used the oil, it issued an advisory notification.

Dr. Allison-Bryan advised that some studies show that up to 70% of available CBD oil is mislabeled.

Dr. Toor asked if CBD oil is already being produced by a pharmaceutical company, why is the Board of Pharmacy proceeding with an alternative process?

Dr. Allison-Bryan stated that before Epidiolex was approved, the General Assembly was interested in going forward with a Board of Pharmacy oil processing program.

Dr. Brown noted that Dr. Toor makes a good point; however, it is not up to DHP to change the program, that would be the prerogative of the General Assembly. There has been a significant amount of money invested in the program already, and an effort to change its current structure would probably meet a lot of resistance.

As an aside, Dr. Allison-Bryan said that Virginia-produced CBD oil will not be covered by insurance, because it is still illegal under federal law.

Dr. Brown then advised that the 2019 Session requires DHP to convene two workgroups to study 1) access to telemedicine, including changing the definition, and 2) the licensure process and what barriers exist for foreign trained physicians.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp informed the members that we now have five months of experience with Licensure by Endorsement, and we are still ironing out the process. The Interstate Medical Licensure Compact reports their applicants are being licensed in an average of 36 days. He said the Board should be able to meet that standard. The Compact reports 32% of its participants get licensed within 15 days.

NEW BUSINESS

1. Regulatory/Policy Actions from the 2019 General Assembly

Dr. Harp briefed the members on the status of the following regulations and actions:

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB1952	Patient care team – PAs	Medicine	6/13/19 or 8/2/19 (signed 2/22)	**11/25/19**
HB2559	Waiver for electronic prescribing	Medicine	6/13/19 or 8/2/19 (signed 3/21)	**12/24/19**

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB2457	Retiree license	Medicine	NOIRA – 6/13/19	?

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1970	Department	Review of telehealth; practice by adjacent physicians	11/1/19
HB2169	Medicine	Review/revision of application content & process to identify & expedite military spouse apps	7/1/19
SB1557	Medicine/Pharmacy/Department	Inclusion of NPs and PAs for registration to issue certifications Participation in workgroup to study oversight organization	7/1/19
SB1760 (not passed)	Department (Medicine)	Study of Xrays in spas – VDH	11/1/19
HJ682 (not passed)	Department	Study of foreign-trained physicians to provide services in rural areas	11/1/19

Future Policy Actions:

HB793 (2018) - (2) the Department of Health Professions, by November 1, 2020, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

Dr. Harp then provided a brief synopsis of the following bills:

HB 1952 **Patient care teams; podiatrists and physician assistants.**

HB 1970 **Telemedicine services; payment and coverage of services.**

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

HB 2169 **Physician assistants; licensure by endorsement.**

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

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

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

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

HB 2559 **Electronic transmission of certain prescriptions; exceptions.**

HB 2731 **Lyme disease; disclosure of information to patients.**

SB 1004 **Elective procedure, test, or service; estimate of payment amount.**

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

SB 1167 **Medicaid recipients; treatment involving opioids or opioid replacements, payment.**

SB 1439 **Death certificates; medical certification, electronic filing.** This bill requires

the completed medical certification portion of a death certificate to be filed electronically with the State Registrar of Vital Records through the Electronic Death Registration System and provides that, except for under certain circumstances, failure to file a medical certification of death electronically through the Electronic Death Registration System shall constitute grounds for disciplinary action by the Board of Medicine. The bill includes a delayed effective date of January 1, 2020, and a phased-in requirement for registration with the Electronic Death Registration System and electronic filing of medical certifications of death for various categories of health care providers. The bill directs the Department of Health to work with stakeholders to educate and encourage physicians, physician assistants, and nurse practitioners to timely register with and utilize the Electronic Death Registration System.

Dr. Harp advised that this system was implemented several years ago; however, not all practitioners signed up to use it. This bill will make using the EDRS mandatory. To ensure awareness, a notification will be placed in the Board Briefs, and an email will be sent to the Board's licensees who are required to complete death certificates.

SB 1547 **Music therapists; Board of Health Professions to evaluate regulation.**

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

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

SB 1778 **Counseling minors; certain health regulatory boards to promulgate regulations.**

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

2. Chart of Regulatory Actions

Dr. Harp reviewed the status of the Board's five pending regulatory actions.

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

3. Response to Petition for Rulemaking

Dr. Harp referred to the Petition for Rulemaking submitted by Luke Vetti, DPM. Dr. Vetti asks the Board to consider amending the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic, 18VAC 85-20-10 et. seq, specifically 18VAC85-20-141 "Licensure by endorsement", section 4, and 18 VAC85-20-350 "Informed consent" section B. He requests that the American Board of Podiatric Medicine be added to these sections.

Dr. Harp advised that four (4) comments in support of this request were received during the comment period, with none opposed. He also reflected the thinking of the podiatric Board member to the Committee.

MOTION: After a brief discussion, Dr. Ransone moved to initiate rulemaking to adopt the amendments by a fast-track action. The motion was seconded and carried unanimously.

4. Letter regarding Opioid Regulations Impact on Patient Care

Dr. Harp provided a summary of an e-mail from Sydney Rab asking the Board to reconsider its regulations for the prescribing of opioids, Dr. Harp's response to the e-mail, and an article regarding the regulation of opioids.

MOTION: After discussion, Dr. Ransone moved to recommend to the full Board that no action be taken. The motion was seconded and carried unanimously.

5. Reminder

Travel vouchers for this meeting should be submitted no later than June 17, 2019.

Presentation of Consent Order

Dr. Harp presented a Consent Order for the Board's consideration regarding a licensee's reinstatement. After a short discussion, Dr. Ransone moved to accept the Consent Order as presented; Dr. Toor seconded. The motion carried unanimously.

ANNOUNCEMENTS

Members were reminded to stay for probable cause review

NEXT MEETING

September 6, 2019

ADJOURNEMENT

With no other business to conduct, the meeting adjourned at 9:39 a.m.

____
Ray Tuck, Jr., DC
Vice-President, Chair

____
William L. Harp, MD
Executive Director

____
Colanthia Morton Opher
Recording Secretary

VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE

Wednesday, May 29, 2019 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Walker called the meeting to order at 10:40 a.m.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
Jane Hickey, Citizen Member
Jacob Miller, DO

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

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

INFORMAL CONFERENCE

Tamer Omar El-Mahdy, MD

Dr. El-Mahdy appeared with counsel, Nicholas Balland, Esq., to respond to the Board's inquiry regarding the possible refusal to issue a license to practice medicine and surgery pursuant to Virginia Code Section §§54.1-2915. (A)(14), and 54.1-2915 (A)(1) and (18) and 54.1-111(A)(6).

Upon conclusion of the open session with Dr. El-Mahdy, Ms. Hickey 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 Dr. El-Mahdy. Additionally, she moved that Board staff members, Dr. 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.

Ms. Hickey moved to approve Dr. El-Mahdy's application for licensure to practice medicine and surgery upon evidence that Dr. El-Mahdy has entered the Virginia Practitioners' Monitoring Program. The motion was seconded and carried unanimously.

Kansky J. Delisma, MD

Dr. Delisma appeared without counsel to respond to the Board's inquiry regarding the possible refusal to issue a license to practice medicine and surgery pursuant to Virginia Code Section §54.1-2915.A(10), (12), (16), (20), and 18 VAC 85-20-29(A)(3), and 18 VAC 85-20-80(A).

Upon conclusion of the open session with Dr. Delisma, Ms. Hickey 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 Dr. Delisma. Additionally, she moved that Board staff members, Dr. 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.

Ms. Hickey moved to approve Dr. Delisma's application for licensure to practice medicine and surgery. The motion was seconded and carried unanimously.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 3:30 p.m.

Kenneth Walker, M.D.
Chair

William L. Harp, M.D.
Executive Director

Colanthia M. Opher
Deputy Executive Director
Administration

VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE

Wednesday, March 28, 2019 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Walker called the meeting to order at 1:02 P.M.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
Jane Hickey, Citizen Member
Brenda Stokes, MD

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

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

INFORMAL CONFERENCE

Anthony Edward Chin Loy, Jr., MD

Dr. Chin Loy appeared without counsel to respond to the Board's inquiry regarding the possible refusal to issue a license to practice medicine and surgery 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 Dr. Chin Loy, Ms. Hickey 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 Dr. Chin Loy. Additionally, she moved that Board staff members, Dr. 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.

Ms. Hickey moved to approve Dr. Chin Loy's application for licensure to practice medicine and surgery. The motion was seconded and carried unanimously.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 2:49 p.m.

Kenneth Walker, M.D.
Chair

William L. Harp, M.D.
Executive Director

Colanthia M. Opher
Deputy Executive Director, Administration

---DRAFT UNAPPROVED---

ADVISORY BOARD ON BEHAVIOR ANALYSIS
Minutes
May 20, 2019

The Advisory Board on Behavior Analysis met on Monday, May 20, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Kate Lewis, MS, BCBA, LBA, Chair Amanda Kusterer, BCaBA Asha Patton Smith, MD Gary Fletcher, Citizen Member
MEMBERS ABSENT:	Christina Giuliano, BCBA
STAFF PRESENT:	Jennifer L. Deschenes, Deputy for Discipline Colanthia Morton Opher, Deputy for Administration Pamela Y. Smith, Licensing Specialist David Brown, DC, DHP Director
GUESTS PRESENT:	Christy Evanko, BCBA, VABA Kelsey Toney

CALL TO ORDER

Ms. Lewis called the meeting to order at 10:06 a.m.

EMERGENCY EGRESS PROCEDURES

Ms. Deschenes announced the emergency egress procedures.

ROLL CALL

Ms. Smith called the roll, and a quorum was declared.

APPROVAL OF THE MINUTES OF OCTOBER 1, 2018

Dr. Smith moved to approve the minutes from the October 1, 2018 meeting. The motion was seconded and carried

ADOPTION OF THE AGENDA

Mr. Fletcher moved to adopt the agenda. The motion was seconded and carried.

---DRAFT UNAPPROVED---

PUBLIC COMMENT

Ms. Evanko commented that there were discrepancies with the online information concerning BA's and ABA's. She said the information needs to be clarified, particularly the NPDB query. She also pointed out that the employment activity section of the application should be much clearer as to when the chronology of activities should begin. Ms. Evanko also spoke of finding a way for BA's and ABA's to continue working while waiting for their license. She said that there can be a gap of about 30 days that applicant BA's cannot work, which leaves patients without service. Dr. Brown suggested that a provisional license might be a solution to the issue.

NEW BUSINESS

1. **Report of the 2019 General Assembly**

Dr. Brown gave the Board of Medicine report from the 2019 General Assembly, emphasizing those bills of interest to the Advisory Board. He explained the bills about telemedicine.

2. **Follow-up on Initiative to Require Active BACB Certification for Renewal**

Ms. Deschenes provided comment about action not being taken by the Board of Medicine on this issue. Dr. Brown asked if there was problem to be solved, and how would requiring current certification fix it?

3. **Regulations Governing the Practice of Behavior Analysis** (for reference only)

Announcements

Pam Smith informed the Advisory Board that there are currently 1,190 Behavior Analysts and 171 Assistant Behavior Analysts licensed by the Board.

Next Scheduled Meeting

Mr. Opher pointed out that the next Advisory Board meeting will be scheduled for September 30, 2019.

Adjournment

The meeting was adjourned at 11:38 p.m.

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Kate Lewis, MS, BCBA, LBA,
Chair

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Jennifer Deschenes, JD
Deputy Executive Director, Discipline

____
Pamela Y. Smith, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON GENETIC COUNSELING
MINUTES

May 20, 2019

The Advisory Board on Genetic Counseling met on Monday, May 20, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	John Quillin, PhD, MPH, MS, Chair Matthew Thomas, ScM, CGC Heather Creswick, MS, CGC Marilyn Foust, MD
MEMBER ABSENT:	Lori Swain, Vice-Chair
STAFF PRESENT:	David E. Brown, DC, DHP Director Jennifer Deschenes, Deputy Director, Discipline Colanthia M. Opher, Deputy Director for Administration Denise Mason, Licensing Specialist
GUESTS PRESENT:	None

CALL TO ORDER

Dr. Quillin called the meeting to order at 1:04 p.m.

EMERGENCY EGRESS PROCEDURES

Jennifer Deschenes announced the emergency egress instructions.

ROLL CALL

Denise Mason called roll, and a quorum was declared.

DRAFT UNAPPROVED

APPROVAL OF MINUTES OF October 1, 2018

Ms. Deschenes noted a needed amendment to the announcements section of the October 1, 2018 minutes. She advised that striking "the" from second sentence would provide the correction.

Ms. Creswick moved to adopt the minutes of October 1, 2018 as amended. The motion was seconded and carried.

ADOPTION OF AGENDA

A motion was made to approve the agenda. It was seconded and carried.

PUBLIC COMMENT

None

NEW BUSINESS

1. **Report of the 2019 General Assembly**

   Dr. Brown reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Dr. Brown also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. **Issues with the Licensing Process/Applicants-Denise Mason**

   Discussion centered on genetic counselors experiencing a delay in licensure and therefore being unable to begin practicing. Licensing is interwoven with "active candidate status" with the American Board of Genetic Counseling (ABGC). Active candidate status is lost when a genetic counselor passes the ABGC exam. It may then take a couple of months for a certified genetic counselor to obtain a license. Ms. Mason said that the processing time of an application depends on the diligence of the applicant in submitting documentation to the Board.

3. **Regulations governing the practice of Genetic Counselor** *(for reference only)*

ANNOUNCEMENTS

DRAFT UNAPPROVED

Ms. Mason informed the Advisory Board that there are currently 242 Genetic Counselors holding licenses with the Virginia Board of Medicine; 146 of 242 of the licensed Genetic Counselors are out of state. There are currently eight (8) Temporary Genetic Counselors, all in the state of Virginia.

NEXT MEETING DATE

September 30, 2019 at 1p.m.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 2:24 a.m.

John Quillin, PhD, MPH, MS Chair

Jennifer Deschenes, Deputy Director, Discipline

Denise Mason, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
May 21, 2019

The Advisory Board on Occupational Therapy met on Tuesday, May 21, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Karen Lebo, JD, Citizen Member

MEMBERS ABSENT:
Breshae Bedward, OT, Chair
Dwayne Pitre, OT, Vice Chair
Raziuddin Ali, M.D.
Kathryn Skibek, OT

STAFF PRESENT:
William L. Harp, M.D., Executive Director
Colanthia M. Opher, Deputy Director for Administration
ShaRon Clanton, Licensing Specialist
David Brown, DC, DHP Agency Director
Yetty Shobo, PhD, Deputy Director for the Board of Health Professions

GUESTS PRESENT:
Alexander Macaulay-VOTA
Erin Clemens-VOTA
Deanna Dambrose. VCU Department of Occupational Therapy
Joni Watling, VCU Department of Occupational Therapy
Charlotte Lenart, DHP Board of Counseling
Sandie Cotman, DHP Board of Counseling

CALL TO ORDER

Karen Lebo called the meeting to order at 10:11 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Roll was called. A quorum was not established.

APPROVAL OF MINUTES of October 2, 2018

Due to the lack of a quorum, the minutes were unable to be approved.

ADOPTION OF AGENDA

Due to the lack of a quorum, the agenda was unable to be approved.

PUBLIC COMMENT ON AGENDA ITEMS

Mr. Macaulay asked that comment be deferred until the agenda item on Qualified Mental Health Providers was addressed.

OT and OTA Healthcare Workforce Data Center Survey Update

Dr. Shobo presented a PowerPoint review of the workforce statistics for OT's and OTA's. Ms. Lebo made a number of observations about the data and posed a number of excellent questions to Dr. Shobo.

NEW BUSINESS

1. Report of the 2019 General Assembly

   Dr. Brown reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Dr. Harp provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Comment from Occupational Therapy on Proposed Counseling Regulations

Ms. Joni Watling, OT provided comment on the rationale that occupational therapists are included in the regulations of Counseling governing the licensure of qualified mental health professionals. She presented a comparison of the training that occupational therapists get in mental health to the training required by other professions eligible for licensure as qualified mental health professionals.

3. Regulations governing the Licensure of Occupational Therapists (*for reference only*)

ANNOUNCEMENTS:

Ms. Opher provided the license processing times for OT's and OTA's.

NEXT MEETING DATE

October 1, 2019 @ 10:00 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:48 a.m.

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Karen Lebo, JD, Citizen Member

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William L. Harp, M.D.
Executive Director

____
ShaRon Clanton, Licensing Specialist

---DRAFT UNAPPROVED---

Advisory Board on Respiratory Therapy
Minutes
May 21, 2019

The Advisory Board on Respiratory Therapy met on Tuesday, October 2, 2018 at the Department of Health Professions, Perimeter Center, 9960 Mayland, Suite 201, Drive, Henrico, VA

MEMBERS PRESENT:	Shari Toomey, RRT, Chair Daniel Gochenour, RRT, Vice Chair Bruce Rubin, MD Santiera Brown, RRT
MEMBERS ABSENT:	Denver Supinger
STAFF PRESENT:	William L. Harp, M.D., Executive Director Elaine Yeatts, DHP Senior Policy Analyst Colanthia Morton Opher, Deputy for Administration
GUESTS PRESENT:	Yetty Shobo, PhD, Healthcare Workforce Data Center Mark Hickman, CSG

Call TO ORDER

Ms. Toomey called the meeting to order at 1:10 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress procedures.

ROLL CALL

Ms. Opher called the roll, and a quorum was declared.

APPROVAL OF THE MINUTES OF OCTOBER 2, 2018

Mr. Gouchenour moved to approve the minutes of October 2, 2018. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Mr. Gouchenour moved to adopt the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

---DRAFT UNAPPROVED---

NEW BUSINESS

1. Report from the 2019 General Assembly

Dr. Brown reported on the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

Dr. Harp provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

Both of these reports were for information only and did not require any action.

2. NBRC Specialty Exam Counting as Continuing Education Hours

The FAQ's from the American Association of Respiratory Care website were reviewed. Ms. Toomey spoke to question #6, "How many hours do I need to renew my AE-C credential with the National Asthma Educator Certification Board (NAECB)?" and to question # 15, "I took this course last year. Can I take it again for credit?" She asked if this is acceptable for meeting the continuing education requirements for license renewal.

Dr. Harp said the FAQ's did not provide any information about accepting passage of an NBRC specialty examination as CE hours.

MOTION: After some discussion, the members asked that the Board consider amending 18VAC85-40-66. Continuing Education Requirements to include the following:

4. Passage of a National Board of Respiratory Care specialty exam shall be counted as 20 hours.

3. Tracking of RT's Credentialed after July 1, 2002 for Maintenance of NBRC

Ms. Toomey provided the members with NBRC's maintenance requirements prior to and after 2002. She stated that if the required documentation is not submitted, the individual would lose their certification. Dr. Harp pointed out that the Board does not require most professions to maintain membership in national organizations or credentialing bodies, but rather it requires that licensees obtain the same number of continuing education credits as do the national organizations or credentialing bodies.

4. Employment Under a Temporary License Until a Full License is Issued.

.The members reviewed the following regulations that represent the array of options for practice prior to the issuance of a full license.

- 18VAC-120-75. Temporary Authorization to Practice
- 18VAC 85-120-80. Provisional Licensure
- 18VAC85-80-45. Practice by a Graduate Awaiting Examination Results

---DRAFT UNAPPROVED---

- 18VAC85-140-45. Practice As a Student or Trainee
- 18VAC85-50-55. Provisional Licensure
- 18VAC85-170-60. Licensure Requirements

Dr. Harp said he was in favor of some accommodation for all the allied professions, and that if possible, have the exemptions be as uniform as possible.

MOTION: After further discussion, Ms. Toomey moved to recommend to the Board that the language of the Occupational Therapy regulations be adopted in the regulations of Respiratory Therapy. The OT regulations are based on the following statutory language.

§ 54.1-2956.5. Unlawful to practice occupational therapy without license

B. However, a person who has graduated from a duly accredited occupational therapy assistant education program may practice with the title "Occupational Therapy Assistant, License Applicant" or "O.T.A.-Applicant" until he has received a failing score on any examination required by the Board or until six months from the date of graduation, whichever occurs sooner.

The motion was seconded and carried unanimously.

ANNOUNCEMENTS

Ms. Opher provided a report on the processing days for licensure.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 2:43 p.m.

NEXT SCHEDULED MEETING

October 1, 2019 at 1:00 p.m.

Shari Toomey, RRT, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Deputy Executive, Administration

---DRAFT UNAPPROVED---

ADVISORY BOARD ON ACUPUNCTURE
Minutes
May 24, 2019

The Advisory Board on Acupuncture met on Wednesday, May 24, 2019 at the Department of Health Professions at 9960 Mayland Drive, Henrico, VA 23233.

MEMBERS PRESENT: Janet L. Borges, L. Ac., Vice-Chair
Sharon Crowell, L.Ac.
R. Keith Bell, L.Ac
Beth L. Rodgers

MEMBERS ABSENT: Chheany W.C. Ung, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Colanthia Opher Morton, Deputy Director, Administration
Barbara Allison-Bryan, MD
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT:

CALL TO ORDER

Janet L. Borges called the meeting to order at 10:03 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the Emergency Egress Procedures.

ROLL CALL - The roll was called; quorum declared.

APPROVAL OF THE MINUTES FROM October 3, 2018.

Sharon Crowell moved to approve the minutes. Janet Borges seconded.

ADOPTION OF AGENDA

Keith Bell moved to adopt the agenda. Beth Rodgers seconded the motion.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

---DRAFT UNAPPROVED---

NEW BUSINESS

1. Report of the 2019 General Assembly – Dr. Barbara Allison-Bryan

   Dr. Allison-Bryan reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Dr. Allison-Bryan also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Regulations Governing the practice of Licensed Acupuncturists

   - Janet revisited the language regarding vitamin supplements in the regulations.
   - Jennifer Deschenes will provide an update regarding the vote to regulatory changes regarding vitamin supplements.
   - Janet inquired whether there are any proposals to add Acupuncture to medical services like DMAS.

ANNOUNCMENTS

The Board licensed 19 acupuncturists since January 2019 to present.

NEXT SCHEDULED MEETING:

October 4, 2019 at 10:00 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:25 a.m.

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Janet L. Borges, L.Ac., Chair William L. Harp, M.D., Executive Director

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Beulah Baptist Archer, Licensing Specialist

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Virginia Board of Medicine
May 22, 2019, 1:00 p.m.

The Advisory Board on Radiologic Technology met on Wednesday, May 22, 2019 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: David Roberts, RT
William E. Quarles, Jr., Citizen Member

MEMBERS ABSENT: Joyce O. Hawkins, RT, Chair
Rebecca Keith, RT
Uma Prasad, MD

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

GUESTS PRESENT: Barbara Allison-Bryan, MD

CALL TO ORDER

Jennifer Deschenes called the meeting to order at 1:10 p. m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp gave the emergency egress procedures.

ROLL CALL

Beulah Archer called the roll. No quorum was established.

APPROVAL OF MINUTES

The minutes of January 23, 2019 was not approved for lack of a quorum.

ADOPTION OF AGENDA

The agenda could was not adopted for lack of a quorum.

PUBLIC COMMENT

None

NEW BUSINESS

1. Report of the General Assembly

   Ms. Yeatts provided a review of the bills from the 2019 Session that were relevant to the Board of Medicine, as well as actions that needed to be taken to further implement the law.

2. Study Request on SB1760-Operation of diagnostic X-ray equipment by unlicensed persons

   The Advisory Board members and staff discussed SB1760, the study required of VDH and DHP, and the bill's implications.

3. Letter from the Virginia Chapter of the American College of Radiology Regarding SB1760

   The Advisory Board members and staff noted the stance of the Virginia Chapter, which was a little different from that of ACR.

4. Follow-up on Scope of Practice Bills.

   Dr. Harp spoke to communications that Joyce Hawkins and he had with a director of a nuclear medicine technology educational program. Dr. Harp believed this matter had been addressed by the definition of radiologic technology as worded, and further, by the rad tech license including "Qualified to Practice Nuclear Medicine."

5. Follow-up on Traineeship

   The members of the Advisory Board and staff discussed the definition of traineeship as written in 18VAC85-101-10 that states "Traineeship" means a period of activity during which an applicant for licensure as a radiologic technologist works under the direct supervision of a practitioner approved by the board while waiting for the results of the licensure examination or an applicant for licensure as a radiologic technologist-limited working under direct supervision and observation to fulfill the practice requirements in 18VAC85-101-60. It was thought that the traineeship was not meant to apply to fully-trained radiologic technologists, but rather to rad tech-limiteds. Consideration was given to a fast-track option to delete full rad techs from the definition of traineeship.

6. Teachers of Radiologic Technology-Limited Courses

   It was discussed that under 18VAC85-101-55(A)(4), the Board of Medicine could approve courses at its discretion giving consideration to the content, faculty, examination, and location.

7. Regulations Governing the Practice of Radiologic Technology, specifically the radiologic technology-limited section on education

   Those present discussed the requirements currently in the regulations, particularly the specified hours for image production/equipment operation, radiation protection, and clinical hours of performing radiographic procedures. The question was posed to those present whether the Board of Medicine should strictly adhere to the hours in the regulations, or if a student is a fast learner, could the hours be lessened or even abolished. It was decided it would be best to have this discussion in October with a full quorum of Advisory Board members.

ANNOUNCEMENTS

Licensed Rad. Techs since January 1, 2019 until May 22, 2019 are 140.

NEXT MEETING DATE

October 2, 2019, at 1:00 pm.

ADJOURNMENT

Dr. Harp adjourned the meeting.

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Joyce Hawkins, RT Chair

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William L. Harp, MD, Executive Director

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Beulah Baptist Archer, Recording Secretary

---DRAFT UNAPPROVED---

ADVISORY BOARD ON ATHLETIC TRAINING
MINUTES

May 23, 2019

The Advisory Board on Athletic Training met on Thursday, May 23, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Michael Puglia, AT, Chair Deborah B. Corbatto, AT, Vice-Chair Sarah Whiteside, AT Jeffrey Roberts, MD Trilizsa Trent, Citizen
MEMBER ABSENT:	None
STAFF PRESENT:	William L. Harp, MD, Executive Director Elaine Yeatts, Senior Regulatory Analyst Colanthia M. Opher, Deputy Director for Administration Denise Mason, Licensing Specialist
GUESTS PRESENT:	Richard Grossman, Vectre Corporation Becky Bower-Lanier, VATA Chris Jones Tanner Howell, VATA

CALL TO ORDER

Mr. Puglia called the meeting to order at 10:06 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Ms. Mason called the roll, and a quorum was declared.

APPROVAL OF MINUTES OF October 3, 2018

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

---DRAFT UNAPPROVED---

ADOPTION OF AGENDA

Mr. Puglia moved to amend the agenda. He requested that "define a clinical position serving on the advisory board" be added for discussion. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. **Report of the 2019 General Assembly**

   Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Ms. Yeatts also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. **Legality of AT's Possessing and Administering Naloxone**

   Mr. Puglia opened the discussion as to whether or not athletic trainers could possess and administer naloxone. He asked Board staff if the answer was in the Code of Virginia.

   Ms. Yeatts pointed to §54.1-3408(X), which states "pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of health or designee authorizing the dispensing of naloxone or other antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with the protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist may dispense naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life threatening opioid overdose"

   Ms. Yeatts also pointed to §54.1-3408(F), which says "pursuant to an oral or written order standing protocol issued by the prescriber within the course of his professional practice, such as prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other schedule VI topical drugs,; oxygen for use in emergency situations; and epinephrine for use in emergency cases of anaphylactic shock."

   Dr. Harp pointed to 54.1-3408(Y) as a way that athletic trainers might be able to be trained to possess and administer naloxone through the Department of Behavioral Health and Developmental Services REVIVE program.

---DRAFT UNAPPROVED---

After discussion, the best option for statutory assurance was thought to be to add naloxone to 54.1-3408(F).

3. AT Statutory Protection

Ms. Whiteside stated that this was her last term on the Advisory Board and thanked the Board of Medicine for allowing her to serve.

Ms. Whiteside discussed her concerns with the language that performance training centers are utilizing in their description of services rendered, and that it is causing confusion for the public.

Dr. Harp brought to the attention of the members Code §54.1-2957 (A) that states:

"It shall be unlawful for any person to practice or to hold himself out as practicing as an athletic trainer unless she holds a license as an athletic trainer issued by the Board." He also noted that unless they are holding themselves out as an AT or practicing athletic training, the Board has no jurisdiction. However, DHP is authorized to investigate any complaints regarding unlicensed practice of one of its regulated professions.

4. Sudden Cardiac Arrest in Secondary Schools

Mr. Puglia stated that a question had been posed to him about using an AED Defibrillator at away games. This led to a discussion in which Dr. Roberts shared his knowledge about sudden death in athletes, the relevant statistics, screening, evaluation and treatment.

Dr. Harp referred the Advisory Board to a fact sheet for student athletes about sudden cardiac arrest that was developed by the Indiana Department of Education Sudden Cardiac Arrest Advisory Board.

5. BOC Disciplinary Reporting

Ms. Opher addressed the e-mail from Shannon Fleming which provided information about the Disciplinary Action Exchange portal at the BOC.

The Board of Medicine has been reporting discipline to the BOC for many years. Ms. Opher said that she would ensure the Board's disciplinary unit was aware of the electronic reporting capability.

***6.* Regulations Governing the Licensure of Athletic Trainers** *(for reference only)*

---DRAFT UNAPPROVED---

7. **Defining a Clinical Position Serving on the Advisory Board**

   Mr. Puglia asked for clarification of the requirements for the 3 AT's on the Advisory Board, specifically the "private sector" position. Discussion viewed "private sector" as non-governmental.

ANNOUNCEMENTS

Ms. Mason informed the Advisory Board that there are currently 1,659 Athletic Trainers licensed with the Board of Medicine, 295 out of state and 4 that are inactive.

Ms. Opher also mentioned the appointments of the members ending on June 30, 2019.

NEXT MEETING DATE

October 3, 2019 at 10 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:58 a.m.

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Michael Puglia, AT, Chair	William L. Harp, M.D., Executive Director

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Denise Mason, Licensing Specialist

---DRAFT UNAPPROVED---

ADVISORY BOARD ON PHYSICIAN ASSISTANTS
Board of Medicine
May 23, 2019, 1:00 PM

The Advisory Board on Physician Assistants met Thursday, May 23, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Portia Tomlinson, PA-C, Chair Kathleen A. Scarbalis, PA-C James B. Carr, PA-C Tracey Dunn, Citizen
MEMBERS ABSENT:	Frazier W. Frantz, MD
STAFF PRESENT:	William L. Harp, MD, Executive Director Colanthia M. Opher, Deputy Director, Administration Elaine Yeatts, Senior Regulatory Analyst ShaRon Clanton, Licensing Specialist
GUESTS PRESENT:	Jonathan Williams, VAPA Tim Faerber, Medical Society of VA

Call to Order-Portia Tomlinson, PA-C Chair

Ms. Tomlinson called the meeting to order at 1:08 p.m.

Emergency Egress Procedures-William Harp, MD

Dr. Harp provided the emergency egress instructions.

Roll Call-ShaRon Clanton

Ms. Clanton called the roll, and a quorum was declared.

Approval of Minutes October 4, 2018

Ms. Tomlinson requested an amendment to the minutes in item #1. Periodic review of regulations – 18VAC85-50-10 to read as follows:

… and can be physically present or accessible for consultation with the physician assistant within one hour.

---DRAFT UNAPPROVED---

Ms. Scarbalis moved to adopt the amended minutes; the motion was seconded and carried.

Adoption of Agenda

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

Public Comment on Agenda Items (15 minutes)

None

NEW BUSINESS

1. Report of the 2019 General Assembly

   Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Ms. Yeatts also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Amendment to Code Chapters 137, 664, 224, and 68

   Ms. Yeatts walked the members through the amendments, and how the changes will affect the physician assistants' current practice.

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

3. E-mail from Donnie Orfield and Response

   Dr. Harp discussed the questions submitted by Mr. Orfield concerning changes in the language of the regulations and the requirements for a practice agreement.

4. State-by-State Physician Assistant Licensing
   Ms. Tomlinson informed the Board of AAPA use of the PA portal for multiple state verification.

5. Regulations Governing the Practice of Physician Assistants *(for reference only)*

---DRAFT UNAPPROVED---

6. Dr. Harp and Mrs. Yeatts discussed how the language in the regulations will be changed to be consistent with the Law.

Announcements

Dr. Harp informed the Board of an e-mail sent concerning fluoroscopy training. It stated that the AAPA has stopped providing the training and certification for PA's wishing to pursue fluoroscopy. Ms. Tomlinson will research this issue and get back with Board staff. She then recognized the new Advisory Board members, Mr. Carr and Ms. Scarbalis, and asked them to introduce themselves.

Dr. Harp then provided a mini-orientation to the Advisory to help acquaint the new members with the processes of the Board of Medicine.

Next Scheduled Meeting: October 3, 2019 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 2:31 p.m.

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Portia Tomlinson, PA-C, Chair

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

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ShaRon Clanton, Licensing Specialist

---DRAFT UNAPPROVED---

ADVISORY BOARD ON MIDWIFERY
Minutes
May 24, 2019

The Advisory Board on Midwifery met on Friday, May 24, 2019 at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia, 23233.

MEMBERS PRESENT:	Kim Pekin, CPM, Chair Maya Gunderson, CPM Natasha Jones, MSC
MEMBERS ABSENT:	Ami Keatts, M.D. Mayanne Zielinski, CPM
STAFF PRESENT:	William L. Harp, M.D. Executive Director Elaine Yeatts, DHP Senior Policy Analyst Colanthia M. Opher, Deputy Director, Administration Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	Rebecca Bowers-Lanier, Lobbyist

CALL TO ORDER

Kim Pekin called the meeting to order at 10:13 a.m.

EMERGENCY EGRESS PROCEDURES – Dr. Harp announced the Emergency Egress Procedures.

ROLL CALL –Beulah Baptist Archer called the roll, and a quorum was declared.

APPROVAL OF MEETING MINUTES

Ms. Opher read the proposed amendment submitted by Mayanne Zielinski to the September 21, 2018 meeting minutes.

Ms. Zielinski request that under Periodic Review – Changes to Guidance Document 85-26, 85-27, that the language be amended to say:

Newborn Screening Results #4 Guidance Document 85-27 – Ms. Zielinski discussed an avenue by which the instructions on what screenings should be offered is disseminated to CPMs.

Maya Hawthorne Gunderson moved to approve the February 2, 2018 and the amended September 21, 2018 minutes. The motion was seconded and carried.

---DRAFT UNAPPROVED---

ADOPTION OF THE AMENDED AGENDA

Ms. Gunderson moved to approve the amended agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

No public comment.

NEW BUSINESS

1. Legislative Update – Elaine Yeatts

   Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Ms. Yeatts also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Regulation Governing the Practice of Licensed Midwives *(for reference only)*

ANNOUNCEMENTS

Ms. Archer announced that the Board has licensed four (4) midwives since the beginning of the year.

NEXT MEETING DATE

October 4, 2019 at 10:00 a.m.

ADJOURNMENT

Ms. Gunderson moved to adjourn the meeting. The motion seconded and carried. The meeting adjourned at 11:10

____
Kim Pekin, CPM
Chair

____
William L. Harp, MD
Executive Director

____
Beulah Baptist Archer
Licensing Specialist

---DRAFT UNAPPROVED---

ADVISORY BOARD ON POLYSOMNOGRAPHIC TECHNOLOGY
Minutes
May 24, 2019

The Advisory Board on Polysomnographic Technology met on Friday, May 24, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Jonathan Clark, RPSGT, Chair
Debbie Akers, RPSGT, Vice-Chair
Raid Mohaidat, Citizen Member

MEMBERS ABSENT: Anna Rodriquez, RPSGT
Abdul Amir, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Elaine Yeatts, DHP Senior policy Analyst
Colanthia M. Opher, Deputy Director for Administration
Denise Mason, Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Mr. Clark called the meeting to order at 1:01 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress procedures.

ROLL CALL

Denise Mason called the roll; a quorum was declared.

APPROVAL OF MINUTES FROM OCTOBER 5, 2018

Ms. Akers moved to adopt the minutes. The motion was seconded and carried.

ADOPTION OF AGENDA

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

---DRAFT UNAPPROVED---

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. **Report of the 2019 General Assembly**

Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

Ms. Yeatts also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

Both of these reports were for information only and did not require any action.

2. **Respiratory Therapists Performing Polysomnographic Technology**

Mr. Clark opened discussion in regards to the education of respiratory therapists to practice as polysomnographic technologists. Should respiratory therapists follow the same educational program as a polysomnographic technologist? Mr. Clark also asked at what point in his/her polysomnographic technology training should a respiratory therapist be able to practice on their own? Dr. Harp pointed out that a respiratory therapist could practice polysomnographic technology by the authority of his/her license. He further stated that the employer/supervisor should ensure that a respiratory therapist, by knowledge and training, is safe and competent to practice to be able to work independently.

3. **Regulations Governing the Practice of Polysomnographic Technologists** *(for reference only)*

ANNOUNCEMENTS

Ms. Mason informed the Advisory Board that there are currently 485 Polysomnographic Technologists licensed by the Virginia Board of Medicine; 114 of which are out of state.

NEXT SCHEDULED MEETING

September 30, 2019 @ 1 p.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 2:14 p.m.

Jonathan Clark, Chair

William Harp, Executive Director

Denise W. Mason, Licensing Specialist

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.

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
February 25, 2019 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

In Attendance	Lisette P. Carbajal, MPA, Citizen Member
	Helene D. Clayton-Jeter, OD, Board of Optometry
	Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
	Mark Johnson, DVM, Board of Veterinary Medicine
	Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
	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
	Trula E. Minton, MS, RN, Board of Nursing
	Kevin O'Connor, MD, Board of Medicine
	Maribel Ramos, Citizen Member
	John M. Salay, MSW, LCSW, Board of Social Work
	Herb Stewart, PhD, Board of Psychology
	James D. Watkins, DDS, Board of Dentistry
	James Wells, RPh, Citizen Member
Absent	Martha S. Rackets, PhD, Citizen Member
DHP Staff	Barbara Allison-Bryan, MD
	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
Speakers	No speakers signed-in
Observers	Jerry Gentile, DPB
	W. Scott Johnson, Hancock Daniel
	Jaime Hoyle, JD, Executive Director for the Behavioral Sciences Boards
	Corie Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long Term Care and Physical Therapy

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
February 25, 2019 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

Call to Order

Chair: Dr. Clayton-Jeter **Time** 10:01 a.m.

Quorum Established

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The meeting minutes from the August 23, 2018 and December 4, 2018 Full Board were approved. All members in favor, none opposed.

Directors Report

Presenter Dr. Brown

Discussion

- Dr. Brown reported that a bill to reinstate staggering board member terms passed. This helps to prevent loss of experience is not lost at one time. This bill allows for a one-time fix.
- Music therapists passed over the sunrise review process and went straight to the General Assembly initiating a bill for the Board of Medicine to provide title protection and registration. He stated that the Board of Health Professions would be receiving a letter requesting a study to be completed by November 2019.
- Four telemedicine bills are in the process of review. DHP is to convene a workgroup to discuss the issues driving these requests.
- Delegate Tran requested that DHP review the need for Virginia to utilize foreign-trained providers. A workforce advisory panel will be convened to review this.
- Cannabidiol oil is under review for further regulation.
- The Board of Nursing website has been redesigned. It will be user friendly both internally and externally. It is no longer HTML based, allowing board staff to make their own changes.

Welcome of New Board Members

Presenter Dr. Clayton-Jeter

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

All board members provided a brief introduction of themselves.

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
February 25, 2019 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

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.

Public Comment

Discussion

There was no public comment

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.

Executive Directors Report

Presenter Dr. Carter

Board Budget

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

Agency Performance

Dr. Carter stated that it is becoming very difficult for some boards to close cases in the 250 days allotted as they are inundated with an increasing number of cases. This process is currently under review.

New Staff Member

Dr. Carter introduced Rajana Siva as the Board's new Data Analyst.

Board Policies & Procedures

After discussion, a motion was made to approve the Policies & Procedures as provided. Motion was approved and properly seconded. All members in favor, none opposed.

Board Mission Statement

After discussion, a motion was made to move discussion of the boards' mission statement to the May 14, 2019 meeting. All members in favor, none opposed.

Board Bylaws

After discussion, a motion was made to approve the boards Bylaws as provided. On properly seconded motion, the Bylaws were approved unchanged.

Healthcare Workforce Data Center (DHP HWDC)

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation. Attachment 1

- **Lunch break – 11:50 a.m.**
- **Meeting resumed at 12:01 p.m.**

Board Reports

Presenter Dr. Clayton-Jeter

- **Board of Psychology**
  Dr. Stewart provided an overview of the Board since the last meeting. Attachment 2
- **Board of Counseling**
  Dr. Doyle provided an overview of the Board since the last meeting. Attachment 3
- **Board of Veterinary Medicine**
  Dr. Johnson provided an overview of the Board since the last meeting. Attachment 4
- **Board of Social Work**
  Mr. Salay provided an overview of the Board since the last meeting. Attachment 5
- **Board of Pharmacy**
  - Mr. Logan provided an overview of the Board since the last meeting. He stated that the Board completed its review of guidance documents that have not been reviewed or re-adopted in the past 4 years.
  - The Board selected five of the 71 pharmaceutical processor applications received. These processors must be operational by December 2019.
  - The Board worked in collaboration with the Board of Medicine on the NP and PA legislation.
  - An agent must be assigned to receive oils.
- **Board of Nursing**
  - Ms. Minton stated that the Board is very excited about the new website. It will improve office staff efficiency and be more user friendly for the public.
  - HB 793 allows nurse practitioners to practice autonomously with 4,000 NP in Virginia.
  - The Board is working on updating guidance documents.
  - Ms. Saxby is retiring April 1, 2019. A search for her replacement is underway.

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
February 25, 2019 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

- **Board of Medicine**
  - The Board passed approved and passed NP autonomous practice.
  - The Board provided CME for licensees who attended training on prescribing and tapering of opioids.
  - The Board is currently collaborating with the Board of Pharmacy on compounding.
  - Dr. O'Connor stated that complaints are up due to the new "File A Complaint" button on the website
- **Board of Funeral Directors and Embalmers**

  Mr. Jones provided an overview of the Board since the last meeting. Attachment 6
- **Board of Optometry**

  Dr. Clayton-Jeter provided an overview of the Board since the last meeting. Attachment 7
- **Board of Physical Therapy**

  Dr. Jones, Jr. provided an overview of the Board since the last meeting. Attachment 8
- **Board of Audiology & Speech-Language Pathology**

  Dr. King provided an overview of the Board since the last meeting. Attachment 9
- **Board of Dentistry**

  Dr. Watkins provided an overview of the Board since the last meeting. Attachment 10
- **Board of Long Term Care Administrators**

  Dr. Carter provided an overview on behalf of Mr. Kendall. Attachment 11

Election of Officers - Nominating Committee

Presenter Dr. Johnson

Discussion

The Nominating Committee met prior to the December 4, 2018 Full Board meeting to organize a slate of officers. 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. Nominations were open to the floor. With no additional nominations the Board elected by verbal vote Dr. Allen Jones, Jr. as Chair and James Wells as Vice Chair. All members were in favor, none opposed.

New Business

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter asked Ms. Jackson to review the status of the Boards committees. After discussion, Dr. Clayton-Jeter asked interested board members to email Ms. Jackson if they are interested in filling a vacant seat on a committee. Ms. Jackson will notify new board Chair, Dr. Jones, Jr., of individuals interested in serving.

Board of Health Professions
Full Board Meeting
February 25, 2019 at 10:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

May 14, 2019 Full Board Meeting

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as May 14, 2019.

Adjourned

Adjourned 1:02 p.m.

Chair Allen Jones, Jr.

Signature: ______________________________ Date: _____/_____/_____

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

Signature: ______________________________ Date: _____/_____/_____

Virginia Board of Psychology
Board of Health Professions
General Business Meeting
February 25, 2019

Attachment 2

	Licenses/Cert/Reg
Applied	29
Resident	873
School	99
School – Limited	580
Sex Offender Treatment Provider	427
LCP	3640
Total	5648

We have held 1 Formal Hearing in 2018.

Regulatory Changes

Section	**Change**	**Stage**
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to "avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable" includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	NOIRA stage: Under review with the Secretary of Health and Human Resources.
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.	Proposed stage: Under review at the Governor's Office.

Legislation of Interest – 2019 General Assembly Session

HB2228: The bill replaces the requirement that a member of the Board of Psychology be licensed as an applied psychologist with the requirement that that position be filled by a member who is licensed in any category of psychology.

News Updates

The Board published a Guidance Document on Conversion Therapy. It is currently out on Townhall for public comment.

The Board adopted a Telemental Health Guidance Document.

The Board is still looking to pursue PSYPACT and align with the enhance EPPP.

Next Meeting:

April 2, 2019

Virginia Board of Counseling
Board of Health Professions
General Business Meeting
February 25, 2019

Attachment 3

Regulatory Changes

Section	Change	Stage
18VAC115-15, 18VAC115-20, 18VAC115-40, 18VAC115-50, 18VAC115-60	Periodic review of the Board of Counseling Regulations	Pending
18VAC115-50	The amendment will recognize hours acquired in an internship or practicum in doctoral programs accredited by COAMFTE or CACREP as meeting a portion of the hours of supervised residency for licensure.	Fast-Track – Under review with the Attorney General.
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to "Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare" precludes the provision of conversion therapy and to define what conversion therapy is and is not.	NOIRA under review with the Department of Planning and Budget.
18VAC115-20	Provide a pathway for foreign trained graduates in counseling to obtain licensure as a professional counselor in Virginia. The Board intends to adopt language similar to psychology, which provides that graduates of programs that are not within the US of Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation service that allows the board to determine if the program meets the requirements set forth in the regulation.	Proposed under review with Secretary of Health and Human Resources.
18VAC115-20	Acceptance of supervised practicum and internship hours in a doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The intent is to recognize hours acquired in an accredited doctoral programs as meeting a portion of the hours of residency required for licensure.	Final Regulations. Under review with Secretary of Health and Human Resources
18VAC115-20	Requirement for CACREP accreditation for educational programs	Proposed under review with the Attorney General
18VAC115-30	Updating and clarifying CSAC and CSAC-A regulations: The Board intends to amend regulations for certified substance abuse counselors (CSAC) and counseling assistants to clarify portions that have confused applicants, add more specific requirements for supervised practice to better ensure accountability and quality in the experience, add time limits for completion of experience to avoid perpetual supervisees who may continue to practice without passage of an examination and completion of certification, add requirements for continuing education as a requisite for renewal to ensure on-going competency to practice, and place additional standards of practice in regulation to address issues the Board has seen in complaints and disciplinary proceedings and for consistency with other professions in behavioral health.	Final Stage under review with the Department of Planning and Budget.
18VAC-115-70	Regulations for registration of peer recovery specialists promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly	Proposed stage. Comment period under way until 4/5/2019.
18VAC-115-80	Regulations for registration of qualified mental health professionals promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly.	Proposed stage. Comment period under way until 4/5/2019.

	Total Licenses/certifications/registrations
CSAC	1,898
CSAC-A	248
Substance Abuse Trainee	1814
LMFT	898
LPC	5662
ROS (initial and add/change)	8347

QMHP-A	7200
QMHP-C	6472
Peer	204
MFT ROS (initial and add/change)	308
LSATP	243
Substance Abuse Res	5
QMHP Trainee	1383
Rehab Counselor	219
Total	34901

News Updates
The Board completed the grandfather period for QMHPs on December 31, 2018.

The Board proposed a Guidance Document on Conversion Therapy. It will be available on Townhall for public comment.

The Board has an Ad-Hoc Committee on Telemental Health that will meet in May. The goal is to update our guidance document related to telemental health.

The Board is also looking to support the ACA in its efforts to obtain a grant to pursue a interstate compact.

During the General Assembly, two pieces of legislation passed that will impact the Board. HB2693/HB1694 which require the Board to promulgate regulations for the registration of persons receiving supervised training in order to qualify as a QMHP.

HB2282 which directs the Board to promulgate emergency regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

NEXT MEETING: May 31.

Virginia Department of
Health Professions

Virginia Physician Workforce:

2012-2018 Trends

Yetty Shobo, PhD

Board of Health Professions Meeting

February 25, 2019

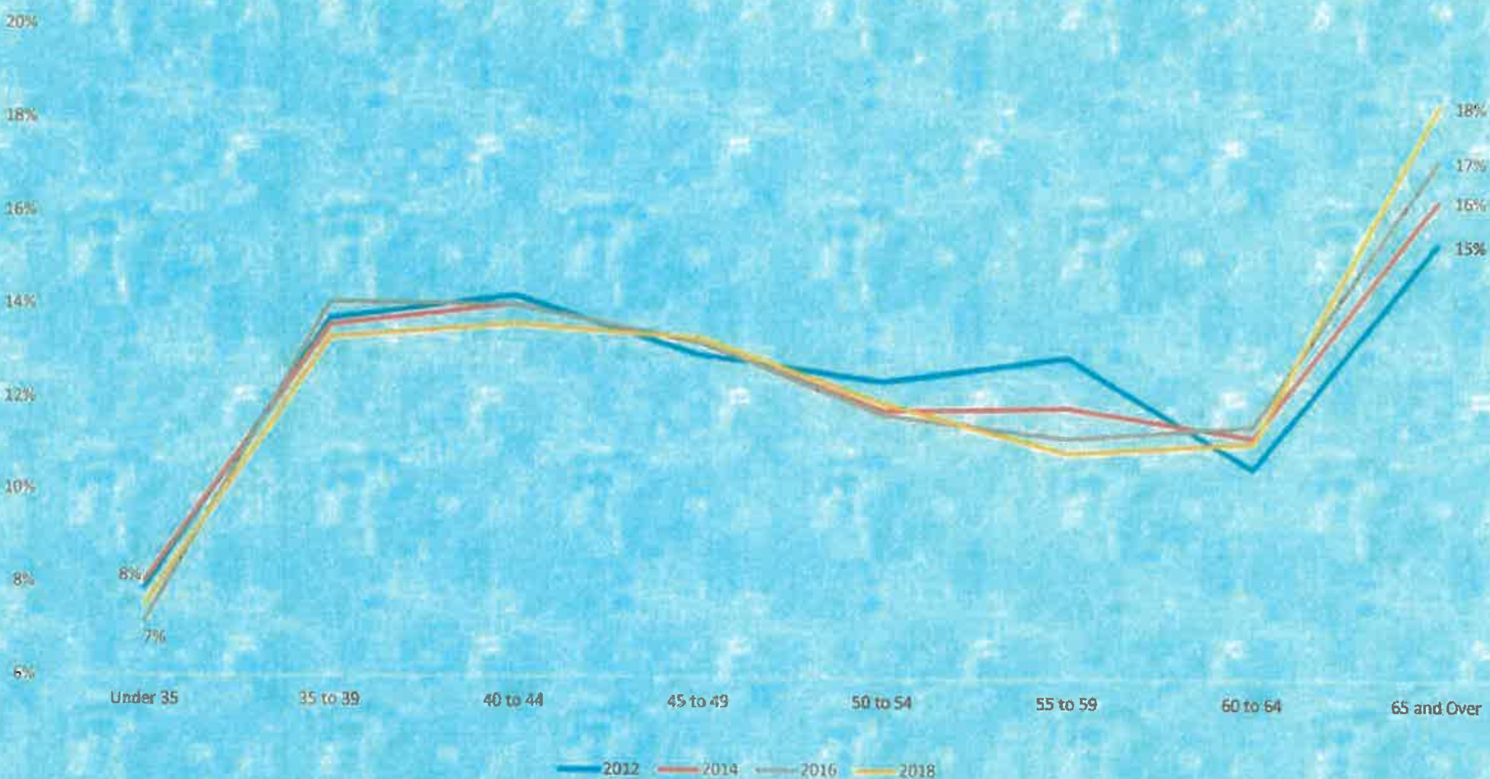
Virginia Department of
Health Professions

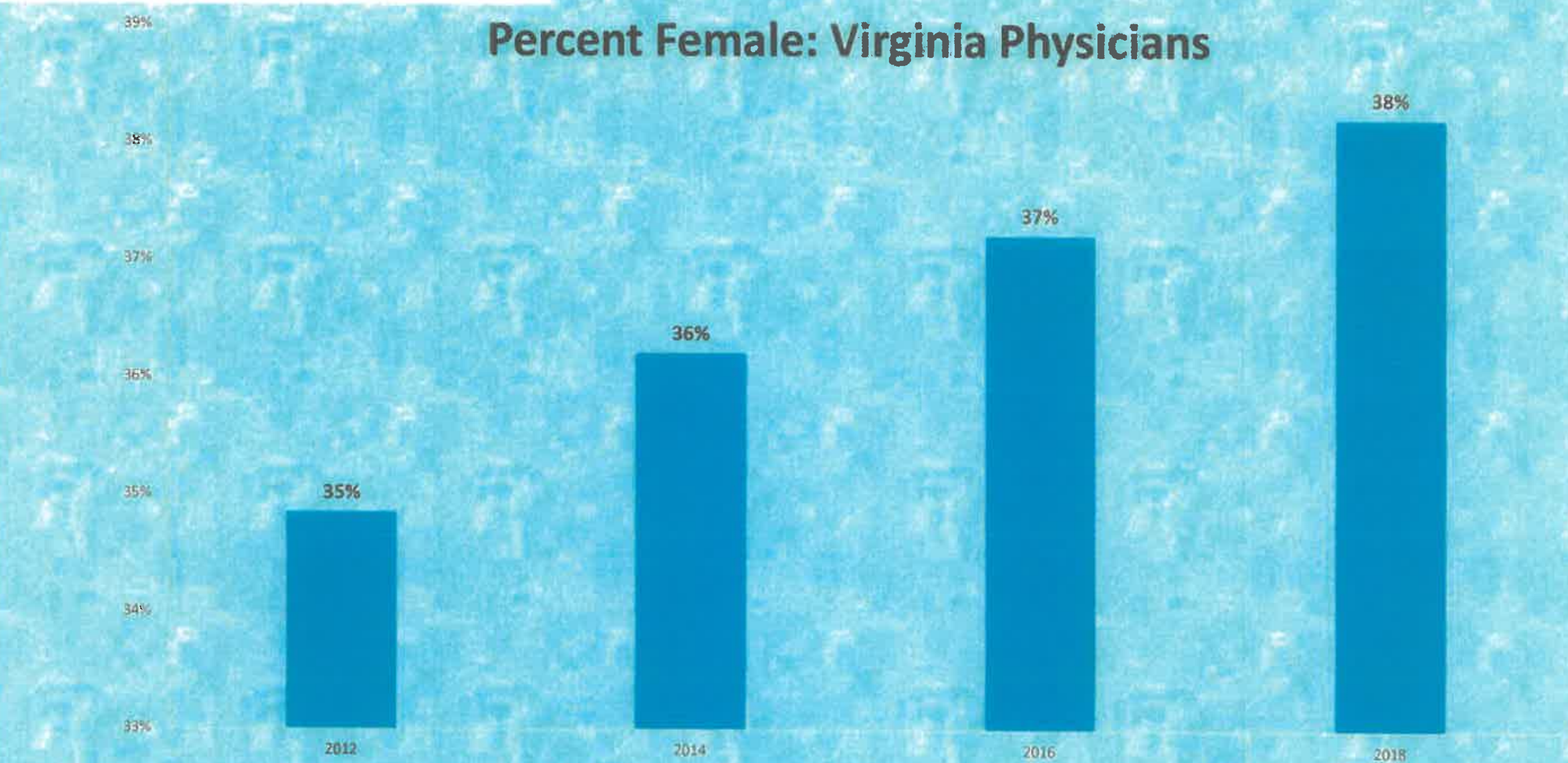
Goal

- Research has found that females and racial/ethnic minorities constitute an increasing proportion of the physician population

- Is this the case in Virginia?
  - Examine trends in physicians' age, gender, and racial diversity

- Also, examine trends in board specialty and trends by gender

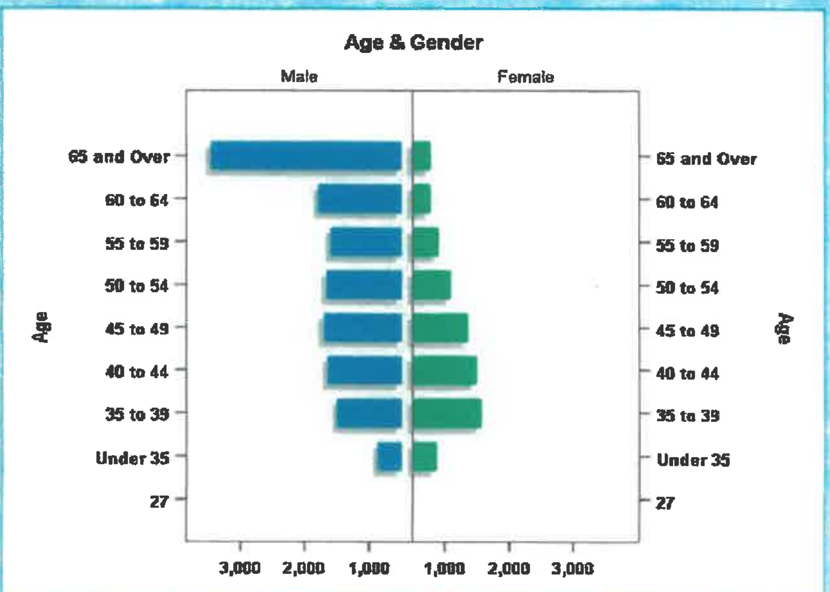

Virginia Department of
Health Professions
Age Distribution
20%
18%
16%
14%
12%
10%
8%
6%
8%
7%
18%
17%
16%
15%
Under 35
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 and Over
2012
2014
2016
2018
Median age is 51; was only 50 in 2014


Virginia Department of
Health Professions
Percent Female: Virginia Physicians
39%
38%
37%
36%
35%
34%
33%
35%
36%
37%
38%
2012
2014
2016
2018

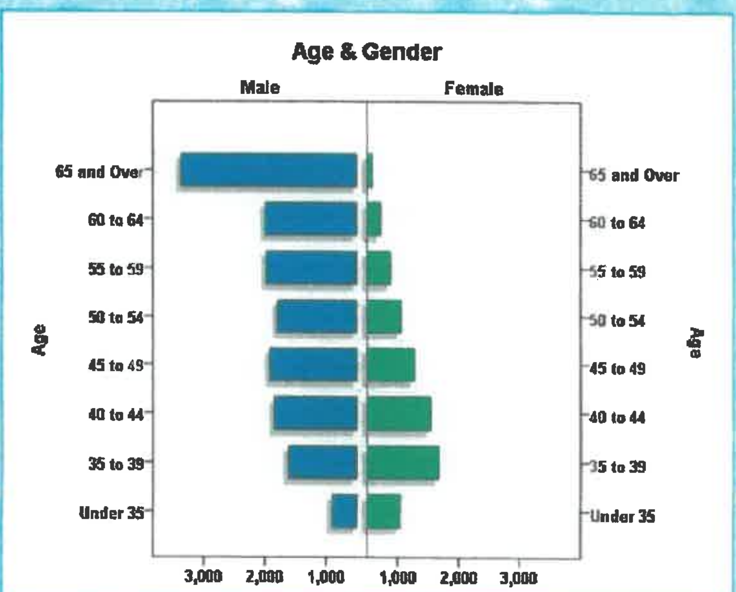
Virginia Department of
Health Professions

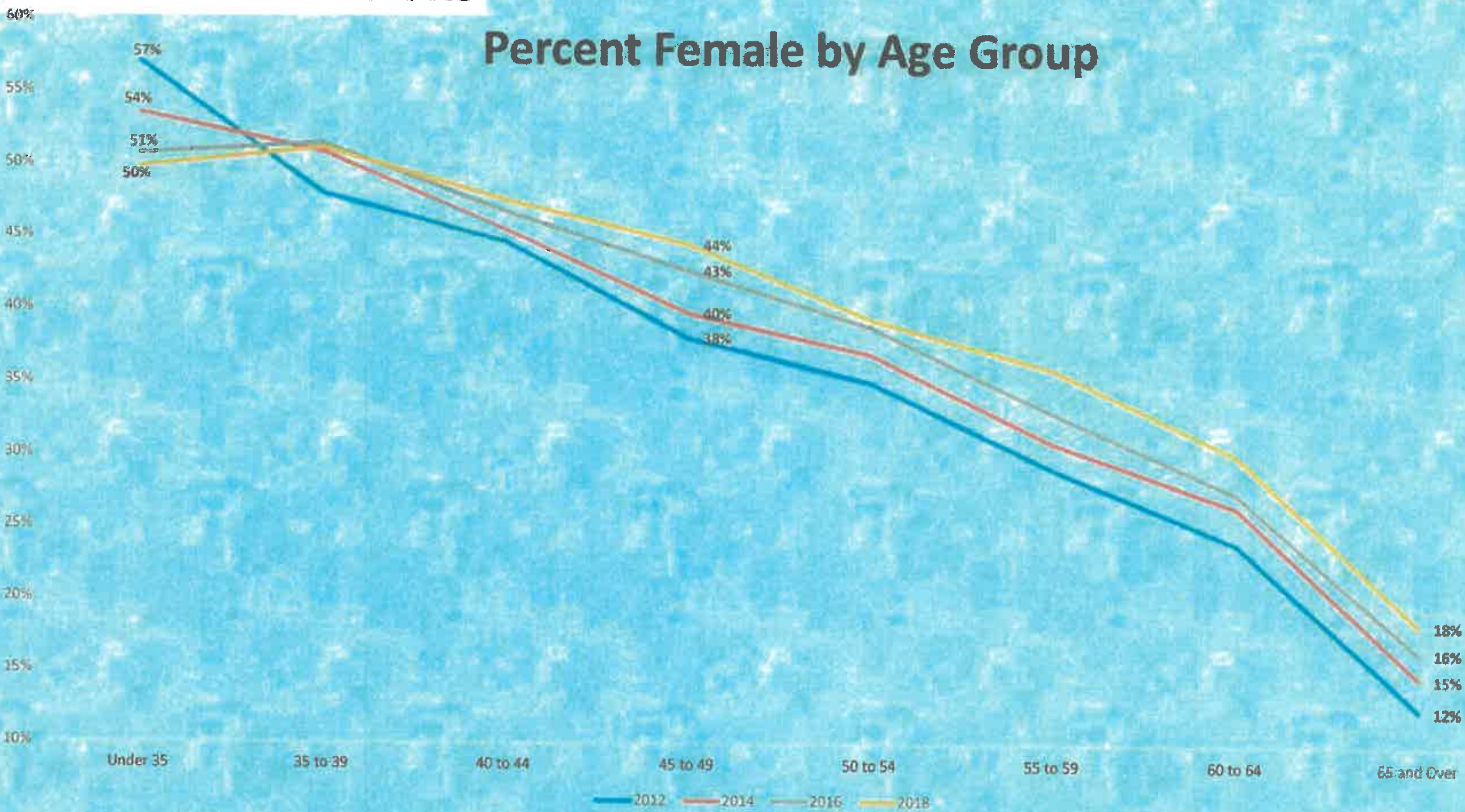
Gender Diversity

2018



2012

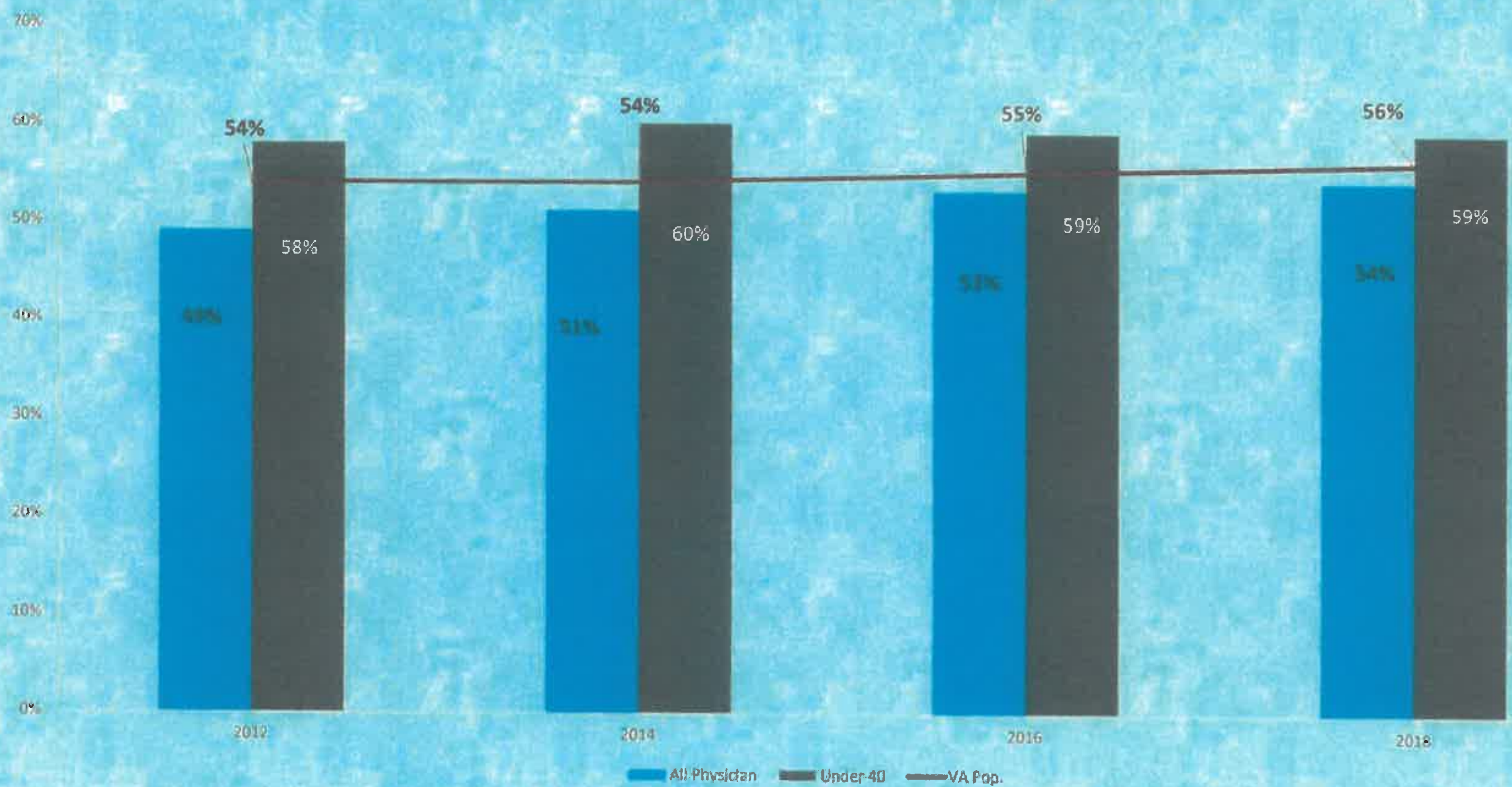


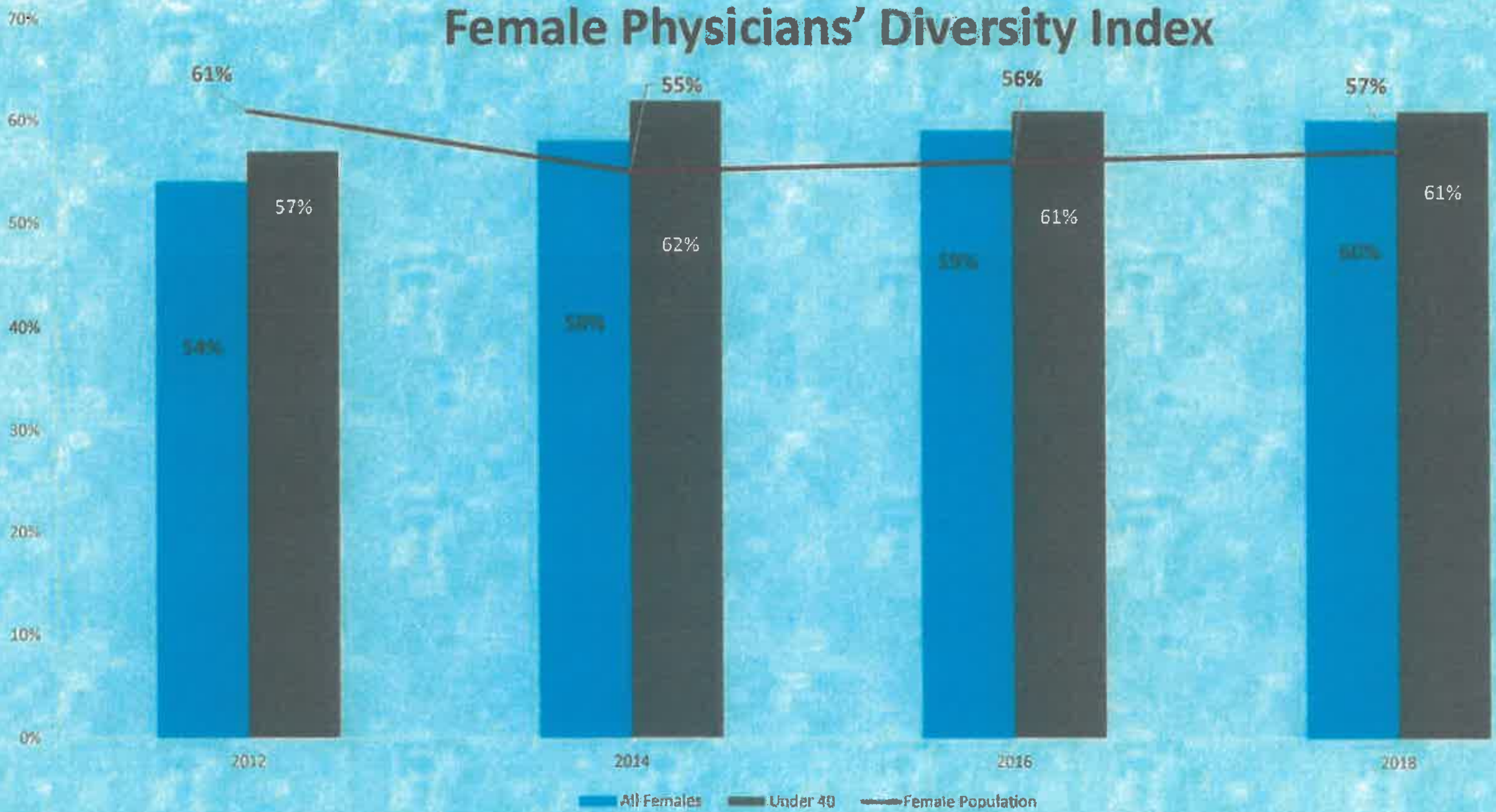

Virginia Department of
Health Professions
Percent Female by Age Group
60%
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
57%
54%
51%
50%
44%
43%
40%
38%
18%
16%
15%
12%
Under 35
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 and Over
2012
2014
2016
2018

Virginia Department of
Health Professions

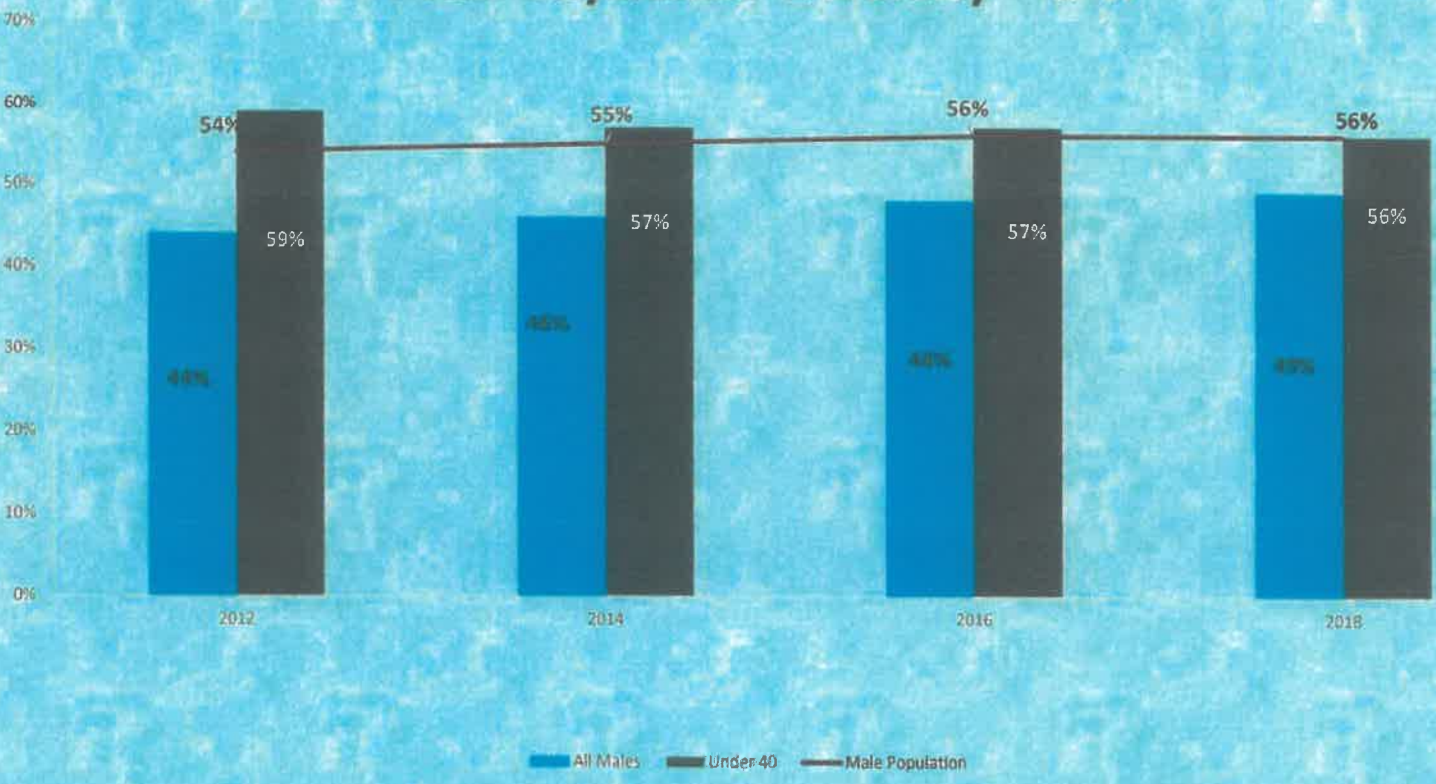
2018 Racial/Ethnic Diversity

	VA Pop.	All Physician	Under 40
White, non-Hispanic	62%	65%	60%
Black, non-Hispanic	19%	8%	7%
Asian	6%	18%	22%
Other Race	0%	4%	4%
Two or More Races	3%	2%	3%
Hispanic of any race	9%	4%	4%
Overall diversity	56%	54%	59%


Virginia Department of
Health Professions
Virginia Physicians' Diversity Index
70%
60%
50%
40%
30%
20%
10%
0%
54%
58%
54%
60%
55%
59%
56%
59%
2012
2014
2016
2018
All Physician
Under 40
VA Pop.



Virginia Department of
Health Professions
Female Physicians' Diversity Index
70%
60%
50%
40%
30%
20%
10%
0%
61%
55%
56%
57%
57%
62%
61%
61%
54%
58%
59%
60%
2012
2014
2016
2018
All Females
Under 40
Female Population


Virginia Department of
Health Professions
Male Physicians' Diversity Index
70%
60%
50%
40%
30%
20%
10%
0%
54%
55%
56%
56%
59%
57%
57%
56%
2012
2014
2016
2018
All Males
Under 40
Male Population

Virginia Department of
Health Professions

Physician Board Certifications

2018	2016	2014	2012
Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine
Family Medicine	Family Medicine	Family Medicine	Family Medicine
Pediatrics	Pediatrics	Pediatrics	Pediatrics
Surgery	Surgery	Surgery	Psychiatry and Neurology
Psychiatry/Neurology	Radiology	Psychiatry/Neurology	Radiology
Emergency Medicine	Psychiatry/Neurology	Emergency Medicine	Anesthesiology
Obstetrics/Gynecology	Emergency Medicine	Obstetrics/Gynecology	Emergency Medicine
Anesthesiology	Anesthesiology	Anesthesiology	All others
Radiology	Obstetrics/Gynecology	Radiology	
Ophthalmology	Pathology	Ophthalmology	

Virginia Department of
Health Professions

2018 Physician Board Certifications by Gender

Males		Females	
2018	2016	2018	2016
Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine
Family Medicine	Surgery	Pediatrics	Pediatrics
Surgery	Family Medicine	Family Medicine	Family Medicine
Psychiatry and Neurology	Radiology	Psychiatry and Neurology	Psychiatry and Neurology
Pediatrics	Psychiatry and Neurology	Obstetrics/Gynecology	Obstetrics/Gynecology
Emergency Medicine	Pediatrics	Emergency Medicine	Radiology
Radiology	Anesthesiology	Anesthesiology	Emergency Medicine
Anesthesiology	Emergency Medicine	Surgery	Surgery
Obstetrics/Gynecology	Obstetrics/Gynecology	Radiology	Pathology
Ophthalmology	Ophthalmology	Dermatology	Anesthesiology

Virginia Department of
Health Professions

Conclusion

- Changes in the age, gender, racial, and specialty composition of Virginia physicians are important
- Significant implications for future healthcare workforce

Virginia Department of Health Professions

DRAFT

Board of Health Professions Regulatory Research Committee Meeting

May 14, 2019
10:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Lisette Carbajal, MPA, Citizen Member Louis R. Jones, Board of Funeral Directors & Embalmers Martha S. Perry, MS, Citizen Member Maribel Ramos, Citizen Member John Salay, MSW, LCSW, Board of Social Work James Wells, RPH, Citizen Member
Absent	All members present
DHP Staff	Elizabeth A. Carter, PhD, Executive Director BHP Laura Jackson, MSHSA, Operations Manager BHP Yetty Shobo, PhD, Deputy Executive Director BHP
Observers	No observers signed in
Speakers	Shelby Reynolds, MT-BC Co-Chair, Virginia Music Therapist State Task Force
Emergency Egress	Dr. Carter

Call to Order

Chair Mr. Wells **Time** 10:03 a.m.

Quorum Quorum established

Public Comment

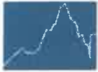
Shelby Reynolds, co-chair of the Virginia Music Therapy State Task Force, thanked the Committee for undertaking the Music Therapist study.

Approval of Minutes

Presenter Mr. Wells

Discussion

The August 23, 2018 committee meeting minutes were approved with no revisions. All members in favor, none opposed.


Virginia Department of Health Professions

DRAFT

Music Therapist Work Plan Review

Presenter Mr. Wells

Discussion

Ms. Jackson reviewed the music therapist study work plan with the Committee. A motion was made by Mr. Jones to accept the work plan, as presented, and properly seconded by Mr. Salay. All members were in favor, none opposed.

A public hearing is scheduled for June 24, 2019 at 9:00 a.m. with a period to accept written comment until July 15, 2019 at 5:00 p.m.

New Business

Presenter Mr. Wells

Discussion

There was no new business.

June 24, 2019 Next Committee Meeting & Public Hearing

Presenter Mr. Wells

Discussion

Mr. Wells announced the next committee meeting to review the first draft version of the Music Therapist sunrise review report and public hearing will be held June 24, 2019 at 9:00 a.m.

Adjourned

Adjourned 10:18 a.m.

Chair James Wells, RPh

Signature: ______________________________ Date: _____/_____/_____

Board Executive Director Elizabeth A. Carter, PhD

Signature: ______________________________ Date: _____/_____/_____

Virginia Department of
Health Professions

STUDY WORK PLAN
Need for Regulation of the Practice of Music Therapy in Virginia
May 14, 2019

Background, Authority & Scope

Section 54.1-2510 of the *Code of Virginia* authorizes the Virginia Board of Health Professions to advise the Governor, the General Assembly, and the Department Director on matters related to the regulation and level of regulation of health care occupations and professions in the Commonwealth.

The Board is conducting this study into the need to regulate music therapists and the practice of music therapy in the Commonwealth pursuant to SB1547(2019).[1] If regulation is deemed necessary, the Board will also recommend the appropriate level of regulation.

Methodology

The Board has adopted a formal evaluative criteria and methodology to guide all such reviews as set forth in its published *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 1998.* (Guidance Document 75-2 accessible at http://www.dhp.virginia.gov/bhp/guidelines/75-2.doc). Referred to hereinafter as "the Criteria," these policies and procedures provide a standard conceptual framework with proscribed questions and research methods that have been employed for over two decades to objectively inform key policy issues related to health professional regulation. This standard is in keeping with regulatory principles established in Virginia law and is accepted in the national community of regulators. The approach is designed to lead to consideration of the least governmental restrictions possible that is consistent with the public's protection.

The Criteria address:

1. Risk of Harm to the Consumer
2. Specialized Skills and Training
3. Autonomous Practice
4. Scope of Practice
5. Economic Impact
6. Alternatives to Regulation
7. Least Restrictive Regulation

The Regulatory Research Committee (Committee) will prepare the report for consideration by the Full Board. The Board's report with recommendations will be forwarded to the Department's Director for further review and comment prior to publication.

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[1] See Appendix

The following steps are recommended for this review:

1. Conduct a comprehensive review of the pertinent policy and professional literature.
2. Review and summarize available relevant empirical data as may be available from pertinent research studies, malpractice insurance carriers, and other sources.
3. Review relevant federal and state laws, regulations and governmental policies.
4. Review other states' relevant experiences with scope and practice.
5. Develop a report of research findings, to date, and solicit public comment on reports and other insights through public hearing and written comment period.
6. Publish second draft of the report with summary of public comments.
7. Develop final report with recommendations, including proposed legislative language as deemed appropriate by the Committee.
8. Present final report and recommendations to the Full Board for review and approval.
9. Board report to the Director and Secretary for review and comment.
10. Final report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions.
11. Publish final report.

Timetable and Resources

This study will be conducted with existing staff and within the budget for FY2019-20 and according to the following tentative timetable:

Date	Meeting
05/14/2019	**BHP Regulatory Research Committee Meeting** • Draft work plan review **BHP Full Board Meeting** • Approval of work plan
6/24/2019	**BHP Regulatory Research Committee Meeting** • Review 1st draft report • Public Hearing and Written Comment Period (21 days) o Closed July 15, 2019 at 5:00 p.m.
07/31/2019	**BHP Regulatory Research Committee Meeting** • Review 2nd draft report
08/20/2019	**BHP Regulatory Research Committee Meeting** • Final review and recommendations **BHP Full Board Meeting** • BHP Regulatory Research Committee report to Full Board for consideration
09/16/2019	**Full Board report to the Director for review and comment**
11/01/2019	**Final report due to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions.**
11/1/2019	**Publish final report**

2019 SESSION

SENATE SUBSTITUTE

19106234D

1 **SENATE BILL NO. 1547**
2 AMENDMENT IN THE NATURE OF A SUBSTITUTE
3 (Proposed by the Senate Committee on Education and Health
4 on January 31, 2019)
5 (Patron Prior to Substitute—Senator Vogel)

6 *A BILL to amend the Code of Virginia by adding in Article 4 of Chapter 29 of Title 54.1 a section*
7 *numbered 54.1-2957.23, relating to music therapists.*
8 **Be it enacted by the General Assembly of Virginia:**
9 **1. That the Code of Virginia is amended by adding in Article 4 of Chapter 29 of Title 54.1 a**
10 **section numbered 54.1-2957.23 as follows:**
11 ***§ 54.1-2957.23. Music therapy; use of title; registration.***
12 *A. No person shall use or assume the title "music therapist" unless such person is registered with the*
13 *Board.*
14 *B. The Board shall register as a music therapist any applicant who presents satisfactory evidence*
15 *that he has passed the examination for board certification offered by the Certification Board for Music*
16 *Therapists or any successor organization or is currently certified by the Certification Board for Music*
17 *Therapists or any successor organization.*
18 **2. That the provisions of the first enactment of this act shall expire on July 1, 2020.**
19 **3. That the Board of Health Professions shall, pursuant to subdivision 2 of § 54.1-2510 of the Code**
20 **of Virginia, evaluate whether music therapists and the practice of music therapy should be**
21 **regulated and the degree of regulation to be imposed. The Board of Health Professions shall**
22 **report the results of its evaluation to the Chairmen of the Senate Committee on Education and**
23 **Health and the House Committee on Health, Welfare and Institutions by November 1, 2019.**

1/31/19 18:41

SENATE SUBSTITUTE

SB1547S1

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
May 14, 2019 at 11:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

DRAFT

In Attendance	Lisette P. Carbajal, MPA, Citizen Member
	Sahil Chaudhary, Citizen Member
	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
	Louis R. Jones, FSL, Board of Funeral Directors and Embalmers
	Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
	Trula E. Minton, MS, RN, Board of Nursing
	Kevin O'Connor, MD, Board of Medicine
	Martha S. Rackets, PhD, Citizen Member
	Maribel Ramos, Citizen Member
	John M. Salay, MSW, LCSW, Board of Social Work
	Herb Stewart, PhD, Board of Psychology
	James Wells, RPh, Citizen Member
Absent	Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
	Derrick Kendall, NHA, Board of Long-Term Care Administrators
	Ryan Logan, RPh, Board of Pharmacy
	James D. Watkins, DDS, Board of Dentistry
DHP Staff	Barbara Allison-Bryan, Chief Deputy Director DHP
	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Lisa Hahn, Chief Operation Officer DHP
	Jaime Hoyle, JD, Executive Director for the Behavioral Sciences Boards
	Laura L. Jackson, MSHSA, Operations Manager BHP
	Leslie Knachel, Executive Director Boards of Optometry, Audiology & Speech-Language Pathology and Veterinary Medicine
	Sandy Reen, Executive Director, Board of Dentistry
	Yetty Shobo, PhD, Deputy Executive Director BHP
	Corie Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long Term Care and Physical Therapy
Speakers	No speakers signed-in
Observers	Jerry Gentile, DPB
	W. Scott Johnson, Hancock Daniel

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting

May 14, 2019 at 11:00 a.m.
Board Room 4
9960 Mayland Dr., Henrico, VA 23233

DRAFT

Emergency Egress Elizabeth A. Carter, PhD

Call to Order

Chair: Dr. Jones, Jr. **Time** 11:00 a.m.

Quorum Established

Approval of Minutes

Presenter Dr. Jones, Jr.

Discussion

A motion to accept the meeting minutes from the February 25, 2019 Full Board was made by Dr. Stewart and properly seconded. All members were in favor, none opposed.

Public Comment

Presenter Dr. Jones, Jr.

Discussion

There was no public comment.

Directors Report

Presenter Dr. Allison-Bryan

Discussion

- Dr. Allison-Bryan reported that the Board of Nursing is the first to showcase the agencies webpage redesign.
- Agency Studies: SB1547 Music Therapist and Delegate Tran's request for review of Virginia's ability to utilize foreign trained providers.
- Dr. Allison-Bryan discussed that the Board of Pharmacy has approved five conditional permits for cannabidiol oil extraction. Regulations are still pending.
- Four telemedicine bills are in the process of review. DHP is to convene a workgroup to discuss the issues driving these requests.
- A new point-of-sale medication disposal drop box is a turnkey solution making it easy and affordable for locally owned pharmacies to provide their customers free, intuitive, point-of-sale medication disposal, which will help curtail the local crisis of addiction. The first independent pharmacy in the state to take delivery of the drop box is Market Street Pharmacy in New Castle, VA.

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
May 14, 2019 at 11:00 a.m.
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Invited Presentations

Presenter Megan Healy, Chief Workforce Development Advisor

Discussion

Dr. Healy provided a PowerPoint presentation regarding Virginia's workforce. She discussed the size of Virginia's labor pool; areas where there are skills gaps; and that many Virginian's are underemployed.

Welcome New Board Member

Presenter Dr. Jones, Jr.

Discussion

Dr. Jones. Jr. welcomed new board member Sahil Chaudhary. All board members provided a brief introduction of themselves.

Legislative and Regulatory Report

Presenter Dr. Allison-Bryan

Discussion

Dr. Allison-Bryan advised the Board of updates to the laws and regulations that affect DHP.

Board Chair Report

Presenter Dr. Jones, Jr.

Discussion

Dr. Jones, Jr. discussed with the Board that plaques were no longer provided to outgoing Board Chairs as a cost saving factor a number of years ago. He stated that the Board now appears to have sufficient funding to accommodate the purchase of such plaques and that this practice should be reinstated. Mr. Wells moved that the Board should purchase a plaque for Dr. Clayton-Jeter, the most recent outgoing board Chair, and all board Chairs going forward. The motion was approved and properly seconded. All members were in favor, none opposed.

Executive Directors Report

Presenter Dr. Carter

Board Budget

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

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
May 14, 2019 at 11:00 a.m.
Board Room 4
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Agency Performance

Dr. Carter reported that Ms. Siva continues to handle the Weekly Open Case report and is monitoring the boards' progress in addressing "old" open cases, and has posted the Q3 quarterly reports.

Legislative Proposal-Dietitians and Nutritionists

Dr. Carter discussed the necessary amendment of 54.1-2731, relating to the use of the terms dietitian and nutritionist. Item 6 under section B is to be stricken. After discussion, the board approved the requested change.

SRP Version 2

The initial focus will only be on the Board of Nursing update and also address cases closed with Advisory Letters and Confidential Consent Agreements. Dr. Carter will draft the work plan. On properly seconded motion, Mr. Wells moved for the Board to approve the work plan development with the work to begin in FY2020. All members were in favor, none opposed.

Communications

Ms. Powers requested that the Education Committee assist the agency with a new social media initiative. She stated that the agency is seeking ways to expand information outreach that drives people back to our website, while promoting transparency. A summer intern will be starting in June and will be assisting with this project. It is projected to take approximately two weeks to complete. Meetings will be held by phone. The motion by Ms. Minton to have the Education Committee assist DHP's Communications Director in this social media endeavor was approved and properly seconded. All members in favor, none opposed.

-Lunch Break at 12:27 p.m.

Board Mission Statement

Presenter Dr. Carter

Discussion

The discussion of revising the Board's mission statement was carried over from the February 25, 2019 meeting. After discussion, a motion was made by Dr. Stewart to table the discussion on the Mission Statement Guidance Document and form a Task Force to work out the details. The Task Force will meet telephonically and share information digitally. The motion was properly seconded with all members in favor, none opposed.

Virginia Department of
Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
May 14, 2019 at 11:00 a.m.
Board Room 4
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Healthcare Workforce Data Center (DHP HWDC)

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation. Attachment 1

Committee Reports

Presenter Mr. Wells

Discussion

Mr. Wells shared with the Board that the Regulatory Research Committee met at 10:00 a.m., prior to the Full Board meeting, to review the study draft work plan for the Need for Regulation of the Practice of Music Therapy in Virginia. He advised that the committee approved the work plan as presented. The next meeting is scheduled for June 24, 2019 with a review of the first draft of the report as well as a public hearing to receive comment.

Board Reports

Presenter Dr. Jones, Jr.

- **Board of Veterinary Medicine**
  Dr. Johnson provided an overview of the Board since the last meeting. Attachment 2
- **Board of Social Work**
  Mr. Salay provided an overview of the Board since the last meeting. Attachment 3
- **Board of Physical Therapy**
  Dr. Jones, Jr. provided an overview of the Board since the last meeting. Attachment 4
- **Board of Audiology & Speech-Language Pathology**
  Dr. King provided an overview of the Board since the last meeting. Attachment 5
- **Board of Psychology**
  Dr. Stewart provided an overview of the Board since the last meeting. Attachment 6
- **Board of Medicine**
  Dr. O'Connor provided information regarding applicant satisfaction; upcoming elections for the Board in June; his attendance at the April FSMB annual meeting held in Texas; licensing of international providers; and discussed different factors affecting late career practitioners.
- **Board of Optometry**
  Dr. Clayton-Jeter provided an overview of the Board since the last meeting. Attachment 7
- **Board of Funeral Directors and Embalmers**
  Mr. Jones provided an overview of the Board since the last meeting. Attachment 8

Board of Health Professions
Full Board Meeting
May 14, 2019 at 11:00 a.m.
Board Room 4
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DRAFT

- **Board of Nursing**

  Ms. Minton stated that the Board is very excited about the new website; she discussed probable cause review; NCLEX review; NP autonomous practice; DNR orders and mental health and substance abuse. Ms. Minton expressed that her term expires June 30, 2019 and that she has enjoyed her time serving on the Board.
- **Board of Long Term Care Administrators**

  Dr. Carter provided an overview on behalf of Mr. Kendall. Attachment 9
- **Board of Dentistry**

  Dr. Carter provided an overview on behalf of Dr. Watkins. Attachment 10
- **Board of Counseling**

  Dr. Doyle was not present. No report was provided.
- **Board of Pharmacy**

  Mr. Logan was not present. No report was provided.

New Business

Presenter Dr. Jones, Jr.

Dr. Jones, Jr. discussed the importance of wearing the Seal of Virginia lapel pin that is provided to each newly appointed board member. It was determined that several board members have not received a lapel pin and it was asked that Ms. Jackson determine how this matter can be resolved.

August 20, 2019 Full Board Meeting

Presenter Dr. Jones, Jr.

Dr. Jones, Jr. announced the next Full Board meeting date as August 20, 2019.

Adjourned

Adjourned 1:52 p.m.

Chair Allen Jones, Jr.

Signature: ______________________________ Date: _____/_____/_____

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

Signature: ______________________________ Date: _____/_____/_____

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 13, 2019

TIME AND PLACE:	The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., February 13, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
MEMBERS PRESENT:	Marie Gerardo, MS, RN, ANP-BC; Chair Louise Hershkowitz, CRNA, MSHA Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN Kevin O'Connor, MD Kenneth Walker, MD
MEMBERS ABSENT:	Lori Conklin, MD
ADVISORY COMMITTEE MEMBERS PRESENT:	Kevin E. Brigle, RN, NP Mark Coles, RN, BA, MSN, NP-C Wendy Dotson, CNM, MSN Thokozeni Lipato, MD Janet L. Setnor, CRNA
STAFF PRESENT:	Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing Huong Vu, Executive Assistant; Board of Nursing
OTHERS PRESENT:	Charis Mitchell, Assistant Attorney General; Board Counsel David E. Brown, DO; Department of Health Professions Director Barbara Allison-Bryan, MD; Department of Health Professions Chief Deputy Elaine Yeatts, Senior Policy Analyst, Department of Health Professions William L. Harp, MD, Executive Director; Board of Medicine
IN THE AUDIENCE:	Jacquelyn Wilmoth, RN, MSN; Board of Nursing Education Program Manager Leila Claire Morris, RN, LNHA; Board of Nursing RN Discipline Case Manager Marie Molnar, Board of Nursing Licensing Supervisor Joseph Corley, Board of Nursing Licensing Specialist
INTRODUCTIONS:	Committee members, Advisory Committee members and staff members introduced themselves.

DRAFT

ESTABLISHMENT OF A QUORUM:
Ms. Gerardo called the meeting to order and established that a quorum was present.

ANNOUNCMENT:
Ms. Gerardo noted the announcement as presented in the Agenda:

- NCSBN APRN Rountable Meeting is scheduled for April 9, 2019 in Rosemont, IL – Ms. Hershkowitz, Ms. Douglas and Dr. Hills are scheduled to attend
- NCSBN APRN Compact Consensus Meeting is scheduled for April 10, 2019 in Rosemont, IL – Ms. Hershkowitz and Ms. Douglas will attend

REVIEW OF MINUTES:
The minutes of the October 10, 2018 Business Meeting and Informal Conference were reviewed. Ms. Hershkowitz moved to accept all of the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:
There was no public comment received.

DIALOGUE WITH AGENCY DIRECTOR:
Dr. Brown reported the following:

- DHP will be unveiling the new and improved website soon starting with the Board of Nursing website.
- Legislation:

SB1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol (THC-A) oil, regulation of pharmaceutical – production of cannabidiol oil is regulated by the Board of Pharmacy and a person can possess the oil if it is certified by physicians for any conditions. This year the bill will include authorization for licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations.

HB 1839 Industrial Hemp; Federal Farm Bill - conforms Virginia law to the provisions of the federal 2018 Farm Bill by amending the definitions of cannabidiol oil, marijuana, and tetrahydrocannabinol (THC) to exclude industrial hemp in the possession of a registered person, hemp products, or an oil containing no more than 0.3% THC. The bill defines "industrial hemp" as any part of the plant *Cannabis sativa* that has a concentration of THC that is no greater than that allowed by federal law, and it defines "hemp product" as any finished product that is otherwise lawful and that contains industrial hemp. He added that DHP is involved in the development of regulations and this is an ongoing discussion.

HB 1970 Telemedicine Services; payment and coverage of services – requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. Dr. Brown added that a workgroup with broad stakeholders will convene to review and make recommendations. Ms. Hershkowitz asked who will be on the workgroup. Dr. Brown assumes representatives from regulatory community, experts in telemedicine, representatives from Southwest Virginia, and northern Virginia representatives from the Medical Society of Virginia.

POLICY FORUM:

Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. She added that approximately half of all nurse practitioners (NPs) have access to the survey in any given year.

Virginia's Licensed Nurse Practitioner Workforce: 2018
Dr. Shobo provided a summary of this report which will be posted on the DHP website upon approval.

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty
A revised version of this report was provided at the meeting. Dr. Carter noted that this is a special report created for the Committee of the Joint Boards of Nursing and Medicine which uses data from the 2017 and 2018 Nurse Practitioners Survey. Dr. Carter added that the 2017 survey occurred between October 2016 and September 2017; the 2018 survey occurred between October 2017 and September 2018. She commented that the survey was available to all renewing NPs who held a Virginia license during the survey period and who participated in the online renewal process.

Dr. Shobo provided a summary of this report which will be posted on the DHP website upon approval.

Drs. Carter and Shobo offered to answer questions from the Committee members regarding the reports.

Dr. Walker asked why only 68% of NPs responded to the survey and not all renewal NPs. Dr. Carter noted that the survey is voluntary not mandatory. Ms. Douglas added that the Board appears to make it clear that licensees need to complete the survey. Ms. Douglas noted that staff can review the survey questions internally.

Ms. Setnor asked how the data are collected. Dr. Carter stated that nurses renew their RN and NP licenses at the same time but only completing the survey after RN license renewal. Ms. Setnor suggested requesting NPs to complete the survey for the renewal of NP license only. Dr. Carter said staff can take that into consideration.

Ms. Gerardo asked why the duplicative information in the RN survey is not populated into the NP survey. Dr. Carter replied that the current system does not populate the survey from RN to NP.

Dr. Hahn asked if a combined survey is available if you are an RN, NP or CRNA. Dr. Shobo said it is worth looking into.

Ms. Dotson suggested to encourage licensees to complete the survey if they are working as NPs instead of completing RN survey.

Ms. Hershkowitz asked if it is possible to get the data of demand side. Dr. Carter said staff can look into it.

Mr. Coles commented that the Virginia Council of Nurse Practitioners thinks that the data are very useful.

With no additional questions asked, Dr. Hahn moved to approve the reports for posting. The motion was seconded and carried unanimously.

LEGISLATION/ REGULATIONS:

B1 Regulatory Update:
Ms. Yeatts reviewed the chart of regulatory actions as of February 5, 2019 provided in the Agenda.

B2 Consideration of Comments received for NOIRA Autonomous Practice and Adoption of Proposed Regulations to Replace Emergency Regulations
Ms. Yeatts said that the proposed regulations identical to current emergency regulations are presented for the Committee's action. Ms. Yeatts added that there was no comment on the NOIRA as of February 5, 2019.

Ms. Hershkowitz moved to recommend adoption of proposed regulations to the Boards of Medicine and Nursing as presented. The motion was seconded and passed unanimously.

B3 General Assembly 2019 Report
Ms. Yeatts reviewed the report as provided in the Agenda noting:

HB 2228 – alters the composition of the Board of Nursing for the third LPN position which can be an RN and replaces the requirement that the

Board of Nursing meet each January with the requirement to meet at least annually.

HB 2557 – classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern.

HB 2559 – provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. Ms. Yeatts added that the Committee of the Joint Boards of Nursing and Medicine will consider this at a later date.

SB 1439 – authorizes the Board of Medicine to discipline practitioners when failure to file a medical certification of death electronically through the Electronic Death Registration System.

SB 1778 – this conversion therapy bill was referred back to the legislative committee which no longer meeting

Dr. O'Connor asked for clarification on the meaning of "Engrossed." Ms. Yeatts said that Engrossed means the bill is in a form that is ready for the body to vote and any amendments have been incorporated into the bill.

NEW BUSINESS:

Board of Nursing Executive Director Report:

- **NBCSN APRN Compact** – Ms. Douglas said that three states have passed legislation regarding the APRN Compact. She added that the NCSBN Board of Directors established a task force to review the APRN Compact due to conflicts between state laws and compact language.
- **Virginia Council of Nurse Practitioners (VCNP)** – Ms. Douglas state that she and Dr. Hills have been invited to present a regulatory update to include Autonomous Practice at the VCNP annual state conference on March 8, 2019.
- **Virginia Association of Nurse Anesthetist (VANA) Conference** – Ms. Douglas attended the VANA conference on January 23, 2019; Ms. Hershkowitz was also in attendance. At the request of participants, Ms. Douglas provided an overview on how the Committee of the Joint Boards functions.

Review of Guidance Documents (GDs):

Ms. Douglas said that the following GDs are presented to the Committee as part of a periodic review for a recommendation to amend or readopt without changes.

C1 GD 90-33: Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR orders)
Ms. Douglas noted the addition ***bold italic underlined*** languages have been added to GD 90-33 for consideration by the Committee.

Ms. Hershkowitz moved to adopt the amended GD 90-33 as presented. The motion was seconded and carried unanimously.

C2 GD 90-53: Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases
Ms. Douglas stated no change was recommended for GD 90-53.

Dr. O'Connor moved to readopt GD 90-53 as presented. The motion was seconded and carried unanimously.

Status of Implementation HB793 Autonomous Practice Process:
Ms. Willinger reported the following:

- Applications went live on January 7, 2019, along with a link to laws and regulations
- The Board sent a blast email to nurse practitioners and stakeholders in October 2018
- As of February 8, 2019, 146 applications have been received and 44 nurse practitioners have been issued Autonomous Practice Authority; no issues identified yet. (4,000 NPs are eligible based on years of licensure)
- Not many questions received from the public regarding how to complete the process
- Good feedback received so far
- It takes about 24 to 48 hours after issuing for the designation to show up on License Lookup

Ms. Gerardo asked the length of time it takes from application to licensing. Ms. Willinger said about two to three weeks.

Dr. O'Connor asked if staff have the sense of geography. Ms. Willinger said not at the moment. Ms. Douglas added that currently staff is working on establishing the application process at this time. Mr. Coles notes that VCNP will be interested in the data if available. Ms. Douglas indicated that as required in the enactment clause, additional data will be collected regarding practice locations.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 10:32 A.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Agenda Item: **Regulatory Actions**

Staff Note: Ms. Yeatts will speak to the Board of Medicine actions underway.

Action: None.

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of June 5, 2019

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Result of periodic review [Action 5167] Fast-Track - *At Governor's Office for 68 days*
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Supervision and direction for laser hair removal [Action 4860] Final - *At Governor's Office for 7 days*
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Result of periodic review [Action 5168] Fast-Track - *At Governor's Office for 68 days*
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	Result of periodic review [Action 5169] Fast-Track - *Register Date: 6/24/19 Effective: 8/8/19*
[18 VAC 85 - 120]	Regulations Governing the Licensure of Athletic Trainers	Result of periodic review [Action 5170] Fast-Track - *Register Date: 6/24/19 Effective: 8/8/19*

Board of Medicine
Regulatory/Policy Actions – 2019 General Assembly

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB1952	Patient care team – PAs	Medicine	6/13/19 or 8/2/19 (signed 2/22)	**11/25/19**
HB2559	Waiver for electronic prescribing	Medicine	6/13/19 or 8/2/19 (signed 3/21)	**12/24/19**

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB2457	Retiree license	Medicine	NOIRA – 6/13/19	?

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1970	Department	Review of telehealth; practice by adjacent physicians	11/1/19
HB2169	Medicine	Review/revision of application content & process to identify & expedite military spouse apps	7/1/19
SB1557	Medicine/Pharmacy/Department	Inclusion of NPs and PAs for registration to issue certifications Participation in workgroup to study oversight organization	7/1/19
SB1760 (not passed)	Department (Medicine)	Study of Xrays in spas – VDH	11/1/19
HJ682 (not passed)	Department	Study of foreign-trained physicians to provide services in rural areas	11/1/19

Future Policy Actions:

HB793 (2018) - (2) the Department of Health Professions, by **November 1, 2020**, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by **November 1, 2021**.

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

Agenda Item: Response to petition for rulemaking

Included in your agenda package:

- Copy of petition from Dr. Luke Vetti
- Copy of comments on petition
- Sections of regulation requested for amendments

Staff note:

Recommendation of the Legislative Committee was to the Board to initiate rulemaking and adopt amendments by a fast-track action.

Board action:

1) Accept recommendation of the Committee and initiate rulemaking; or
2) Deny petitioner's request for amendments.

COMMONWEALTH OF VIRGINIA
Board of Medicine

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4600 (Tel)
(804) 527-4426 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)
Vetti, Luke, T

Street Address 611 Watkins Centre Parkway, Ste. 170	**Area Code and Telephone Number** 804-837-4144	
City Midlothian	**State** VA	**Zip Code** 23114
Email Address (optional) lvetti@aol.com	**Fax (optional)**	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

   "Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic, 18 VAC 85-20-10 et. seq., specifically 18 VAC85-20-141 "Licensure by endorsement," section 4, and 18VAC85-20-350 "Informed consent," section B.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

We would like American Board of Podiatric Medicine (ABPM) added to the regulations as this board is recognized by the Council on Podiatric Medicine and the American Podiatric Medical Association for board certification, and as more podiatrists get certified by ABPM we would like it to be included in the regulations.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

   We cite 54.1-2400 of the Code of Virginia giving the Board of Medicine the ability to make these changes.

Signature: [signature] Date: March 19, 2019

Logged in as
Elaine J. Yeatts

Agency Department of Health Professions

Board Board of Medicine

Chapter
Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic [18 VAC 85 - 20]

All good comments for this forum Show Only Flagged

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Commenter: Ushita Patel, DPM 5/7/19 10:55 am

Support for the inclusion of the American Board of Podiatric Medicine in VA regulations

I am writing to express my support for the inclusion of the American Board of Podiatric Medicine (ABPM) in Chapter 18 VAC 85-20 "Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic." ABPM is one of the two boards recognized by the American Podiatric Medical Association and the Council for Podiatric Medical Education to provide board certification for podiatrists, and it would be appropriate to include it. Please let me know if you have any questions.

Commenter: James Baldwin, DPM 5/7/19 2:59 pm

American Board of Podiatric Medicine

I am writing to express my support for the inclusion of the American Board of Podiatric Medicine (ABPM) in Chapter 18 VAC 85-20 "Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic." ABPM is one of the two boards recognized by the American Podiatric Medical Association and the Council for Podiatric Medical Education to provide board certification for podiatrists, and it would be appropriate to include it. Currently, the American Board of Multiple Specialties in Podiatry is listed on the VAProvider.com website as a recognized board, however, this board is not recognized by the American Podiatric Medical Association and the Council for Podiatric Medical Education.

Thank you for your consideration,

Dr. James B Baldwin

Commenter: Tamaika Floy 5/13/19 2:23 pm

Comment in support of inclusion of ABPM in VA regulations

I am commenting in support of the inclusion of the American Board of Podiatric Medicine in Chapter 18 VAC 85-20 as ABPM is recognized by the American Podiatric Medical Association as well as the Council of Podiatric Medical Education. Please contact if further comment is need or if there are any questions.

18VAC85-20-141. Licensure by Endorsement.

To be licensed by endorsement, an applicant shall:

1. Hold at least one current, unrestricted license in a United States jurisdiction or Canada for the five years immediately preceding application to the board;

2. Have been engaged in active practice, defined as an average of 20 hours per week or 640 hours per year, for five years after postgraduate training and immediately preceding application;

3. Verify that all licenses held in another United States jurisdiction or in Canada are in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement;

4. Hold current certification by one of the following:

a. American Board of Medical Specialties;

b. Bureau of Osteopathic Specialists;

c. American Board of Foot and Ankle Surgery;

d. Fellowship of Royal College of Physicians of Canada;

e. Fellowship of the Royal College of Surgeons of Canada; or

f. College of Family Physicians of Canada;

5. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and

6. Have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 34, Issue 25, eff. September 5, 2018.

18VAC85-20-350. Informed Consent.

A. Prior to administration, the anesthesia plan shall be discussed with the patient or responsible party by the health care practitioner administering the anesthesia or supervising the administration of anesthesia. Informed consent for the nature and objectives of the anesthesia planned shall be in writing and obtained from the patient or responsible party before the procedure is performed. Such consent shall include a discussion of discharge planning and what care or assistance the patient is expected to require after discharge. Informed consent shall only be obtained after a discussion of the risks, benefits, and alternatives, contain the name of the anesthesia provider, and be documented in the medical record.

B. The surgical consent forms shall be executed by the patient or the responsible party and shall contain a statement that the doctor performing the surgery is board certified or board eligible by one of the American Board of Medical Specialties boards, the Bureau of Osteopathic Specialists of the American Osteopathic Association, or the American Board of Foot and Ankle Surgery. The forms shall either list which board or contain a statement that doctor performing the surgery is not board certified or board eligible.

C. The surgical consent forms shall indicate whether the surgery is elective or medically necessary. If a consent is obtained in an emergency, the surgical consent form shall indicate the nature of the emergency.

Statutory Authority

§§ 54.1-2400 and 54.1-2912.1 of the Code of Virginia.

Historical Notes

Derived from Volume 19, Issue 18, eff. June 18, 2003; amended, Virginia Register Volume 32, Issue 22, eff. July 27, 2016.

Agenda Item: Legislative proposal

Staff Note:

The Board of Medicine staff has noted outdated language in the § 54.1-2909 that references an agreement for an Impaired Physicians Program which has not existed for many years.
The exception to the reporting requirement should reference the Health Practitioner Monitoring Program.

Additionally, the inclusion of presidents of all professional societies in the reporting requirement is redundant of language found in § 54.1-2908, so it can be deleted in 2909.
54.1-2908 B. The president of any association, society, academy or organization shall report within 30 days to the Board of Medicine any disciplinary action taken against any of its members licensed under this chapter if such disciplinary action is a result of conduct involving intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, professional ethics, professional incompetence, moral turpitude, drug addiction or alcohol abuse.

Included in agenda package:

Draft legislative proposal

Action: Adoption of draft legislative proposal

Draft Legislation
Board of Medicine
2020 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending § 54.1-2909, relating to the reporting requirements for the Board of Medicine and by repealing § 54.1-2923.1, relating to a Board program for impaired physicians.

Be it enacted by the General Assembly of Virginia:

That § 54.1-2909 of the *Code of Virginia* is amended and reenacted as follows:

§ 54.1-2909. Further reporting requirements; civil penalty; disciplinary action.

A. The following matters shall be reported within 30 days of their occurrence to the Board:

1. Any disciplinary action taken against a person licensed under this chapter in another state or in a federal health institution or voluntary surrender of a license in another state while under investigation;

2. Any malpractice judgment against a person licensed under this chapter;

3. Any settlement of a malpractice claim against a person licensed under this chapter; and

4. Any evidence that indicates a reasonable probability that a person licensed under this chapter is or may be professionally incompetent; has engaged in intentional or negligent conduct that causes or it likely to cause injury to a patient or patients; has engaged in unprofessional conduct; or may be mentally or physically unable to engage safely in the practice of his profession.

The reporting requirements set forth in this section shall be met if these matters are reported to the National Practitioner Data Bank under the Health Care Quality Improvement Act, 42 U.S.C. § 11101 et seq., and notice that such a report has been submitted is provided to the Board.

B. The following persons and entities are subject to the reporting requirements set forth in this section:

1. Any person licensed under this chapter who is the subject of a disciplinary action, settlement, judgment or evidence for which reporting is required pursuant to this section;

2. Any other person licensed under this chapter, except as provided ~~in the protocol agreement entered into by the Medical Society of Virginia and the Board for the Operation of the Impaired Physicians Program~~ by a contract agreement with the Health Practitioner Monitoring Program;

3. ~~The presidents of all professional societies in the Commonwealth, and their component societies whose members are regulated by the Board, except as provided for in the protocol agreement entered into by the Medical Society of Virginia and the Board for the Operation of the Impaired Physicians Program~~;

~~4.~~ All health care institutions licensed by the Commonwealth;

~~5.~~4. The malpractice insurance carrier of any person who is the subject of a judgment or settlement; and

~~6.~~5. Any health maintenance organization licensed by the Commonwealth.

C. No person or entity shall be obligated to report any matter to the Board if the person or entity has actual notice that the matter has already been reported to the Board.

D. Any report required by this section shall be in writing directed to the Board, shall give the name and address of the person who is the subject of the report and shall describe the circumstances surrounding the facts required to be reported. Under no circumstances shall compliance with this section be construed to waive or limit the privilege provided in § 8.01-581.17.

E. Any person making a report required by this section, providing information pursuant to an investigation or testifying in a judicial or administrative proceeding as a result of such report shall be immune from any civil liability or criminal prosecution resulting therefrom unless such person acted in bad faith or with malicious intent.

F. The clerk of any circuit court or any district court in the Commonwealth shall report to the Board the conviction of any person known by such clerk to be licensed under this chapter of any (i) misdemeanor involving a controlled substance, marijuana or substance abuse or involving an act of moral turpitude or (ii) felony.

G. Any person who fails to make a report to the Board as required by this section shall be subject to a civil penalty not to exceed $5,000. The Director shall report the assessment of such civil penalty to the Commissioner of the Department of Health or the Commissioner of Insurance at the State Corporation Commission. Any person assessed a civil penalty pursuant to this section shall not receive a license, registration or certification or renewal of such unless such penalty has been paid.

H. Disciplinary action against any person licensed, registered or certified under this chapter shall be based upon the underlying conduct of the person and not upon the report of a settlement or judgment submitted under this section.

1. That § 54.1-2923.1 of the *Code of Virginia* is repealed.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 29. Medicine and Other Healing Arts

§ 54.1-2923.1. Programs for impaired practitioners.

A. The Board may implement an impaired practitioners program for persons regulated under this chapter. For this purpose, the Board may enter into contracts with a nonprofit corporation or professional organization which may include, but need not be limited to, the following components:

1. A requirement that the contractor enter into contracts with providers of treatment;

2. Evaluation of reports of suspected impairment;

3. Intervention in cases of verified impairment;

4. Referrals of impaired practitioners to treatment programs;

5. Monitoring of the treatment and rehabilitation of impaired practitioners, including any practitioners ordered to enter the program by the Board;

6. Post-treatment monitoring and support of rehabilitated impaired practitioners;

7. Performance of such other activities as may be agreed upon by the Board; and

8. Provision of prevention and education services.

B. Any contract executed pursuant to subsection A shall be financed by a surcharge on each license or certificate issued under this chapter. Such funds shall be used solely for the implementation of the impaired practitioners program.

1997, c. 469.

Agenda Item: Legislative proposal

Staff Note:

The Advisory Board on Athletic Training has identified the need to amend the Drug Control Act to authorize them to possess and administer naloxone for use in emergencies involving opioid overdoses.

Included in agenda package:

Draft legislative proposal in subsection F of Section 54.1-3408

Action: Adoption of draft legislative proposal

Board of Medicine
2020 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending § 54.1-3408, relating to the authority of licensed athletic trainers to possess and administer naloxone.

Be it enacted by the General Assembly of Virginia:

That § 54.1-3408 of the *Code of Virginia* is amended and reenacted as follows:

§ 54.1-3408. Professional use by practitioners.
A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.
B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause drugs or devices to be administered by:
1. A nurse, physician assistant, or intern under his direction and supervision;
2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;
3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol; or
4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled substances used in inhalation or respiratory therapy.
C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.
D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.
Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may possess and administer epinephrine in emergency cases of anaphylactic shock.
Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.
Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.
Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of an organization providing outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.
Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may possess and administer epinephrine, provided such person is authorized and trained in the administration of epinephrine.
Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for administration in treatment of emergency medical conditions.
E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.
F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use in emergency situations; ~~and~~ epinephrine for use in emergency cases of anaphylactic shock; and naloxone for use in opioid overdose reversal.
G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently implemented standards of the Occupational Safety and Health Administration and the Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles underlying tuberculin screening.

The Health Commissioner or his designee may authorize registered nurses, acting as agents of the Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies established by the Department of Health.
H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.
Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a public institution of higher education or a private institution of higher education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.
Pursuant to a written order issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services to assist with the administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee or person providing services has been trained in the administration of insulin and glucagon.
I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.
J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.
Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the course of his professional practice, a dentist may authorize a dental hygienist under his general supervision, as defined in § 54.1-2722, to possess and administer topical oral

frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed individuals to a person in his private residence.

R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions.

S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care technicians who are certified by an organization approved by the Board of Health Professions or persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a licensed physician, nurse practitioner, or physician assistant and under the immediate and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee is identified as a "trainee" while working in a renal dialysis facility.

The dialysis care technician or dialysis patient care technician administering the medications shall have demonstrated competency as evidenced by holding current valid certification from an organization approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).
T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.
U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration.
V. A physician assistant, nurse or a dental hygienist may possess and administer topical fluoride varnish to the teeth of children aged six months to three years pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry that conforms to standards adopted by the Department of Health.
W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health when the prescriber is not physically present.
X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist may dispense naloxone or other opioid antagonist used for overdose reversal and a person may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, and firefighters who have completed a training program may also possess and administer naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.
Y. Notwithstanding any other law or regulation to the contrary, a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy pursuant to § 54.1-3423 may dispense naloxone to a person who has completed a training program on the administration of naloxone for opioid overdose reversal approved by the Department of Behavioral Health and Developmental Services, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber, (ii) in accordance with protocols developed by the Board of Pharmacy in

fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, as well as any other Schedule VI topical drug approved by the Board of Dentistry.

In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia.

K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered professional nurses certified as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess and administer preventive medications for victims of sexual assault as recommended by the Centers for Disease Control and Prevention.

L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an individual receiving services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

In addition, this section shall not prevent a person who has successfully completed a training program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been evaluated by a registered nurse as having demonstrated competency in administration of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from a program licensed by the Department of Behavioral Health and Developmental Services to such person via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living facility licensed by the Department of Social Services. A registered medication aide shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

N. In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage,

consultation with the Board of Medicine and the Department of Health, and (iii) without charge or compensation. The dispensing may occur at a site other than that of the controlled substance registration provided the entity possessing the controlled substances registration maintains records in accordance with regulations of the Board of Pharmacy. A person to whom naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

Z. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

DRAFT

Agenda Item: Revenue, Expenditures, and Cash Balance Analysis

Staff Note: Every couple of years, the Department performs an analysis of the Board's finances and advises what should be done to keep the Board in compliance with Section 54.1-113 of the Code of Virginia. On the next page, you will find the law followed by the letter from David Brown, DC, DHP Director.

Action: Vote to affirm the advice in Dr. Brown's letter to effect a one-time renewal fee reduction. This action has been taken for the 3 previous biennia.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 1. General Provisions

§ 54.1-113. Regulatory boards to adjust fees; certain transfer of moneys collected on behalf of health regulatory boards prohibited.

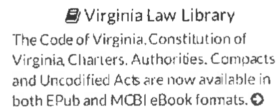
A. Following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions maintained under § 54.1-308 or 54.1-2505 shows expenses allocated to it for the past biennium to be more than 10 percent greater or less than moneys collected on behalf of the board, it shall revise the fees levied by it for certification, licensure, registration, or permit and renewal thereof so that the fees are sufficient but not excessive to cover expenses.

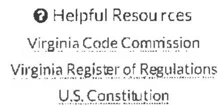
B. Nongeneral funds generated by fees collected on behalf of the health regulatory boards and accounted for and deposited into a special fund by the Director of the Department of Health Professions shall be held exclusively to cover the expenses of the health regulatory boards, the Health Practitioners' Monitoring Program, and the Department and Board of Health Professions and shall not be transferred to any agency other than the Department of Health Professions, except as provided in §§ 54.1-3011.1 and 54.1-3011.2.

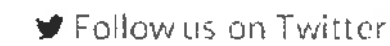
1981, c. 558, § 54-1.28:1; 1988, c. 765; 1993, c. 499; 2006, c. 631; 2009, c. 472; 2017, c. 423.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

6/6/2019







COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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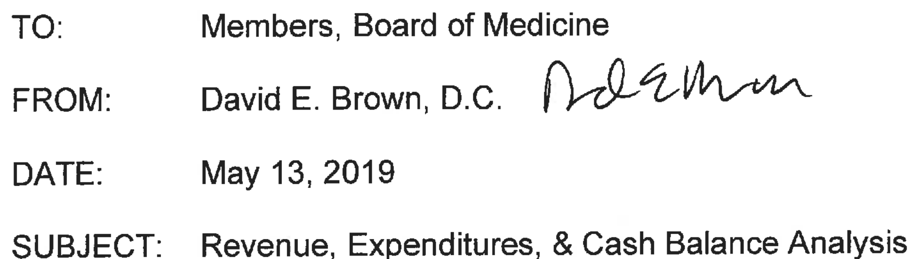
MEMORANDUM

TO: Members, Board of Medicine

FROM: David E. Brown, D.C.



DATE: May 13, 2019

SUBJECT: Revenue, Expenditures, & Cash Balance Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The action by the Board can be a fee increase, a fee decrease, or it can maintain the current fees.

The Board of Medicine ended the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) with a cash balance of $10,185,518. Current projections indicate that expenditures for the 2018 - 2020 biennium (July 1, 2018, through June 30, 2020) will exceed revenue by approximately $952,197. When combined with the Board's $10,185,518 cash balance as of June 30, 2018, the Board of Medicine projected cash balance on June 30, 2020, is $9,233,321.

To reduce the Board's projected cash surplus we recommend a one-time renewal fee decrease. Please note that these projections are based on internal agency assumptions and are, subject to change based on actions by the Governor, the General Assembly and other state agencies.

We are grateful for continued support and cooperation as we work together to manage the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

CC: William Harp, M.D., Executive Director
Lisa R. Hahn, Chief Operating Officer
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

Agenda Item: Presentation on Boundaries by Caitlin Carnell, MD, PGY-4 Psychiatry Resident at VCU

Staff Note: Again, this presentation is in the spirit of DHP's efforts of providing educational opportunities for Board members. In the fall of 2018, Dr. Caitlin Carnell participated in the Board of Medicine elective offered through the VCU Department of Psychiatry. She chose to do her January 2019 PGY-4 Grand Rounds presentation on boundaries. In developing her talk, she did an extensive literature research on physicians that violate boundaries and antecedent factors. The data will be of interest to all.

Action: None anticipated. For information only.

Agenda Item: Licensing Report

Staff Note: Ms. Opher and Dr. Harp will provide comment on progress in the Licensing Section of the Board of Medicine.

Action: Staff may present a couple of items regarding Licensure by Endorsement for the Board's approval.

Agenda Item: Discipline Report

Staff Note: Jennifer Deschenes will provide an update on disciplinary issues.

Action: None anticipated.

Agenda Item: Citizen Concerns Regarding the Board of Medicine Opioid Regulations and the Prescription Monitoring Program

Staff Note: The Centers for Disease Control and Prevention published its Guideline for Prescribing Opioids for Chronic Pain in March 2016. An outline of the principles in the Guideline were sent to Virginia prescribers in May 2016. The Board began to get questions from its licensees about the prescribing of opioids. In March 2017, the Board of Medicine regulations for the prescribing of opioids and buprenorphine were published. Since that time, the Board has gotten communications from patients and physicians about proper prescribing. Patients would express concern that their dose that had them stable and functional for years was being cut. Board staff that attended medical meetings became aware that the majority of physicians had not read the regulations to understand the great latitude that prescribers have with the dosing of opioids. The Board's CE Committee met in the fall of 2018 to determine who would be required to obtain opioid CE for the next biennium. It also considered what CE would be required. Two suggestions to address the mythology around opioids and provide education on effective tapering were offered—1) read the regulations, and 2) the Stanford University course on tapering chronic opioids. This 2-hour "package" was provided to all the Board's licensees, including nurse practitioners. Still the Board gets communications from patients. Two recent communications are included for your review. The first is a request from Sydney Rab that the Board reconsider its regulations, followed by a response from Dr. Harp, and an advocacy blog. The second is commentary on the Prescription Monitoring Program's thresholds for identifying unusual patterns of prescribing from Kristen Ogden. Ms. Ogden's e-mail follows the material related to the first request. The Board of Medicine does have input into the thresholds.

Action: The Legislative Committee discussed the first request on May 17th and recommended to the Board that no change in the regulations be made. The Board can vote to affirm that recommendation. The second request is more for the Board's information on how some citizens of the Commonwealth experience the opioid crisis.

Harp, William <william.harp@dhp.virginia.gov>

Regulations Governing the Prescribing of Opioids and Buprenorphine

1 message

sydney e rab <msydrab@comcast.net> Tue, Apr 30, 2019 at 5:14 PM
To: William.harp@dhp.virginia.gov
Cc: Julie <jslartist@comcast.net>

Dr. Harp please see my attached letter. Thank you, Sydney E. Rab

Harp Opioids.doc
39K

Sydney E. Rab, Esq.

5407 Langdon Drive
Richmond, Va. 23225
Msydrab@comcast.net

(804) 231-0589
(804) 822-8981

April 30, 2019

William L. Harp, M.D.
9960 Mayland Drive, Suite 300
Richmond, Va. 23233
William.harp@dhp.virginia.gov

Re: Regulations Governing the Prescribing of Opioids and Buprenorphine, 18VAC85-21 (September 18, 2017).

Dear Dr. Harp:

My purpose in writing is to encourage reconsideration of the referenced Regulations, placed in the Virginia Register on November 27, 2017, in view of the recent statement of the Centers for Disease Control and Prevention ("CDC"), in commentary just published in the New England Journal of Medicine.

Virginians, including my own wife, with chronic pain receiving palliative care for years have since the 2017 Regulations been punished for the crimes of others, the drug abusers. As you predicted, "use of drug screens [have] create[d] disincentives for primary care physicians to treat pain using opioid therapy," and some "individuals who [have] lost access [to prescription opioids] have turned to cheaper, more accessible and more potent black market opioid alternative [hence] an unintended consequence of the regulations may be a shift in demand from legal prescriptions to illegal street drugs." See Volume 34, Issue 7, Va. Register of Regulations, at 747. Physicians are deterred by the Regulations and ignoring the real needs of the chronically ill.

The CDC now clearly suggests physicians should not use the guidelines to taper the chronically ill patients from the medication helpful in managing their pain. The earlier guidelines from the CDC were meant to discourage primary care physicians from starting non-cancer patients on opioids. Overreaction, instead, has left those successfully managed patients scrambling for substitutes and considering suicide.

Physicians in the Commonwealth of Virginia must be immediately advised of the current CDC advice. Prompt action on your part will be beneficial relief for countless Virginia citizens. Your consideration is appreciated.

Yours truly,

Sydney E. Rab
Sydney E. Rab, Esq.

Commonwealth of
Virginia

Harp, William <william.harp@dhp.virginia.gov>

Fwd: Letter re: Opioids

1 message

Harp, William <william.harp@dhp.virginia.gov> Fri, May 3, 2019 at 11:47 AM
To: msydrab@comcast.net

Dear Mr. Rab:

Thank you for your message. It resonates with what the Board of Medicine has heard from patients and their loved ones from time to time.

Initially, it should be said that the Board wants all patients in Virginia to get competent and safe care for their medical conditions. The opioid regulations were promulgated for that reason, to provide guidelines for practitioners that would have them be more thoughtful and cautious in their prescribing. The Board first developed regulations for pain management in 2007, but it was not until the Commissioner of Health declared a public emergency in November 2016 and legislation was proposed in the 2017 Session of the General Assembly that regulations came to fruition.

If you have read the regulations, you are aware that they 1) do not have a ceiling dose or MME/day limit, 2) do not require a reduction of opioid analgesic other than to ensure that a patient is prescribed the lowest, effective dose, and 3) that the rationale for continuance of treatment and the dose that is written be clearly documented in the patient's medical record. In essence, the prescriber has great latitude in prescribing for any patient; it just has to be done competently, safely, and be well-documented.

.In March of 2016, the CDC published its Guidelines on Prescribing Opioids for Chronic Pain. An outline of the guidelines were sent to prescribers in Virginia by the Secretary of Health and Human Resources in May of 2016. The Board believes that some prescribers may have seized upon the mention of 50 MME/day and 90 MME/day as "upper limits" on opioid prescribing. Further, some prescribers may have thought that the guideline was enforceable federal law, and it is not. The Board of Medicine sent a follow-up letter in early August of 2016. Attached you will find the letter from the Secretary of Health and Human Resources and a follow-up letter from the Board of Medicine to its licensees about the CDC Guidelines.

The Board of Medicine believes that there are ongoing misconceptions about the Board's regulations. it has been encouraging prescribers to read the regulations to dispel any myths they may have developed from word-of-mouth information. Not understanding the regulations can be a disincentive to prescribe for chronic pain or maintain the treatment of patients in one's practice that have been stable, functional, and without signs of abuse for years. And practitioners pay attention to articles in newspapers, over the airwaves, and on the Internet about pain management practices being raided by enforcement. These factors, and more, can impact practitioners' willingness to engage in pain management.

This year the Board has undertaken an effort to ensure that all the Board's licensees read the regulations and learn how to appropriately taper a patient's dose of opioids. The Board is offering the Stanford University continuing education course on tapering that emphasizes mutual decision-making by the patient and the practitioner in the tapering process.

The Board's newsletter, sent several times a year to its licensees, has had articles in it relative to your concerns. Here are the links to the 3 most recent editions for your review. They have items that seek to clarify the regulations and the appropriate handling of opioids in any patient.

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https://www.dhp.virginia.gov/medicine/newsletters/BoardBrief87.pdf

https://www.dhp.virginia.gov/medicine/newsletters/BoardBrief86.pdf

https://www.dhp.virginia.gov/medicine/newsletters/BoardBrief85.pdf

To further clarify the Virginia Board's regulations and the CDC's stance, the CDC media statement from April 24, 2019 will be incorporated into the next newsletter.

The Board is also in receipt of your e-mail of May 2, 2019. Per your request that the Board reconsider its regulations and make sure licensees are informed, your items will be placed in the agenda packet for the Board's Legislative Committee. It will meet May 17, 2019 at the Department of Health Professions, 9960 Mayland Drive, in the 2nd floor conference center at 8:30 AM. There will be a public comment period early in the meeting. You are welcome to share your thoughts with the Board at that time.

I hope this is helpful to you.

With kindest regards,

William L. Harp, MD

Executive Director

Virginia Board of Medicine

2 attachments

Sect Hazel Ltr on CDC Guidelines.pdf
164K

Board of Medicine Letter to Licensees Regarding CDC Guidelines.doc
30K

Harp, William <william.harp@dhp.virginia.gov>

CDC: Painkillers No Longer Driving Opioid Epidemic – Pain News Network | Speciosa.org

1 message

Sydney Rab <msydrab@comcast.net> Thu, May 2, 2019 at 11:16 AM
To: William.harp@dhp.virginia.gov
Cc: Julie <jslartist@comcast.net>

Dr. Harp:

Following up from my recent letter, I add this commentary. Please respond with the action you would take to free our disabled community from the present adversity.

Thank you,
Sydney E. Rab

http://speciosa.org/cdc-painkillers-no-longer-driving-opioid-epidemic-pain-news-network/

Sent from my iPad

speciosa.org

AMERICAN KRATOM ASSOCIATION

CDC: Painkillers No Longer Driving Opioid Epidemic – Pain News Network

2 years ago • Add Comment • 10,924 Views

PAIN NEWS
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https://www.painnewsnetwork.org/stories/2017/3/26/cdc-painkillers-no-longer-driving-opioid-epidemic

CDC: Painkillers No Longer Driving Opioid Epidemic

March 26, 2017

By Pat Anson, Editor

A top official for the Centers for Disease Control and Prevention has acknowledged that prescription painkillers are no longer the driving force behind the nation's so-called opioid epidemic.

In testimony last week at a congressional hearing, Debra Houry, MD, Director of the CDC's National Center for Injury Prevention and Control, said that heroin and illicit fentanyl were primarily to blame for the soaring rate of drug overdoses.

"Although prescription opioids were driving the increase in overdose deaths for many years, more recently, the large increase in overdose deaths has been due mainly to increases in heroin and synthetic opioid overdose deaths, not prescription opioids. Importantly, the available data indicate these increases are largely due to illicitly manufactured fentanyl," **Houry said in her prepared testimony** before the House Energy and Commerce Committee's Oversight and Investigations Subcommittee.

The CDC blamed over 33,000 deaths on opioids in 2015, less than half of which were linked to pain medication.
While painkillers may be playing less of a role in the overdose epidemic, Houry believes pain medication is still a gateway drug for many abusers. She cited statistics from Ohio showing that nearly two-thirds of the people who overdosed on heroin or fentanyl received at least one opioid prescription in the seven years before their deaths.

"The rise in fentanyl, heroin, and prescription drug involved overdoses are not unrelated," Houry said. "While most people who misuse prescription opioids do not go on to use heroin, the small percentage (about four percent) who do account for a majority of people recently initiating heroin use."

Houry also disputed reports that efforts to reduce opioid prescribing have led to increased use of illegal drugs. It was her office that oversaw the development of controversial CDC

guidelines that discourage doctors from prescribing opioids for chronic pain.

DEBRA HOURY, MD

"Some have suggested that policies meant to limit inappropriate opioid prescribing have led to an increase in heroin use by driving people who misuse opioids to heroin," Houry testified. "Recent research, however, has indicated otherwise. One study found that the shift to heroin use began before the recent uptick in these policies, but that other factors (such as heroin market forces, increased accessibility, reduced price, and high purity of heroin) appear to be major drivers of the recent increases in rates of heroin use."

The "recent research" Houry cited was **a report published in the *New England Journal of Medicine*** in January, 2016 – a full two months before the CDC opioid guidelines were even released. She offered no evidence to support her claim that the guidelines were having no impact on heroin use.

Some Patients Turning to Illegal Drugs

According to a **recent survey of over 3,100 patients** by *Pain News Network* and the International Pain Foundation, the CDC guidelines have reduced access to pain care, harmed many patients and caused some to turn to illegal drugs for pain relief.

Over 70 percent said their opioid doses have been reduced or cutoff by their doctors in the past year. And one out of ten patients (11%) said they had obtained opioids illegally for pain relief since the guidelines came out.

"The one person I know who says the recent guidelines have helped (is) my neighbor who is a heroin dealer. He says business has quadrupled since doctors have started becoming too afraid to help people in pain," one patient wrote.

"This has caused me far more pain and suffering in my life, and increased my stress and anxiety, and depression, because nobody seems to care that I suffer like this," said another

patient. "This has also caused me to turn to using heroin, because I have nothing left now at this point and cannot suffer like this."

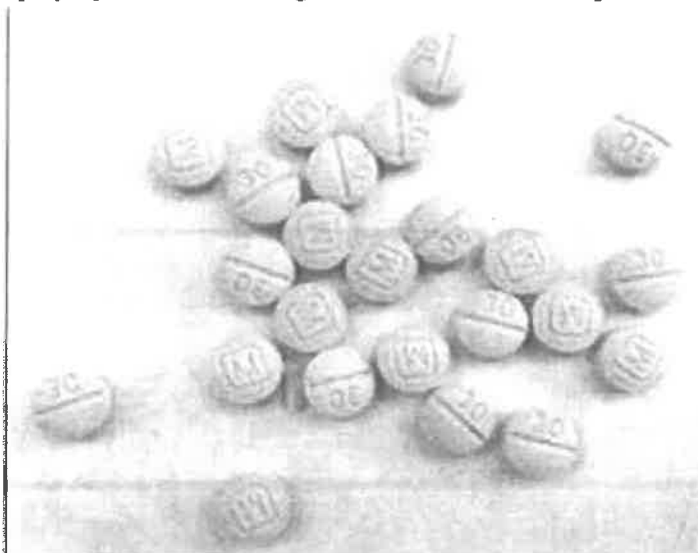
"Because people are unable to get adequate pain relief from prescribed medications due to the fear instilled to doctors by these 'guidelines,' most people, in my experience, are turning to heroin. This explains not only an increase in overdoses but also an increase in suicide from chronic pain patients," wrote another.

"I found it easier to get medications through the black market than through my doctor. I spend about $1,000 per month in medications through the black market, but in the end that is less than the deductible on my insurance. And they deliver to my house!" a patient said.

"My fear right now is that I've been using medications I buy from a dealer. They appear to be real and thus far I've been OK, but I'm afraid that I may eventually hit a bad batch laced with fentanyl," said a patient.
Houry's testimony came on the same day the Drug Enforcement Administration warned **that counterfeit painkillers made with fentanyl have killed dozens of people in the Phoenix area.**

The DEA said at least 32 deaths in the last 18 months in Maricopa County, Arizona have been linked to fake pills laced with fentanyl that were disguised to look like oxycodone tablets. In nearly 75% of the overdoses, examiners also found dipyrone (Metamizole), a painkiller banned for use in the U.S. since 1977.

Fentanyl is a synthetic opioid 100 times more potent that morphine. It is sold legally in sprays, patches and lozenges to treat severe chronic pain.



COUNTERFEIT OXYCODONE (DEA PHOTO)
The DEA says illicit batches of fentanyl are being made in China and exported to Mexico, where drug dealers mix it with heroin or turn it into counterfeit medication before smuggling it into the U.S.

The DEA released detailed demographic information on the age, sex and ethnicity of the people who overdosed in Arizona. It did not say how many of the dead were patients looking for pain relief.

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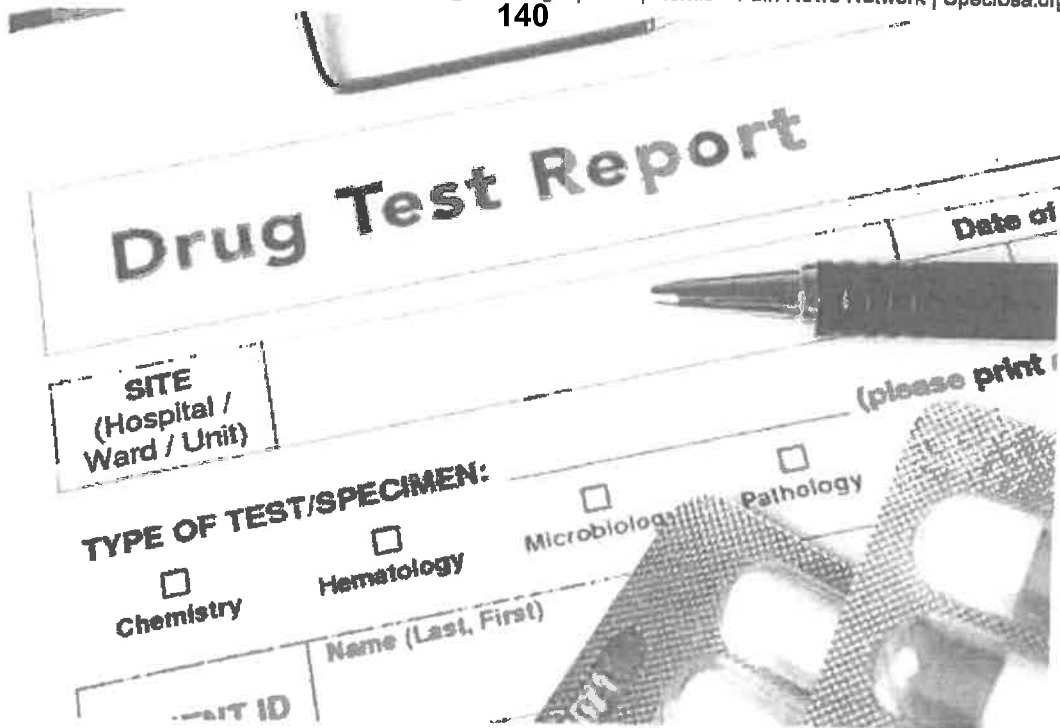

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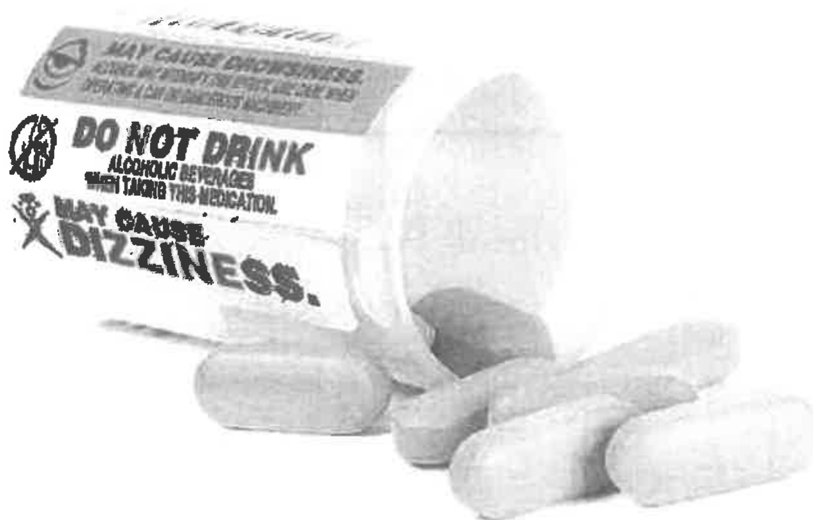

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Preview POST COMMENT…

William Mangino II MD 10 hours ago

The fact that people who overdose from either heroin, heroin mixed with fentanyl, or fentanyl alone, is not surprising because one would almost expect that anyone who has gone far enough to use heoin: more than likely has been using other drugs as well. Lets face facts: one doesn't need to use other opioids if they can get heroin. In addition…this

is not proof that medically appropriate opioid use automatically leads to using heroin…but the opposite is far more likely: that once someone uses heroin, the fact that they are carrying OxyContin around with them should not be a surprise.
You are confusing the fact that no matter how many persons OD: there is still no proof that any of them used prescription drugs "BEFORE" becoming addicted to heroin. It is hearsay, and you guys who push hearsay as truth also do damage to far more chronic pain sufferers who need opioids, then there are heroin addicts in this world.
These are two separate issues. How about treating them as separate issues. BIG PHARMA cured hepatitis c…invented penicillin, marketed aspirin, and developed vaccines. Get a life, Jack !

Joel Albertson 13 hours ago

This website is purposefully misleading it's readers, while I know this won't be allowed to stay, please read the entire testimony, the included quote is completely out of context Read the report or at least this portion they left out
"One in five people who died from a fentanyl overdose, had an opioid medication prescribed to them at the time of their death. In fact, people who misuse prescription opioids — that is, use other than as directed by a healthcare provider are at an increased risk for heroin use. Among new heroin users, approximately three out of four report having misused prescription opioids prior to using heroin."
This website is a 501c created much like a political super-pac, to provide PR for the pharmaceutical industry. The single medical professional listed on their staff is a Psychologist who was licensed less than 2 years ago, and while her bio points to a very strong woman with a reason to advocate for those in pain, I hope she realizes that the reporting done on this page is NOT done in a manner that helps those in pain, simply those that want to sell pain medication.

Gin 15 hours ago

What did she say? Pain medication was responsible for less than half of the 33k deaths? What – 12k? Yet they went after doctors and opiate prescribing with crazy determination! Yet of those 12k deaths, less than 25% were due to actual patient / doctor prescribing – the vast majority caused by deference. So now we're really looking at 3k deaths a year possibly caused by the overprescribing of opiates. Wow what an epidemic!!! However, there are over 90k deaths per year reportedly caused by alcohol – with zero therapeutic or medical benefit to alcohol – yet it's left alone. Seen any alcohol epidemic headlines lately? And cigarettes kill over 440k per year – with absolutely no medical benefits to smoking. So – my question is: why is there such an extreme focus on prescription opioids?? (Statistics can be found in Judy Foreman's novel A NATION IN PAIN).

Linda 16 hours ago

FINALLY!! Someone GETS it! My 34 yr old son has cried in my arms, because he wants to die. He can't handle the pain anymore, because he's extremely under medicated. Heroin is his next option. These people are dying from mixing fentanyl with heroin, so give people back their meds, quit prescribing fentanyl outpatient and the numbers from accidental overdoses and suicides will improve.

Brenda 10 hours ago

Linda, research kratom for your son. It helps with pain.

Gerorge Neil 16 hours ago

My roomate is a Chronic Pain Patient and I watch her suffer everyday since all this cutting back of her medication it isn't bad enough for the to take her life or turn to street drugs but if other people are hurting worse than her I can unerstand them turning to Herion or street drugs but what they are getting is killing them so I have read alot on facebook at the Chronic Pain Support Group and alot of them are already talking about taking their lives because of the pain. What about the oath that Doctors take to do no harm. The CDC started all of this with their so called guidelines that they probally knew would scare off the Primary Care Doctors first and thats what it did they drop their patients with no medication no refferal and no care and all the other agencys followed suite the CDC VA DEA HHS CMM CMS FDA then for good measure the CMS want to use the MME formula which will cut everones medicines by at least half so what are you ganna do now let more die or turn things around and let the Doctors do the jobs they were meant to do?

William Mangino II M.D. 16 hours ago

The fact, even if true, that 2/3 of persons who had overdosed on fentanyl/heroin had (also, according to Debra Houry, M.D.) received at least one opioid prescription during the seven year span of time leading up to their overdose; tells us nothing about whether the opioid prescription was their "first" initiation to an opioid of any kind, whether they got it for a legitimate pain complaint, whether they took it themselves or sold (diverted) it, and whether they were "addicts" before receiving such a prescription.

Thus there is no basis for Doctor Houry's speculative opinion that prescriptions for opioids constitute a "gateway" for subsequent use of heroin.

I personally feel that after interviewing over a thousand abusers of all types of narcotics in a prison population where the interviewed inmates had nothing to protect by lying; two "facts" stand out: (1), OxyContin "snorters" can do 12-14, 80 mg. tablets a day…without much adverse side effects, and (2), most of the guys I interviewed said they were using street drugs long before hitting-up on medical practices with false pain complaints.

It is precisely because Doctor Houry and her associates "jumped the gun" by accusing overprescribing of opioids as a reason why heroin addiction has increased…which is enough of a "myth" and "prejudice" type accusation to cause a real "chilling effect" on even "legitimate" pain prescribing, sufficient to get doctors offices closed down on the excuse that DEA or AG officers are "investigating" the doctor – and that, even when the evidence is questionable: some doctors will get convicted on what certainly (in light of our mass

national hysteria associated with prescribing pain killers) must be the easiest of all criminal charges to obtain convictions on: and which further serves to "marginalize" pain sufferers' from obtaining the only medication that works for "them."

Cathy Reiner 16 hours ago

Cathyh1957

We have tried to tell the CDC HHS the CMS the FDA the VA and even going so far as to make the Doctors use the MME to amke our medication to be cut so low that it would and will not control the kind of Chronic Pain that most of the Pain Managent patients have.We suffer everyday and it seems our crys have fallen on deaf ears we fell no one in the Goverment Agencys care anything about us or if we suffer.
We taake our medication the way they are writen I was on 30mg of oxycodone every 4 to 6 hours as needed which I received 150 per month and I have a pain pump inplanted in me that was giving me 1.26mg for 12 hour during the night and 1.12mg for 12 hours thuring the night to help me sleep when laying in one position at night. My Doctor who is a Chronic Pain Specialist has cut me back 30mg of oxycodone by mouth aday and cut my pain pump back from 37mg in 24hrs to 6mg in a 24 hour period.
Since the cuts I can no longer wash dishes or do any cleaning of the house I only bath 2 times a week because it is so painful I am already in a wheelchair but my quality of life is half of what is was. I am begging all the people that believe all you have done is saving us try to remember we are human and we are not emune from pain and we don't want to live having to take medicine evryday but we have had to except that is how our lives are ad will never be the same but we are not Drug Addicts we use 1 Doctor 1 Pharmcey everything we have tried to tell you is happening and is it worth all the Deaths it is causing worth it?

Jonathan 16 hours ago

Like many of you I have been watching this snowball roll down hill towards all of the legitimate patients being made as scapegoats. I have been appalled by the lack of honesty in the way the numbers have been reported always with a slant to sensationalize the worst of the worst. I want to share some information I have compiled that will I'm sure add fuel to this new's. I received a letter in December United Health was dropping Oxycontin from the formulary as of Jan. 1, a little background, I had gastric bypass surgery in 2002 and an open hernia repair in 2004. the repair failed and 7 days after the re repair I had the staples removed and within hours 85% of the 2.5 ft incision was open like a zip lock bag. It took 3 years, 13 surgeries, 3 rounds with a wound-vac, a fistula, the removal of my abdominal wall three times due to infection and a plastic surgeon to fix it. I remember asking the surgeon what I had too do to be able to take Tylenol again and he laughed! When the swelling went down the pain set in from the adhesion and scar tissue and muscles being pulled out of sorts. I've since had two inguinal hernias a P.E, and recurring aspiration pneumonia that they can't find a reason for now on case 45. I'm 47 own my own company, have 4 kid's, go to the gym every day, bike, run, don't smoke, drink just want to live! Ironically the surgeon who screwed me was abusing stolen pain meds from the hospital pharmacy at the time, but it was covered up. I have been on the same regiment of la/sa for 4 years until January, due to my history I don't absorb long acting well so my Dr and I have settled on 3x day but mainly relying on short acting for my most effective relief. We made a plan to taper down and then taper back up on Opana ER until I got back to to full dose. We got PA for 2x a day and on day 20 she changed the dose to 40mg. In the past this would have been a therapy change, no problem getting through ins. they denied as to soon. 20 phone calls later my Dr. spoke to the Pharmacist and She said, we thought you were titrating him off? My Dr said no, why would I? They approved me for 60 days and I got a letter saying my request for 3 times a day was denied, but could be approved if under the 90 MED which was less than the first approval I got in January. Today I called as my 60 days was up to get a clear answer and confirmed what I found in their latest documents. As of January 1. non cancer pain is limited to the 90 MED limit, period. Despite me already having a pain management specialist and meeting all the hoops, The only way to return to the dose I was on before the first of the year is to appeal. I get the broad brush they are painting with, but I also confirmed while I can't get more than 30 mg of opana a day, I can however get my 150 30 mg oxycodone with no problem. if I really want it I can also get 412 percocet's or 412 vicoden, all on the supply limit without restriction for 1 copay each. So is it about the safety or about the money? From their document dated today called "United Healthcare Addresses increased Opioid Use and Dependence" They tout in 2015 alone a 41% in Opioid prescriptions written, 45% in number of Physicians prescribing Opioids and a 41% decrease in pharmacies dispensing Opioids. So take these numbers and what the CDC released today and understand there are some smoke and mirrors going on and peoples lives are at stake here. It's time to break the silence!

All comments are moderated and will generally be approved within 24 hours, so please be patient. Comments that are uncivil, profane, libelous, name-calling, off-topic, or contain spam and/or self-promotion will be deleted. Sharing of links to

Rochelle 4 days ago

Dr. Alba, describe the Somatic Therapy please. I was diagnosed with RSD/CRPS twenty five years ago by a W/C MD. They go out of their way to not diagnose this pain syndrome because it's a very expensive, lifetime problem. I wasn't able to obtain good pain management for almost 18 months. At the time it was only in my left foot. He didn't tell me what RSD stood for nor explain what I might be facing. I spent several hours in the library researching RSD. Computers were nothing like today and all I could find was a paragraph about Causalgia, discovered by a Civil War doc, and it had something to do with nerve damage. Good, I thought at the time, can't be THAT bad. Silly me. I didn't push for treatment as my regular W/C MD would prescribe low dose pain meds for my right knee injury. During the care for the knee, developed a deathly allergy to aspirin and non steroidal. Almost died when given a prescribed mega dose of Aspirin. When treatment was started, my first pain doc was very conservative. No pain meds, which was fine with me. He prescribed tricyclics, which caused cardiac dysrhythmias. He stopped those and placed me on the Catrapres patch. It caused my BP to bottom out. He did do a Lumbar Sympathetic Block to confirm the diagnosis. It stopped all the foot pain. I then learned what exactly lay in store for me. He sent me to a Therapist at the hospital I worked at. She got laid off so my care was transferred to the head of the department, a Psychiatrist. Nice doctor, but after trying three different SSRI's decided I just couldn't tolerate them. Never have been able to tolerate many meds, and this thing about natural endorphins, is a joke for my brother and me. We have always had zero pain tolerance. My pain doc discovered early on my case was difficult at best. My first SCS worked wonderfully. Had two other ones after it died after only 15 months. Ran it on high for 24/7. Had two Pumps. Neither worked very well and my body rejected the second one and it never got refilled. Can't tolerate morphine, codeine, fentanyl Demerol led to gives and severe chest pain. Codeine and Methadone made me throw up. Great I am thinking, what's left? I wasn't placed on pain meds the first four years. PT was tried, but it only exacerbated the now rapidly spreading monster which was overtaking my body. So forgive me if I don't jump on the bandwagon for a treatment modality I don't have the energy to even look up exactly what it is. The damage is done, everything that can be done, has been, all to no avail. I've had every Block for upper and lower extremities. More temporary catheters for both upper and lower extremities. I don't choose to be a guinea pig any longer.

petition drives, websites or personal email addresses may also result in your comment not being posted.

Rochelle Odell 4 days ago

I just spent two hours on my PC researching Deb Houry, Emory University and the CDC. Dr. Houry is NOT an employee at the CDC, but an Assistant Professor Administrator in Emergency Medicine at Emory no less. As an Administrator, she doesn't even get her hands bloody. Her big title is from Emory. but the CDC seems to have adopted it, thus the connection between the two. Her other speciality is basically preventing and treating abuse in women. Admirable, but what the heck does it have to do with chronic pain diseases, pain management, etc? Nada, zero, zip, NOTHING! She also teaches against suicide from violence and stops PTSD in the ED. What is wrong with this picture?? First. the CDC has an openly ANTI OPIOID MD, write their now damaging 2016 Pain Guidelines, that have hurt far more than helped. Then, the CDC sends an Emory Associate Professor to speak to our elected officials. I am appalled, angry and disgusted by the CDC and Emory. For any who have never worked at a University hospital, an Associate Professor is an alumni of said Medical School. Sounds great and they may have to teach occasionally and write papers. Then, upon further searching, learned Emory, which is in yes Atlanta, GA, just where the CDC has its headquarters. Emory awards grants to organizations like the CDC for research. The CDC turns around and awards grants to universities and orgs. And which department at Emory got awarded a FIVE MILLION DOLLAR GRANT to the very ED Dr. Deb Houry leads. Talk about the good old boy, I'll scratch your back if you scratch mine! She was NO MORE QUALIFIED to address Congress than the first MD the CDC authorized to write the very damaging Guidelines. Gee, you think the families of any chronic pain patient who have committed suicide or who has tried thanks to their loved one taking their life due to unbearable pain needs to inform Dr. Houry, she is anti suicide. Her real email address is DHoury.emory.edu. If you try to contact her at the CDC, you may not get very far. With this cross grant giving. isn't that collusion or something illegal? I am in too much pain right now to even look up any words. I just think it's pathetic people throw around false titles, represent areas they really aren't qualified to represent. Those of us who live with chronic pain every hour of every day, have had every treatment modality forced on us, until all that was left was pain medication, and for so many, it ended up being the proverbial rug pulled from under us. We know more about pain management, responsible OPIOID medication! Start writing your elected officials. Do the same searches I did. These morons need to be stopped!

Search

pam 2 days ago

Great find!! Is did email this witch awhile back and actually rec'd a letter back not once addressing chronic pain but threw in my face ll about the opiod epidemic and addiction! Need,ess to say I was not pleasant when i wrote her, Angry I was and still am very angry!!! Why the f*** should myself nd the millions more like me have to live the rest of whats left of my life suffering so bad i want to die, Life liberty and the pursuit of happiness!?!? What a travesty !!

Dr. Alba 4 days ago

In my experience working in healthcare with thousands of people in chronic pain, the vast majority are not drug seekers – they are relief seekers. While there are exceptions, opioids have not been found to be effective in the long term for chronic, noncancer pain, and they pose significant risks including addiction, side effects, and death (even when taken as directed). The harms often outweigh the benefits.
Wait, before you get angry please consider this. Limiting opioid prescriptions, without providing safe, effective pain relief, is not the answer. And that strategy, in addition to not addressing the pain problem, may lead to numerous unintended consequences, including increased use of illicit opioids, addiction and overdose deaths.
What if physicians and patients were given research-proven tools to reduce and even resolve pain, without the risks associated with opioids? Do you think they would be interested?
Clinical trials conducted at a major health system in Michigan with thousands of participants demonstrated that Somatic Functional Therapy (SFT), either one-on-one or in population health programs, produced significant improvement in chronic pain (nearly 40% of conditions resolved and 80% were improved) and related problems such as anxiety, depression, and sleep disturbance. Furthermore, 67% of those taking pain medications (including opioids) either reduced use or stopped taking them altogether. Of note, no one forced them to do this, they did this on their own as their pain symptoms and health

improved.

Furthermore, physicians trained in SFT are able to improve health outcomes and patient satisfaction, while reducing their opioid prescribing. Why aren't we pursuing these types of safe, effective approaches to address the opioid crisis nationally?

pam 2 days ago · 1 like

Dr. Alba, I invite you to step in my shoes for a few months. in order for you to get the full effect of my life, you must allow me to continually beat your back with a baseball bat all day every day as thats how mine looks and feels, you must allow me to drop a 100lb slab of burning concrete on your back as well, as my every inch of my spine feels as if its being crushed. you must allow me to drag your hips along the concrete road, chipping away at your bones, you must allow me to send electric type shocks down your legs, piercing, stabbing, burning tyoe elctric shocks, you must allow me to wrap your feet i. a zillion burning pins while tying your ankles off with burning ropes, you must allow me to beat your knees with a hammer over and over and your upper legs will have heavy weights on top of them so that every time you try to go upstairs your legs become weaker and weaker. It will be extremely difficult for you to even make it up five steps. You must also allow your peers treat you like a POS. you will be degraded, abused, mistreated, stigmatized as a drug addict and pill seeker, you will be discriminated against, and you most certainly will be treated like a dam criminal!!! In order for you to get the full effect you will have to allow your peers to put you thru every alternative therapy out there, every OTC AND NSAIDS that will rip apart your stomach and liver, you will be put thru many epidurals that will increase your pain and leave you with adhesive arachnoiditis. You will be put thru two failed spinal fusions that will leave you with severe nerve damage. Now see I have been suffering for ten long painful years,. I did everything the medical community told me to do. Your challenge is for just a few months, as I probably won't be around to see you suffer for years. I have been pu thru years of physical therapy, massage, chiro, accupuncture, OTC AND NSAIDS that tore my liver and stomach up, two failed spinal fusions that left me with severe nerve damage, back braces, tens, heat, jce, water therapy, discectomies, steriods, nerves burned, eating healthy, exercise, holistic, herbal, over the past five years ive had hundreds of facet injections, trigger point injections and SI joint injections that intensify the pain, every non opiod medication that gave me horrible side effects. Ive done everything MY BODY, NOONE ELSES, MY BODY could take and my wallet could not afford!! Opiods were my LAST RESORT!! and when my old dr found what worked i was guven a QUALITY OF LIFE! For years I was on the SAME STABKE DOSE – how dare you say opiods don't work for long term pain when for eight

years they continued to work just fine, until the dam corrupt government and thier sidekicks the CDC, DEA, FDA AND PROP interfered where they do not belong! Between a dr and pt, having drs running scared if they treat thier pain pts with opiods. Drs are abandoning thier pain pts, lowering thier lifesaving meds to ineffective doses or abruptly stopping them, leaving the pt to go thru what could be deadly withdrawal. We are being left with either turning to the streets for relief or worse SUICIDE!! Any time you feel up for the challenge let me know . Ill be honest the amount of pain you will endure will have you begging god to take you!!! You will suffer from anxiety and depression and every dr you call for help will turn you away and make you feel like giving up! What right do any if you so called doctors have to tell a long term chronic intractable pain pt what does and doesn't work when you cannot feel what another feels!?!? I am so disgusted to live in a country that is killing off the chronically ill!! denying legitimate pain pts LIFESAVING PAIN MEDICATION!!!

Cecelia Kuhn 14 hours ago

It Sounds like you have Ankylosing Spondylitis like me.

Kimberly Palmer 3 days ago

Dr. Alba,

Forgive me, but can you explain how…
"opioids… pose significant risks including addiction"
that
"Furthermore, 67% of those taking pain medications (including opioids) either reduced use or stopped taking them altogether. Of note, no one forced them to do this, they did this on their own as their pain symptoms and health improved."

If the risk of addiction is so great then how can a whopping 67% of patients taking pain medications, including opioids, all decide of their own accord, not forced, to reduce or stop taking them altogether ?

I think the later statement shines a bright light back onto the first.

There are studies, that largely get ignored, that show that people who suffer with chronic pain do not become addicted nor do they feel euphoric when taking pain medications.

Jody Keaghey 5 days ago

I have lived in Chronic pain for years. 8 to be exact. I have several loved ones here that started out with Norco and Lortab and are now on Crystal meth and heroin. I was started on the tramadol/flexeril combo for Fibro and back problems and when it wouldn't work they began prescribing get Norco. When I realized I was developing a habit the fear of addiction hit me and I began to search for alternatives. Here in the state of Louisiana Marijuana is not legal so we can't legally use it for pain. I will you it decreases it by half. This is the fight we need to be fighting. It is safer, non addictive and doesn't have to be smoked but can be used safely in a controlled environment where it doesn't damage our lungs etc. However the government is too busy building their synthetic forms to market right now and haven't approved it yet because they can't make the money . There is also a medication that is an Antabuse drug. It's called Naltrexone. I researched it. Low doses under 4.5 MG of it have been show to help patients with Fibromyalgia, MS, Lupus, Parkinsons and other conditions by blocking pain receptors in the brain and releasing endorphins and decreasing fatigue. Taking it, you can't take opiates at all, but I have been on it a year and it has given me my life back. It's made in a compounding pharmacy and about 35.00 a month. Please research LDN . Please help push for Marijuana decriminalization and legalization because it can be used safely with the LDN.

Pam 4 days ago · 1 like

That's great thT you found something that works for you. Yes marijuana helps ease severe pain, anxiety, ptsd, etc. BUT please keep in mind it does not work for everyone. Therefore. pain pts should have any and all options available, whether it is opiods, marijuana, kratom, etc., we are all created differently. we all tolerate pain differently and we all tolerate opiods. kratom or marijuana differently. What works for some may not work for others…

MK 6 days ago

Commenting on this site does no good, UNLESS WE ALSO TAKE ACTION. It is not that difficult to formally PROTEST. It is not that expensive to formally PROTEST. It does take some time and organization.

Pam 5 days ago

Chronic pain patients had a protest back in October, it wasn't a huge turnout as many could not get to the White House, due to either financial problems or the overbearing pain. There were several guest speakers, doctors, etc. Unfortunately the protest did not even make the news, wonder why that was..smdh. Please join the facebook support groups, there is one called Vet fight back,and there is awesome info and they are dighting back as much as possible, pain patient advocay week as well is coming up in April. There are also support groups on facebook , just search chronic pain and many groups will pop up..

Rochelle Odell 6 days ago

What Your is not stating is all it takes is one hit of heroin and the user is hooked. My meds were all stopped in 2016, and my CRPS/RSD pain has spiraled it of control. My right hand has become so contracted and painful, it has become useless. I have become housebound. My dog needs to see the Vet, but I haven't driven since December 2016. I have never experienced pain like this before. This is insane, all due to the CDC's Guidelines. I personally cannot tolerate Fentanyl. Beginning to think if I could have access to illegal pain meds, it might be worth a try, but it's too costly and illegal, not viable options. Using heroin is never an option. There are too many of us suffering, severely, from having the meds we used responsibly, that used to allow us to function as normally as possible considering the circumstances. Perhaps the CDC and DEA need to LISTEN to our stories, really listen for once and make appropriate changes to both Guidelines.

Sherry Sherman A week ago · 1 like

Thank you Jane for the members of the committee as you read my mind. I have a lot of information I want to send Debra Houry again. Including the one from 12/26/16 in which the CDC admitted to double and triple counting deaths. Heroin turns to morphine. Fentanyl isn't known if legal or illicit, whether or not scripts were legal or stolen etc. ect. This is all a complete and utter lie from our trusted government officials and it must stop. The CDC Guidelines must be undone and not re-written as they the FDA, DEA, VA, HHS and many more have a lot of blood on their hands. They cherry picked the study to fit their needs and didn't even know we have a long term study on opioids of over 10 years without Hyperalgesia. Yes, you heard me correctly it's been done and all one needs to do is email me at Ssherman1123@outlook.com and I will gladly send it and many more.

We are also doing a radio show that will run for 24 hours with all CPP's as commercials. If you would like to speak for a 13 minute segment and/or do a 90 second commercial please email me at the same address above. Title your email "Radio Show or Long Term Study." I will get it to you as soon as possible as they are due by 4/13/17 and I have all information I can send by email.

This article doesn't even begin to tell the truth, but we must persist and the truth will be told. Too many Veterans and Civilians have suffered needlessly at the hands of their idiotic guidelines as too many have made them laws.

Our doctors need to be able to do the job they went to school for without fear of the DEA. I speak to people every day who are being hurt by physicians who are no longer writing their life saving opioid medications. We didn't ask to be given a chronic illness and/or chronic pain no matter what the reason and would gladly give it back.

All of those who've done the damage need to be held accountable and should feel our pain for 24 hours. I guarantee you they'd want to give it back ASAP and then we can all say " No thank you it's yours for life now." How do you think they would feel then if they felt it for just 24 hours when we have to feel it 24 hours a day – 365 days a year?

Sincerely,
Sherry Sherman, CRNP, MSN, BSN, CPC, CCS, CPPM
US Pain Ambassador and Advocate
Too many chronic illnesses to list

Jane 4 days ago

Hi Sherry,
I would be very interested in the study you refer to on hyperaglesia. I've followed the responses to the Opioid Restricting Guideline and seen a progression from "there's no evidence that opioids are effective for chronic pain" (because they haven't done anything he studies) to "opioids may not work and may make chronic pain worse" to "we now KNOW that opioids don't work for chronic pain and make pain worse". It seems like a perverse game of telephone! I've read quite a few paper on OIH and never seen any credible evidence that it is anything but rare, unpredictable and poorly understood rather than widespread and inevitable. I will email you.

Patti Young A week ago

This is what I am afraid of happening to Chronic Pain Patients. Called collateral damage as a result of CDC guidelines. It threatens Drs, who could prescribe responsibly from doing so! I also believe some of this mess has to do with the previous Government requirements that were placed on Drs' to treat pain. They took that literally and started over prescribing Opiates for pain issues that probably did not need such a strong approach. Patients' started expecting a prescription for a pain pill to cure their pain. I think it was the wrong way to think and it began the emphasis on Pain by the governement.
I do not think Pain should be ignored, but there has to be less control over the Drs' so they can do their job!

Steve Glass A week ago · 1 like

NOW..WE TRIED TO TELL YOU.
AND I'M NOT A HEROIN USER,BUT KNOW ALOT OF PEOPLE IN MY TOWN ….FROM HERE TO DENVER,AN EPISODE ON DRUGS INC. CONFIRMED IT: HERION SEEKING /USE UP EXPONENTIALLY AS A DIRECT RESULT OF "GUIDELINES" PERIOD. NOW REPEAL THIS AND LET THE DRS. THAT WENT IN TO THIS FIELD RESUME DOING THIER JOB WITHOUT BEING SCARED AND BULLIED!!! 40 YEAR PAIN SUFFERER.. .000 OVERDOSES!!!
STEVE GLASS KNOXVILLE TN

Jane A week ago · 1 like

Many of you are directing your comments to Deb Houry as though she's reading this site. Maybe she is, but maybe she isn't. Copy your comments directly to her, and to the members of the subcommittee she testified in front of. Maybe she's the one left holding the bag now that there's a new HHS secretary and Tom Frieden is out. Maybe she is reasonable or has finally seen the light. Maybe she would begin to listen….
Here are two email addresses I found for her: dhoury@emory.edu and vjz7@cdc.gov
Get a new Yahoo or gmail email if you need to.

Here's the list of members of the House Energy and Commerce Committee's Oversight and Investigations Subcommittee

Republican Members

Tim Murphy (Pennsylvania – 18) – Chairman

Morgan Griffith (Virginia – 09) – Vice Chairman

Joe Barton (Texas – 06)

Michael Burgess (Texas – 26)

Susan Brooks (Indiana – 05)

Chris Collins (New York – 27)

Tim Walberg (Michigan – 07)

Mimi Walters (California – 45)

Ryan Costello (Pennsylvania – 6)

Buddy Carter (Georgia – 01)

Greg Walden (Oregon – 02) – Ex Officio

Democratic Members

Diana DeGette (Colorado – 01) – Ranking Member

Janice Schakowsky (Illinois – 09)

Kathy Castor (Florida – 14)

Paul Tonko (New York – 20)

Yvette Clarke (New York – 09)

Raul Ruiz (California – 36)

Scott Peters (California – 52)

Frank Pallone (New Jersey – 06) – Ex Officio

Pam 6 days ago

Sad to say, there are manyain warriors who have contacted Miss Houry a year ago, and the reps that are listed as well as many more. I wrote to this smug smiling killer, and she even wrote me back, BUT there was ZERO reference to chronic pain pts and 100% references to the "fictious opiod epidemic" She pretty much ignored the pleas from pain pts nationwide. I highly doubt she's listening now, as the addiction driven agenda put in place under Obama's watch, continues to worsen and many lives lost to suicide due to this witchhunt meant nothing to her, These murdering corrupt lawmakers may never know what 24/7 intractable pain is like to the public, but I don't doubt for a second that there are many of them that do take opiods to ease thier pain. Keep in mind there are different sets of rules for "we the people" and those who are responsible for committing genocide. As much as I

wish for all of them to walk in our shoes, the thing is they will never know what agony is like. they have thier private drs and pharmacies on speeddial.They are all a bunch of hypocrits!! Oh and on the news today I heard that our asshole governor here in NJ, will be on his way to the White House to lead the opiod task force. We all are doomed!!

Jane 4 days ago

Somewhere along the line, someone on the addiction treatment side got the ear of the CDC. My guess is that it was the relative of someone who died from heroin or fentanyl or …. I further suspect that this person or the relative needed someone to blame, and prescription opioids fit that bill. It was the low hanging fruit. The CDC did everything it could to avoid objective reasoning, cautions, counter-arguments or transparency. They steamrolled it through. Their story was opioids were to blame and they were sticking to it. Well, that didn't work. Now Trump's story is that all the illegal heroin and fentanyl and … is coming from Mexico and if he builds a wall it will solve the problem. It won't, either. But maybe the tide is turning a little and maybe now there's a small crack through which a glimmer of truth can get through. There must be someone with a story that can crack the armor of the heartless politicians and beaurocrats. They need to hear all the stories! Maybe a champion will emerge who has a parent, spouse, child, neighbor, best friend with chronic pain who has had their opioids cut off. A year ago wasn't the right time because no one was willing to listen. Maybe they aren't ready yet, but the more that it becomes clear that the CDC was wrong, the better the chance that someone will eventually listen. Don't give up!

dorlee A week ago

Thank you for the info above. I will start writing. I hope everyone else will also. I think we are starting to put a little pressure on the folks that started this mess. Maybe it is wishful thinking but we need to keep going.

have a heart donate2.png

Kara Rowe A week ago

I'm in so much pain tonight I can't even muster up an intelligent response to the absolutely absurd claims by this so-called doctor Hourly!

Shameful. It's all just too shameful.

Pain patients we just need to keep fighting!

Please feel free to join me on FB at chronic pain reform.

IJ Morris A week ago · 1 like

CDC or ANY government agency has NO business telling doctors how to treat their patients. What you have done to us is criminal and all of us need to find legal support to go after these idiots. Think of the elderly that can't move without pain medication… LIKE ME!! Whoever wants to move forward with protecting us from the government EVER interfering with legitimate doctor/patient HIPAA treatment, go to Moveon.org or someone make another suggestions. We need to start a Facebook group if one has not been started already. I am disgusted to say I am a US Citizen. What have you done to our country and citizens, government? And who let you???? I also suffer from Chronic Lyme and other co-infections that cause pain that the CDC refuses to acknowledge yet has per an article personal financial ties to pharma companies? Is this true CDC and if so, what are we the Citizens doing about it?
Totally disgusted Medicare patient-

dorlee A week ago

There is a new (to me at least) facebook group called Vets Fight Back. They are representing veterans and regular citizens to have better health care, fight back against CDC, DEA etc. and the CDC being the cause of now non treatment. I don't know much yet but it might be worth a look. We all need to find the biggest groups and get involved. I don't know if there are too many smaller groups but maybe we would have better luck joining the groups with the most numbers. I think everyone is too scattered and our voices are not heard. Any ideas?

Jenifer Markoe A week ago · 1 like

Actually alcohol is the gateway drug. Most kids are drinking first then get the stuff at some party. Please be honest.

Teraysah Barker 6 days ago

Alcohol and cigarettes ARE the gateways….

FOLLOW PNN

PNN CATEGORIES

Karen Stasiak A week ago

More smoke and mirrors from Houry, I can't say that I am surprised. I wonder if "they" have yet considered the other damage done to pain patients,i.e., stress related illnesses? Or even just the fact of turning a large segment of Americans into bitter citizens, feeling completely abandoned by our so-called leaders. My pain clinic (5 years there) was taken over by different doctors, and I have undergone cuts which have me at less than half of what I used to take (with no ill effects, or problems whatsoever). Yet upon my last visit, when I responded to being questioned as to how I was doing by telling him that the most recent cut (3 1/2 weeks prior to appt.)was the hardest one to adjust to, his response was that I needed to detox. He said that cutting it again wouldn't be fair to me. How does that make any sense....somehow detox would be? Then what??? When I asked him what I would do afterwards for pain relief, he answered with the news that I should seek a new doctor. He left the room abruptly and returned with only one months worth of prescriptions, instead of the customary two months worth, and then I was denied the ability to schedule another appointment. I was told my account was flagged "do not schedule, the patient disagrees with suggested course of action". What the hell, is that even legal.....patient abandonment? With only a month to find a replacement, which is a hellacious undertaking nowadays, not to mention that I have no idea if the new doctor will even help me. So, next week I could find myself with no medication, and left on my own to deal with it. I also want to say that I love how the fact that one becomes physically dependant on opiods is used against us....there is a HUGE difference between physically dependant and addicted, for crying out loud! Not to mention that there are MANY MANY different drugs which people take that one would go through some level of physical discomfort if they were to abruptly stop after years of taking – even thyroid medication, to mention one simple example. I try to be a good person. but I see my entire future being taken away (along with my fellow pain sufferers), and the word "hate" is unavoidable, and that's no way to be either.

Harry A week ago · 1 like

Why don't you just take us Chronic Pain Sufferers out behind the building and shot us in the back of the head? ….. We don't even let animals suffer in pain

Charles A week ago · 1 like

The drug Alcohol negatively affects 1000's of times more people than opioids and all other drugs combined….
Why don't you "smart" people go after the pushers of that drug?

Ohhh that's right there's more money being made from the drug alcohol

Mike A week ago · 1 like

The doctor is not being honest when she says the forced reduction in pain medication for patients has not forced people to seek relief from pain with illegal drugs. This is typical government bull when the unintended negative consequences is worse then the intent of misguided policies of professionals that have not even diagnosed the patients.

dorlee A week ago

She still believes pain meds are a gateway drug. According to her, "statistics from Ohio showing nearly 2/3 of people who overdosed on heroin or fentanyl received at

least one opioid prescription in the seven years before their death." Is no one allowed a prescription (one) for surgery, root canals or other? In seven years? How do you relate that to being a gateway drug? Guidelines should be repealed now. Why was she testifying before the House Energy and Commerce Committee's Oversight and Investigations Subcommittee? Is that someone else we should be writing letters to? We should flood that group with e-mails, letters, complaints, stories etc. Maybe they will do something since all the other places are still ignoring us.

Anne Mathews 4 days ago

my question is the people who are OD'ing what is the average age???? Probably 20's-30's Right So if some one in their late 20's OD'd them having a script for hydrocodone for wisdom teeth removal 7 yrs prior that caused them to get hooked to heroin???Yea right.

You know you can manipulate stats to say anything you want

Larry A week ago · 1 like

Dorlee, do you know why Ohio has went straight to the top of the list for worst heroin and illicit fentanyl deaths? The governor John Kasich started in 2011 with the intimidation of the primary care doctors that wrote schedule 2 medications. That forced many into the pain clinics who for years were given some relief. Then hydrocodone was rescheduled and the scare agenda of pain medication was ramped up in 2014. He implemented strict guidelines that made things so much worse for opioid dependent patients after that. The drug addicts that were using for non medical purposes then could not afford the little amount of pills that ended up on the street. And then the surge of heroin flooded Ohio, the state created the perfect black market conditions. Restrict all opioids no matter the consequence, low supply= high price, heroin=cheap. The elderly, disabled and chronically ill are surging the suicides. It is so sad to read the obituaries. the newspapers are filled with so many deaths from this situation. Everyone loses in Ohio, the state has a bogus medical

marijuana law that is nothing but a delay tactic. No access for those in pain, and now you must seek out a drug dealer for weed. Guess what else those dealers have? Fake pain pills laced with illicit fentanyl.

Kara Rowe A week ago

Dorlee,

I agree with you! She is totally reaching with the 7 years prior thing! Let's be serious here! Even a child could see beyond her claims. It lacks any sort of logical reasoning.

Not to mention, many professionals, studies, and industry relative people have cited the gateway drug theory to have been debunked many years ago! This is how desperate people like "Dr." Houry are to further their agenda and to stick by their guns. It's sad and frustrating when we see the truth of the matter being denounced by those too afraid and unwilling to admit they've been wrong.

Wake up America! You've been hoodwinked. Opioids are still the best medicine for chronic pain when used appropriately and with proper maintenance from a physician.

jojordan A week ago

That '2/3 received opioids in the last seven' years shocked me too. You could make that correlation with anything from NSAIDS to chocolate! They are just trying to cover their butts for making a huge mistake in their statistics to begin with.

- Pain Medication
- Opinion
- Addiction & Dependence
- Alternative Treatments

Cat Mc A week ago · 2 likes

I had already lost my career, ability to go on family outings, sleep in a bed, do my much loved gardening, WALK,my self respect, and so many other things I loved to do. My medications gave me somewhat of a quality of life, at least. I had lost enough….and then you pulled the plug on me….and sent my family and myself spiraling downward all over again!!!!

I agree with you completely, Sheri Wolford!!

nameless patient A week ago · 2 likes

Seeing the photo of this woman smiling happily in the wake of all the damage done angers me.

Michael J. Maltese A week ago · 2 likes

Lawsuit? What lawsuit is that Sheri Wolford? I'm interested to find out more!

- Pain Research
- Back Pain
- Arthritis
- Fibromyalgia

Sheri Wolford A week ago · 4 likes

Gov't had NO BUSINESS sticking their noses in our LEGAL medical treatments to begin with!! I hope every doctor who had their licenses revoked, for not agreeing with the so-called "guidelines" because they were SPECIALISTS, not only joins in the lawsuit against you, but gets public apologies and acknowledgements that actually DID NO WRONG!! All of you need to be fired, without pension, for all the inhumane pain and mental abuse, you've not only caused pain patients, but families of patients that have already committed/atttempted suicide!!
And to STILL try and come up with excuses for your actions is absolutely disgusting. REVERSE this asinine ban NOW!!

maryw A week ago · 1 like

,,what lawsuit?????? im in,,I AM THERE,,,,,, I am working on #3 attempt at thee aclu,,soooo what lawsuit?????,,,until we r allowed to speak infront of congress ourselves,,,,I TRUST NOTHING OUT OF THIS GOVERNMENT,,, recently i did MORE research,,,did u guys know,,the suicide rate decreased by 4 % from 1990 thru 2000,,,,,,gee,,.u think it was thee invention of Pain Management???I DO!!!,,FROM 2001 till 2016,,,it has literally doubled,,from 22,000 to 46,000,,,,,I actually sat down ,,did the numbers for our vets,.,sad,,,,22 a day x 7 days is,,154×4,,=616 per month x12=7392 a year,,,The vets,,literally account for close to 1/2 of that 22,000 increase,,,THAT IS 22,000 HUMAN BEINGS,,,,,WHO jmo,,,have had to make that choice,,,,Every since Dr.Government bullied there way into our private medical Decision..Now from 1990 till 2000,,,when Doc's made the decision w/out fear of the dea,,,,suicide dropped by 4.5 %,,,or 4500 human lives jmo,,,SAVED by our doctors,from proper pain management,ie 1990 thru 2000……
If 22,000 more suicides,,since Dr.Government decides how much we can have or NOT HAVE,,, if that aint PROOF OF TORTURE,HARM AND GENOCIDE,,,,,nothing will convince our government they are literally murderring us!!!!!! any GOVERNMENT

EMPLOYEE convicted of TORTURE AND GENOCIDE WILL SERVE A LIFE SENTENCE IN PRISON,,,appropriately!!!!!!so give me freaking lawsuit,,PLEASE!!!!!!!,,FOR THERE IS NO SOVEREIGN IMMUNITY FOR THE WILLFUL CRIMES OF TORTURE AND GENOCIDE,by a United States Government employee,appropriately soo,mary

Kara Rowe A week ago

Maryw,

I would LOVE to have any links to the stats you've mentioned. I'm working on an APA formatted paper & PowerPoint presentation & would love to include these stats.

Please join me on FB at chronic pain reform. Thanks!

Pam A week ago · 2 likes

Im interested in the lawsuit, in fact many in the pain support goups are interested but can not find a lawfirm. Do you have a lawfirm ready to kick the asses of these murderers!

dorlee A week ago 1 like

I bet if just one law firm/lawyer would take us on, you would soon have many other lawyers jumping in. Everyone is so afraid. Forget that and do what is right. We need help now.

Jenifer Markoe A week ago

I would think if people are able to sue Jeff Session for lying during his Confirmation hearing we could find a lawyer who would do this. I think some lawyers may not want to get into the controversy. Now that was a stupid thing to say after seeing some of these lawsuits that come out. Maybe we could get some law student to do some research on this and then would have something to show a lawyer why we have a case. Does anyone have any lawyer friends, no matter what type. If you do know someone pick their brain. The other issue who do you go after the CDC, DEA , the states making even more insane limits or doctors. It seems like the CDC has done the most harm with their little research guidelines so a suit to get them to retract the guidelines would be a good place to start. Meanwhile I would love to know why large Chronic pain non-profits have not stepped up in this. We need some national voice.

Pam A week ago · 3 likes

Honestly, Miss Houry, you make me sick!! Every single one of you who took a part in the fictious opiod epidemic you all created have the blood of many on your hands!! Due to your actions, legitimate pain pts are committing SUICIDE to escape the u bearble pain YOU have forced them to endure with your FALSIFIED overdose statistics!! Labeling heroin deaths as a death to legally prescribed opiod pain medication!! I truly hope karma pays you all a visit and you will know what suffering in severe pain is like! I truly hope you will be neglected, bused, mistreated, degraded, belittled, discriminated against, and stigmatized as an addict, such as what you mand your bias sidekicks have done to innocent law abiding chronically ill citizens!!! Are you planning to do the right thing and retract the BARBARIC AND INHUMANE guidelines immediately!?!? Are you going to admit on national TV how very wrong the CDC is in blaming our drs for prescribing LIFESAVING

PAIN MEDICATION!?!? YOUR actions have caused many to turn to the streets for relief or SUICIDE!!!Because of YOUR actions, Doctors who continue to treat their pain pts with adequate pain relief are being shut down by the DEA, they are in fear of prescribing opiods to those who require them to sustain a QUALITY OF LIFE!! Because of YOUR actions, the VA has adopted your BARBARIC AND INHUMANE guidelines as the law, many of our Vets have been cut off from thier lifeline, why do you think so many are committing SUICIDE!?!? Because of YOUR actions, medicare and medicaid are also taking the BARBARIC AND INHUMANE guidelines as law. Because of YOUR actions, many insurance companies are denying lifesaving pain medications , because of YOUR actions, emergency rooms are neglecting chronic pain pts, refusing to treat their severe pain and have labeled those who go to the ER as drug addicts and pill seekers. Because of YOUR actions, pharmacies now have the right to decide who they will fill pain medications for, they can refuse to fill, amd even red flag a patient and report them as if they are some criminal!! Because of YOUR actions our senior citizens whose bodies are crippled in severe pain are being DENIED LIFESAVING PAIN MEDICATION!! Because of YOUR actions chrinic pain pts are being abandoned by the medical community!!! I can keep going on and on. The devastation YOU AND YOUR CORRUPT SIDEKICKS have caused onto the pain community has taken many lives and continues to take ny lives of the suffering!!! SHAME THE F*** ON YOU!! I have never wished bad on anyone until now. Because of YOUR actions, my QUALITY OF LIFE has been taken from me! Treating intractable pain pts with a one size fits all approach is the most outrageous thing ever! YOU ignored the truth, YOU ignored FACTS! YOU put in place an anti-opiod witchhunt that only benefits the pockets of anti-opiod ignorant people such as Kolodny and Ballantyne!! YOU know dam well that denying legitimate pain pts their lifeline has caused many pain pts to endure what could be deadly withdrawal!! YOU know dam well that denying pain pts their lifeline has forced pain pts to go to detox as they are only left with a handful of options, : the streets, detox or suicide !! How many lives of addicts did you save by cutting off the chronically ill!?!! NONE!! Because of YOUR actions, legitimate pain pts have been labeled as drug addicts, amd we are being treated like dam criminals!! Going to a monthly PM dr appt is more like checking in with a probation officer. I am fed up amd have had it with having to take drug tests monthly or surprise pill counts, Tell me what other condition requires such inhumane treatment!?!? ABSOLUTELY NONE! You ought to take a good hard look at yourself in the mirror lady, karma is a bitch and boy when she knocks on all the doors who took part in the genocide thruout the pain community , she will NOT have mercy on any of you!!!

Jenifer Markoe A week ago

Maybe diabetics should have to go in for a syringe count if on insulin while they are at it. I know let have every American have to take a Urine test to buy food at the store while we are at this. The damage has been so bad and if that Medicare thing gets through that will cause problems for those who are they very sickest. What a disgrace. I wonder if they got this idea from Russia.

Sandie A week ago · 2 likes

You know how you are making real pain patients suffer as well as their family's who watch their loved ones go down hill when they use to be able to lead a somewhat normal life so sad when your husband can't even enjoy time with his grandkids or take part in family get togethers. So tell me how would you feel if it was one of your family members suffering ? Don't you think it's time to let the Dr and patient do what they use to do so they can give them some kind of treatment that they deserve so they can get back to having a life before it's to late. Medicare and Medicaid need to back off as well as the NCQA.

Candi Simonis A week ago 1 like

I think the CDC maybe realizing this is a war on pain patients NOT a war on drugs. They can stop every prescription written by a Dr and the drugs will still be readily available and accessible.
People will abuse, whether it be obtainable medication, illegally obtained medication, illegal fentynal, illegal heroin. Finally they are looking at the real numbers of individuals on legally prescribed medication, who in turn end up "addicted", which is very low. When is this war on Dr's and chronic pain patients going to stop.
We are being denied medication readily available to us with a chronic incurable disease. No other disease is being scrutinized for the medication the patient takes to control it. We as chronic pain disease patients are alive but we definitely are not living. We are in pain 24/7 and many of us unable to function, take care of our homes, our children, even ourselves or

much less have any kind of social life. Where is the humanity and compassion for us? When you live it, when you see it you will then understand!

N. Payne A week ago · 3 likes

This sounds like a woman who can't admit she and her agency made a HUGE mistake. She needs to face and TELL the truth–needs to reverse the damage done to legit patients and our doctors. We continue to hurt and die! We want our doctor-patient privacy back. We want all the alphabet soup agencies off our and our doctors' backs. Until this is fixed, the blood is on your hands CDC, DEA, etc. Stop this madness now and just maybe you'll be able to wash that blood off someday.

jane smith A week ago · 2 likes

All physicians who continue to refuse to treat patients for pain with SAFE and effective opioids should lose their license to practice. and the CDC DEA officials who put this tragedy in motion should be prosecuted and jailed for life. After they have had their legs arms and back broken and then they are refused any pain relief. We are rising up and we will humiliate and embarrass every doctor, ER, hospital, "pain clinic" and CDC DEA official at their homes and their offices for torturing patients. The gloves are off.

Anne_Fuqua A week ago · 1 like

Unbelievable….well actually I guess this is exactly what we SHOULD expect from Houry. I guess I was just naively optimistic in hoping for better.

Toni A week ago · 3 likes

What has happened now is that you have really hurt chronic pain patients with the guidelines and people are now going to the street or alcohol for pain help! They don't even take heroin users to jail here in my state very often so the snowball will continue and you have added people who used to get help and now don't.

Jenifer Markoe A week ago 1 like

Nor should they take Herion addicts to jail. They need to be taken to rehab if it is a addict and if a chronic pain patient put on safer opiates. That is only thing that will stop this. Until the higher ups realize that the drug is just a symptom of the disease of addiction then nothing will change.

Tracey Rogers 5 days ago

Jenifer, I agree. I'd like to add that it would really be helpful if we had a solid mental health system in this country that everyone should be able to access if they need it. Many of the rural areas don't have local mental health facilities. It should also be affordable for all, regardless of whether one has insurance or not.

My son began having mental health issues right around the time he began going through puberty. (His doctor ran all the necessary blood work to rule out any physical issues. With excellent insurance, it is still quite expensive and very difficult navigate.

Many addicts have underlying mental health issues and/or illnesses that if treated prior to beginning alcohol and/or drug abuse, they very well might not go on to addiction. There's also a negative stigma attached to mental illness, including reaching out and getting help (sort of like the negative stigma attached to taking prescription opioids for chronic pain).

No one should ever have to feel ashamed for seeking help for their mental health. This country has tossed addicts in jail for abusing drugs for the past 100 years. Obviously, it's NOT working. Perhaps this country should do something different ....

Cathy Reiner A week ago 2 likes

Cathyh1957

I have a ? now since you have started this panic are you going to withdraw your guidelines what are you going to do about MEDICARE AND NCQA since they have taken it even futher

- Medical Marijuana
- Neuropathy
- Migraine
- Kratom

Harp, William <william.harp@dhp.virginia.gov>

Followup to Conversation May 31, 2019 - New Evaluation & Urgent Request for Exception to PMP 500 MME Threshold for Louis Ogden

1 message

KRISTEN OGDEN <kristenogden@prodigy.net> Tue, Jun 4, 2019 at 2:17 PM
Reply-To: KRISTEN OGDEN <kristenogden@prodigy.net>
To: William Harp <william.harp@dhp.virginia.gov>
Cc: KRISTEN OGDEN <kristenogden@prodigy.net>, Louis Ogden <louisogden@prodigy.net>

Dear Dr. Harp,

Thank you very much for your call Friday morning, May 31. I very much appreciate your time and the interest you showed in our concerns.

Since we spoke, I have thought about instances wherein you may have heard or seen our names mentioned. One of them took place on/about March 11, 2019. You may or may not have been consulted at that time. On that date, Dr. Barbara Allison-Bryant reported via email to Dr. David Brown following her review of information about us that had been given to Dr. Brown by Delegate David Toscano. The binders of information that Dr. Allison-Bryant reviewed were compiled by us for the purpose of informing and educating Virginia legislators about my husband's loss of access to pain medications and the challenges faced by him and other chronic pain patients in Virginia. The binders did not include my husband's entire medical history and were not intended as such. Dr. Allison-Bryant concluded from the information she reviewed that my husband had not had any recent medical evaluations. That is not the case; there have been several evaluations in recent years and there was actually an evaluation in progress at the time she reported her observations.

I am forwarding for your information the recently completed clinical summary report of that evaluation. It provides new diagnoses regarding the underlying conditions of my husband's severe constant intractable pain illness. This evaluation was completed May 15, 2019 by Louis' now semi-retired former pain specialist, Dr. Forest Tennant. Dr. Tennant initiated and completed this recent evaluation as part of his ongoing research into the rare disease conditions involving severe intractable pain that brought patients to his clinic. Louis was one of the more unusual and complex patients whose underlying cause(s) had remained somewhat unclear. **Dr. Tennant now believes that Louis suffers from a genetic connective tissue disorder, Ehlers-Danlos Syndrome - Vascular Type, plus cervical arachnoiditis, lumbar adhesive arachnoiditis, and other complications.** While neither Dr. Tennant nor I have ever doubted the severity of my husband's pain, I hope this new evaluation report will help others to understand and accept that Louis Ogden truly does need and benefit greatly from the stable, high dose of prescribed opioids he was able to fill in Virginia from December 2010 until October 2018.

During our conversation on May 31, I talked to you about several issues and concerns. **I reemphasize here that Louis' need for access to fill pain medications here in Virginia is both urgent and dire.** Louis began tapering slowly off OxyContin and oxycodone in February 2019 as he was being prescribed an increasing dose of injectable hydromorphone (50mg/ml). Each injection gives a very small degree of pain relief that lasts only a very short time, even now at the .9 ml dose. His average pain level now stays about 7-8 on the 1-10 scale, as compared to the average pain level of 3 that he experienced while on his full dose of OxyContin and oxycodone. He now spends very little time up and doing things he enjoys (playing his guitar, playing his electronic keyboard, working on his computer) and much more time in bed or lying down on the couch. He is no longer able to ride in the car for more than 1 hour without

experiencing ever worsening severe head and neck pain. His functional capabilities and quality of life are severely reduced. I am watching my husband, who was stable for almost 9 years, go downhill every day at an ever-increasing rate. I fear greatly what lies ahead when the OxyContin and oxycodone are gone.

We request that an exception be made to the Virginia PMP 500 MME threshold immediately to permit Louis to once again fill pain medications here in Virginia. Such action would also require authorizing a physician to prescribe and a pharmacy to dispense. It may also be necessary to obtain DEA cooperation to enable a supplier, e.g. Smith Drug Company, to supply a local pharmacy without fear of retribution. Absent such actions, I fear my husband's life will be cut short.

I spoke on the steps of the Virginia State Capitol on May 22, 2019 during the Don't Punish Pain Rally. I called on Governor Northam and the medical regulatory hierarchy of the Commonwealth of Virginia to reexamine your policies, especially the 500 MME cutoff in the PMP, and modify or rescind policies to improve access to pain medications for intractable pain patients. Below you will find a link to a video of my 8-minute talk. Please give me a few more minutes of your time to view my comments. I am providing you this information in the interest of maintaining transparency in my communications with you. I'm sorry the video is wiggly starting out; it gets better in a few seconds.

Kristen Ogden at VA DPP Rally 2019

Kristen Ogden at VA DPP Rally 2019
Dontpunishpainrally.com

Also in the interest of transparency, I can provide copies of letters we wrote to you and the Board of Pharmacy on April 9, 2018 plus an exchange of correspondence between your office and Dr. Robert Hansen. I believe these are the only other instances wherein you may have heard or seen our names. Please advise if copies of these items would be helpful.

Dr. Harp, I again thank you for your interest and concern. Please find a way to help my husband be able once again to get pain med prescriptions filled here in Virginia. His life literally depends on it. Let us know what we can do to help.

Many thanks. I hope to hear from you very soon.

Sincerely,

Kristen Ogden
Co-Founder, Families for Intractable Pain Relief (FIPR)
cell: 804 731-2072

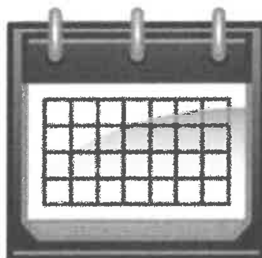
Agenda Item: **Report of the Nominating Committee**

Staff Note: The Committee met at 7:45 a.m. to develop a slate of officers for next year.

Action: Approve the slate as presented or develop an alternate slate.

Next Meeting Date of the Full Board is

October 17-19, 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

July 15, 2019