Board Meeting of the Virginia Board of Medicine

October 26, 2017
8:30 a.m.

Department of Health Professions

Board of Medicine

Thursday, October 26, 2017 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Other Reports **69**

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- Board of Health Professions 70-87
- Podiatry Report .....
- Chiropractic Report .....
- Joint Boards of Nursing and Medicine .....

New Business:

1. Regulatory and Legislative Issues – Elaine Yeatts **88**
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   - Proposed Regulatory Action–Nursing/Elimination of Separate License for Prescriptive Authority 90-90
   - Regulatory Action – Fee reduction 91-98
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7. 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.

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Board Room 2

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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.

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Agenda Item: **Approval of Minutes of the June 22, 2017**

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

June 22, 2017 Department of Health Professions Henrico, VA 23233

CALL TO ORDER: Dr. Allison-Bryan called the meeting of the Board to order at 8:52 a.m.

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

MEMBERS PRESENT:
Barbara Allison-Bryan, MD, President
Ray Tuck, DC, Secretary-Treasurer
Syed Ali, MD
David Archer, MD
Lori Conklin, MD
Deborah DeMoss Fonseca
David Giammittorio, MD
Jane Hickey, JD
Isaac Koziol, MD
Wayne Reynolds, DO
David Taminger, MD
Kenneth Walker, MD

MEMBERS ABSENT:
Randy Clements, DPM
Alvin Edwards, PhD
The Honorable Jasmine Gore
Maxine Lee, MD
Kevin O'Connor, MD, Vice-President
Svinder Toor, MD

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Executive Director, Discipline
Barbara Matusiak, MD, Medical Review Coordinator
Alan Heaberlin, Deputy Executive Director, Licensing
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant
David Brown, DC, DHP Director
Lisa Hahn, MPA, DHP Chief Deputy Director
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
K. Martin, HDJN
Kim Pekin, Premier Birth Center
Christina Miller, Beautiful You

Michelle Lannie, SoVA Laser
Carol Morton, SoVA Laser
David Garland, Bio Delivery Sciences
Sara Heisler, VHHA
Nicole Pugar, ACOG-VA
Julie Galloway, MSV

EMERGENCY EGRESS PROCEDURES

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

DHP DIRECTOR'S REPORT

Dr. Brown introduced the agency's new Enforcement Director, Michelle Schmitz. Dr. Brown said that Ms. Schmitz comes to the agency from the US Office of the Inspector General where her duties included oversight of healthcare fraud.

Ms. Schmitz told the Board that she was honored to be at DHP and looks forward to working with all the boards to provide satisfactory and timely investigations.

Dr. Brown announced that, effective July 1, 2017, there will be a change in the conduct of informal conferences. Adjudication specialists will not participate in closed session unless requested by the informal conference committee to do so. If that occurs, the adjudication specialist will not be able to represent DHP and the Board in a subsequent formal hearing. To avoid having the adjudication specialist that prepared the Notice and best knows the case having to bow out after an informal, a substitute adjudication specialist can participate in the closed session to help the committee formulate the Order. With this approach, the most knowledgeable adjudication specialist will be able to represent DHP and the Board at a formal hearing.

Dr. Brown provided an update on the opioid epidemic. He said that the crisis is worsening, which makes the work of the Board all that much more important. The Emergency Regulations represent best practices, which will mean that there will be fewer Virginians dying. The regulations are a significant step forward that will improve the future; however, they do not change the circumstances for people that are already addicted. To address the addiction issue, the Department of Medical Assistance Services (DMAS) began a new program in April 2017 called Addiction and Recovery Treatment Services (ARTS) which has dramatically increased the number of providers and available beds for patients. In addition, the Virginia Department of Behavioral Health & Developmental Services received a $10 million grant to enhance efforts of the community services boards. The challenge now is for legislators to find the funds to continue all of these services. Since the Legislature has not expanded Medicaid, Virginia is more disadvantaged than its neighboring states.

Dr. Brown also informed the members that Dr. Hazel requested two workgroups be convened. The first is to develop the curriculum for all schools that teach prescribing and dispensing, and the second to look at all the challenges surrounding electronic opioid prescribing, which is to be implemented by 2020.

APPROVAL OF THE FEBRUARY 16, 2017 MINUTES

Dr. Allison-Bryan asked that the minutes be amended to add Ms. DeMoss Fonseca as present at the February 16th meeting. Dr. Reynolds moved to accept the amended minutes. The motion was seconded and carried unanimously.

ADOPTION OF THE AGENDA

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

VIRGINIA PHYSICIAN WORKFORCE 2016 PRESENTATION

Dr. Carter gave an informative presentation of the Healthcare Workforce Data Center's "Estimating Virginia Physician Workforce Supply and Demand with Futuredocs Forecasting". Dr. Carter noted that Indiana and Great Britain will be adopting Virginia's surveys "full cloth" for implementation in their jurisdictions, quite a compliment to Dr. Carter and her staff. Data is also being shared with the Virginia Department of Education to provide guidance counselors with occupational road maps that can be shared and discussed with students interested in careers in healthcare.

PUBLIC COMMENT ON AGENDA ITEM

Kim Pekin, Chair of the Midwifery Advisory Board and licensed midwife at Premiere Birth Center – Ms. Pekin informed the Board of the challenges midwives have been experiencing when trying to obtain lab tests and ultrasounds; they have recently been denied these services. The reason being given for the denials is that there is nothing in writing from the Virginia Board of Medicine that specifically states ordering lab tests or ultrasounds is within the scope of a midwife's practice. Ms. Pekin said that midwives want to practice safely and asked the Board members to approve the draft guidance document in their packet that lists the authority to order these tests for the clients they serve.

Christine Miller, Beautiful You – Ms. Miller addressed the Board regarding HB2119 – Laser hair removal; limits practice. She stated that, in addition to seeking more information about the restrictions to practice, she wanted to let the Board know that it would be financially burdensome to employ a licensed professional for supervision.

Michelle Lanning, owner of several hair removal businesses – Ms. Lanning addressed the Board regarding HB2119 – She came to the meeting in hopes of finding out about the regulations and how to comply.

David Garland, Bio Delivery Sciences – stood to provide a correction to information given to the Board of Pharmacy.

Nicole Pugar – representing the American College of Obstetrics and Gynecology (ACOG)-Virginia-- referred to the letter from Dr. Christopher Chisholm that expressed ACOG's support of the Midwifery Advisory Board's request for a guidance document.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT'S REPORT

Dr. Allison-Bryan said that she was honored to represent the Board at the Federation of State Medical Boards (FSMB) Annual Meeting in April. She stated that she attended a session focusing on opioids and was pleasantly surprised to see that Virginia was being recognized as a model with its pain management regulations. She also noted that Virginia's decision not to participate in the Medical Licensure Compact at this time was a topic of conversation. She said the Compact has issued its first license. The cost is $700.00 to the physician for the Compact application. Additionally, the applicant must submit the fee for the state or states in which Compact licensure is sought. Dr. Allison-Bryan stated that Virginia's proposal of licensure by endorsement is a more economical and direct route to licensure. The Compact's origin is, in part, linked to the practice of telemedicine. A spokesperson at FSMB referred to Virginia as being an exemplary telemedicine state. If Virginia is already seen as a state with quality telemedicine, there may not be an acute need for practitioners from other states to provide telemedicine care into the Commonwealth.

Dr. Allison-Bryan reported on the Board of Health Professions' review of certified anesthesiologist assistants (CAA). She noted that a CCA is the equivalent of a physician assistant, but CCA's are unable to practice as independently. There are eight schools that graduate about a half dozen students annually. Although she is not sure of the direction of this occupation, this is potentially another profession that the Board would regulate.

VICE-PRESIDENT'S REPORT

No report.

SECRETARY-TREASURER'S REPORT

No report.

EXECUTIVE DIRECTOR'S REPORT

- Revenue and Expenditures Report

Dr. Harp reviewed the cash balance as of May 31, 2017 and noted that 99.40% of the Board's budget had already been collected in 11 months.

Health Practitioners Monitoring Program (HPMP)

Dr. Harp reviewed the HPMP Monthly Census Report as of April 30, 2017, indicating Medicine has about 25% of the participants. Preliminary numbers show that there would be 5 fewer Medicine participants in May.

HJR780

Dr. Harp then acknowledged the email from Dr. Paul Nardo regarding HJR 780 designating each

February as "Self-Care Month" beginning in 2018.

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

COMMITTEE AND ADVISORY BOARD REPORTS

- Committee Appointments and Advisory Board Reports

With the exception of the meeting minutes of the Regulatory Advisory Panel and Legislative Committee, Dr. Reynolds moved to accept the remaining minutes en bloc. The motion was seconded and carried unanimously.

OTHER REPORTS

Assistant Attorney General

Ms. Barrett provided an update on the status of the cases of Dr. Hagman, Dr. Clowdis, Dr. Pettis and Dr. Zackrison. Ms. Barrett informed the Board that, although the Court upheld the Board's decision, they did say that the Board erred in not allowing Dr. Zackrison to be designated as an expert at her formal hearing. The Board did not have a standard for an expert at the time of her hearing. Ms. Barrett said the Office of the Attorney General suggests that the Board adopt an expert standard from one of the following options—the Virginia medical malpractice standard and the traditional Virginia standard. It was pointed out that the traditional Virginia standard for expert admissibility could be applied across all boards. The traditional standard states: to qualify to serve as an expert witness, an individual must possess sufficient knowledge, skill, or experience regarding the subject matter of the testimony to assist the trier of fact in the search for the truth. Generally, a witness possesses sufficient expertise when, through experience, study or observation the witness acquires knowledge of a subject beyond that of persons of common intelligence and ordinary experience. After a brief discussion, Ms. DeMoss Fonseca moved to accept the traditional Virginia standard as the expert admissibility standard. The motion was seconded and carried unanimously.

Board of Health Professions

Dr. Allison-Bryan had no report as BHP's last meeting in December was cancelled.

Podiatry Report

Dr. Clements had no report.

Chiropractic Report

Dr. Tuck reported on his attendance at the Federation of Chiropractic Licensing Boards Annual Meeting. He said that it was a great meeting with topics involving telemedicine, how chiropractors involved with sports are addressing the crossing of state lines with teams, the opioid crisis, and guidelines on non-pharmaceutical treatment for pain. Dr. Tuck stated that Virginia is one of two states with a blended board, and he left the meeting recognizing what an effective composite board Virginia has.

Committee of the Joint Boards of Nursing and Medicine

The meeting minutes of April 12, 2017 were included in the agenda packet.

NEW BUSINESS

1. REGULATORY AND LEGISLATIVE ISSUES

Dr. Allison-Bryan provided history on the development of amendments to the emergency regulations recommended by the Regulatory Advisory Panel (RAP) and subsequently the Legislative Committee. She said that much public comment was taken into consideration and gave credit to Dr. Harp, Elaine Yeatts, the RAP and the Legislative Committee for their hard work on the recommended amendments.

- Chart of Regulatory Actions

Dr. Harp briefly reviewed the status of the ongoing regulations that are in the pipeline and the actions that need to be taken on each.

- Legislative Proposals

Genetic Counselors

Dr. Harp said that recently it was noted the law as written kept some experienced genetic counselors certified by a predecessor organization from being licensed. The predecessor certifying body morphed into the current certification body, which is in the law, but the predecessor is not. After a brief discussion, Dr. Ali moved to adopt the draft legislative proposal as presented. The motion was seconded and carried unanimously. The language approved was as follows:

§54.1-2957.19 C – An applicant for licensure as a genetic counselor shall submit evidence satisfactory to the Board that the applicant (i) has earned a master's degree from a genetic counseling training program that is accredited by the Accreditation Council of Genetic Counseling, or its predecessor organizations, and (ii) holds a current, valid certificate issued by the American Board of Genetic Counseling or American Board of Medical Genetics to practice genetic counseling.

Polysomnographic Technologists

Dr. Harp said that the Advisory Board on Polysomnographic Technology had discussed an issue critical to individuals obtaining their education by on-the-job training or in formal educational programs. Polysomnographic students do not have an exemption in the law to practice while in training, commonly known as a student exemption. A second issue discussed by the Advisory Board was the delay in getting a graduate licensed. The Advisory said that it takes a number of weeks for certification to be granted after a candidate takes the Registered Polysomnographic Technologist (RPSGT) examination given by the Board of Registered Polysomnographic Technologists, which is required for licensure. A license applicant amendment to the law is being requested to allow a graduate to practice for 6 months or until he/she fails the examination. Dr. Harp advised that both of these legislative proposals have precedents. Respiratory Care has a student exemption, and Occupational Therapy has a license applicant exemption of 6 months.

Some of the Board members expressed concern with a graduate continuing to work after he/she fails the examination. They asked that language be placed in the law that it is clear to those that fail the examination, that they can no longer practice as a sleep technologist, but only perform nondiscretionary tasks as a sleep technician.

Dr. Ali moved to add at the time of first failure to the proposed language. The motion was seconded and the floor was opened for discussion.

Dr. Harp reiterated that if the proposed language is approved, the applicant will have a period of time after graduation to pass the examination. However, if the applicant is notified of a failing grade, he/she will no longer be authorized to work as polysomnographic technologist. Duties must revert back to those of a polysomnographic technician.

Dr. Allison-Bryan acknowledged the concern expressed by Board members. For the sake of clarity, Dr. Harp suggested that Board staff be given authority to develop specific language emphasizing the prohibition on practice as a sleep technologist after receiving a failing grade on the RPSGT exam.

Dr. Reynolds moved to adopt the draft legislative proposal as presented with the exception of §54.1-2957.15(C), for which staff will craft appropriate language to address the above concerns. The motion was seconded and carried unanimously.

Dr. Allison-Bryan called for a break at 10:21 a.m.; the meeting reconvened at 10:44 a.m.

- **Recommendation on Regulations for Genetic Counselors**

Dr. Harp said that the Advisory Board on Genetic Counseling met on June 5th and recommended the adoption of an amendment to 18VAC85-170-60 as it relates to the grandfathering clause. The recommendation changes the date for grandfathering from July 1, 2016 to December 31, 2018, the new date that has been established by the General Assembly's amendment to 54.1-2957.19.

Dr. Harp further stated that the Advisory Board is requesting a policy action to grant a 12-month grace period, which will run until June 13, 2018, for the licensure of genetic counselors before alleging unlicensed practice. This policy is consistent with the grace periods that have been granted to other newly licensed professions. Applicants under the grandfathering provision would still have until December 31, 2018 to apply for licensure.

After a brief discussion, Dr. Ali moved to adopt the amendment to 18VAC85-170-60 as it relates to the grandfathering clause and approve the policy action to grant a 12-month grace period for licensing genetic counselors. The motion was seconded and carried unanimously.

Dr. Harp reviewed a solitary comment received from Mr. Hetzler, Legislative Counsel at the Family Foundation. Mr. Hetzler requested that the Board not impose restrictions on genetic counselors that are not imposed by the law. Dr. Harp advised that since the regulations went into effect June 14, 2017, Mr. Hetzler's comment is appreciated, but moot.

- **Regulatory Actions – Occupational Therapy**

Dr. Harp briefly reviewed HB1484 and the amendments it invokes to 18VAC85-80-71 of the regulations on Continuing Competency.

After some discussion, Dr. Koziol moved to adopt the following changes to 18VAC85-80-71 as an action exempt from APA requirements. The motion was seconded and carried unanimously. This the language that was passed.

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall complete the Continued Competency Activity and Assessment Form that is provided by the board and shall indicate completion of at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities ~~offered by a sponsor or organization recognized by the profession and may include in service training, self-study courses, continuing education courses, specialty certification, or professional workshops~~ which shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organization or any of its components:

a. Virginia Occupational Therapy Associations;
b. American Occupational Therapy Associations;
c. National Board for Certification in Occupational Therapy;
d. Local, state, or federal government agency;
e. Regionally accredited college or university;
f. Health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medical conditions of participation; or
g. An American Medical Association Category 1 Continuing Medical Education program.

Next, Dr. Harp told the members of the Board that it must withdraw or modify proposed amendments to the regulations already in the pipeline.

After a brief discussion, Dr. Reynolds moved to adopt the following amendments and to withdraw 18VAC85-50-71(A)(3).

REGULATIONS GOVERNING THE ~~LICENSURE OF OCCUPATIONAL THERAPISTS~~ PRACTICE OF OCCUPATIONAL THERAPY

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall ~~complete the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate~~

~~completion of~~ complete at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities offered by a sponsor or organization recognized by the profession and may include in-service training, self-study courses, continuing education courses, specialty certification or professional workshops.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation or other such experiences that promote continued learning.

~~3. The board recognizes the maintenance of current NBCOT certification as fulfilling the requirements of this subsection.~~

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain ~~in his~~ records ~~the completed form~~ of continuing competency courses and activities with all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a random audit ~~of at least one to two percent~~ of its active licensees to determine compliance. The practitioners selected for the audit shall provide ~~the completed Continued Competency Activity and Assessment Form and~~ all supporting documentation within 30 days of receiving notification of the audit.

Dr. Harp noted that the Data Division will assist with determining what constitutes a random audit.

- **NOIRA for Supervision and Direction of Laser Hair Removal**

Dr. Harp referred to HB2119, which goes into effect July 1, 2017. It requires that laser hair removal be performed by a licensed doctor of medicine, osteopathic medicine, physician assistant, or nurse practitioner. It also authorizes doctors of medicine, osteopathic medicine, physician assistants and nurse practitioners to supervise properly trained individuals in the performance of laser hair removal. Regulations are necessary to define direction, supervision, and what constitutes a properly trained person. Dr. Harp stated that the intent of this NOIRA is to develop and implement regulations for physicians, physician assistants and nurse practitioners.

After discussion, Dr. Conklin moved to adopt the NOIRA to implement HB2119 in regulations 18VAC85-20, 18VAC85-50 and 18VAC90-30. The motion was seconded and carried unanimously.

- **Draft regulations for Licensure by Endorsement**

Dr. Harp briefly reviewed the background document and the draft regulations as recommended by the Legislative Committee. He advised that no comment was received during the 1/23/17 to 2/22/17 public comment period.

Mr. Heaberlin provided an example of how this process will shorten the licensing time by accepting the

National Practitioner Data Bank report in lieu of the American Medical Association profile and the Federation of State Medical Boards disciplinary report.

Dr. Ali stated that licensure by endorsement as proposed is very similar to the Compact, offering a simplified way to identify the best applicants and license them through an expedited process.

Dr. Reynolds moved to adopt the proposed regulations as recommended by the Legislative Committee. The motion was seconded and carried unanimously.

- **Guidance Document for Licensed Midwives**

Dr. Harp reiterated the concern voiced by Ms. Pekin during public comment about midwives being denied orders for laboratory tests, ultrasounds, and biophysical profiles. Those challenges are the reason the Advisory is requesting clarification through the development of a guidance document that would inform all parties regarding the authority of licensed midwives to order testing.

Dr. Allison-Bryan pointed out that the scope of practice is in the law and if the laboratories are not recognizing that, what weight will a guidance document have?

Dr. Harp suggested the guidance document should include page 22 of the North American Registry of Midwives (NARM) which includes the scope of duties outlined under prenatal care, and also suggested that the link to the NARM Job Analysis 2016 be included.

Ms. Deschenes reminded the members that NARM allows some prescribing by midwives, so the Board needs to be careful when referring to a national document.

Dr. Allison-Bryan asked for a motion to accept the guidance document with an amendment to refer for urine "screening tests". No motion was made.

Dr. Giammittorio stated that screening tests are part of taking care of a normal pregnancy. However, biophysical profiles and non-stress tests place the pregnancy in a high risk category. If the scope of practice is clear that a licensed midwife has the authority to care for the mother up to 40 weeks, then the midwife needs to be able to do so safely, and that would include access to labs and other tests.

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

A motion was made to adopt the guidance document with amended language, "Obtains or refers for urine ~~culture~~ screening tests". The motion was seconded and carried unanimously.

- **Guidance Document – Telemedicine**

Dr. Harp said that, with recent amendments to the Code on prescribing by telemedicine, the guidance documents for Medicine (85-12) and Nursing (90-64) need to be amended to be in step with the law. The amended telemedicine guidance documents presented are identical, except for the preamble in the guidance document for nurse practitioners.

Dr. Reynolds moved to adopt the revisions to guidance documents 85-12 and 90-64. The motion was

seconded and carried unanimously. The amended guidance document for nurse practitioners was approved by the Joint Boards of Nursing and Medicine on June 7,2017; it will go to the Board of Nursing for approval.

- **Regulations Governing Prescribing of Opioids and Buprenorphine (Medicine)**

Dr. Allison-Bryan stated that, looking back 10 years when these regulations were originally developed but not implemented, the amount of work that was done between January and March of this year is truly amazing. She thanked all those that had been involved in their derivation.

Dr. Harp reviewed the changes recommended by the Regulatory Advisory Panel on May 15, 2017 and what the Legislative Committee had approved on May 19, 2017 to go forward to the full Board.

After discussion, the Board unanimously agreed to re-adopt the amended emergency regulations and adopt the proposed regulations to replace the emergency regulations.

- **Regulations Governing Prescribing of Opioids and Buprenorphine (Nursing)**

Dr. Reynolds moved to adopt the proposed revisions to the nurse practitioner regulations for prescribing of opioids and buprenorphine consistent with the regulations for Medicine. The motion was seconded and carried unanimously.

LICENSING REPORT

Mr. Heaberlin reported that the Board had issued 5,828 licenses since July 1, 2016 and anticipates a few more in the remaining 8 days of this fiscal year cycle. He also reported that two applications for genetic counseling had been received. Mr. Heaberlin asked the Board's approval to accept the NPDB report for all physician applicants in lieu of the AMA profile and FSMB disciplinary report beginning July 1, 2017. The Board unanimously agreed.

DISCIPLINE REPORT

Ms. Deschenes referred to the handout provided and gave a quick case status update. She pointed out that half of the cases in pending status are at APD due to APD being short-staffed.

This report was for informational purposes only.

APPROVAL OF THE 2018 BOARD MEETINGS CALENDAR

The Board unanimously agreed to accept the calendar as presented.

SERVICE PLAQUE PRESENTATIONS

Dr. Allison-Bryan presented plaques in recognition for their 1st term of service on the Board to:

- Lori Conklin, MD
- Deborah DeMoss Fonseca

- Nathaniel Tuck, DC

NOMINATING COMMITTEE REPORT

Dr. Reynolds, Chair of the Nominating Committee, presented the slate of officers:

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

With no other nominations from the floor, the Board unanimously accepted the slate as presented.

ANNOUNCEMENTS

There were no announcements.

ADJOURNMENT

Dr. Allison-Bryan adjourned the meeting at 12:07 p.m.

Barbara Allison-Bryan, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

Agenda Item: **Director's Report**

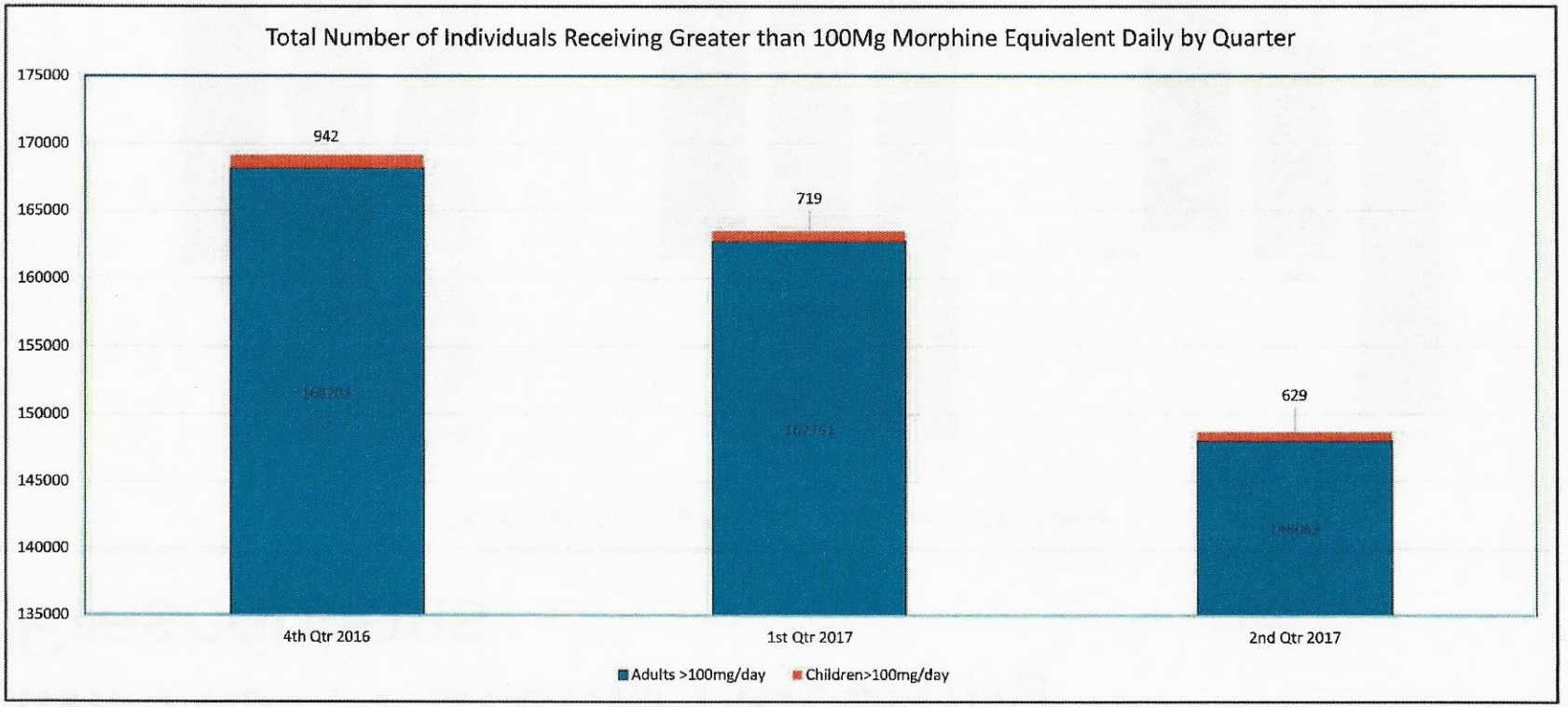
Staff Note: None.

Action: Informational presentation. No action required.

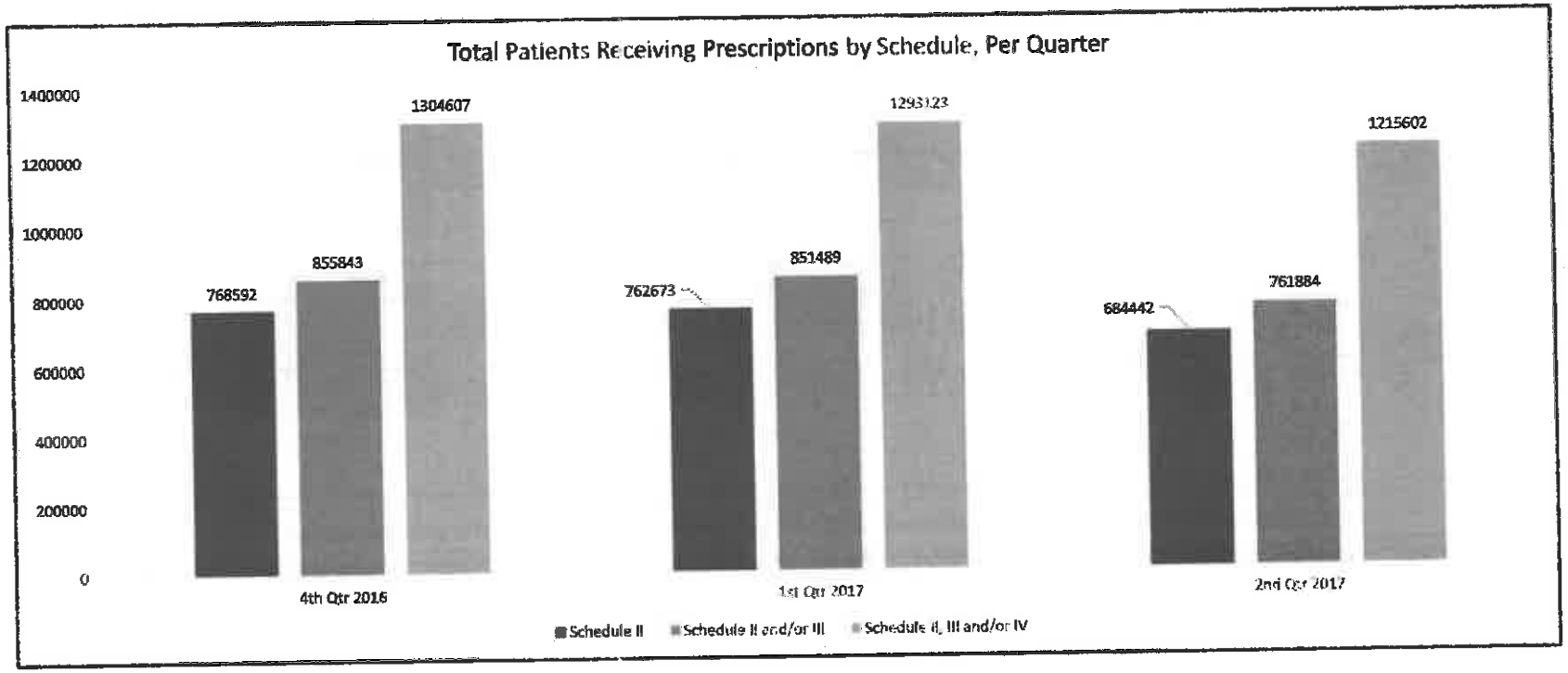
VIRGINIA'S PRESCRIPTION MONITORING PROGAM

Selected Statistics Measuring Impact of
Commonwealth Strategies Related to Opioid Crisis

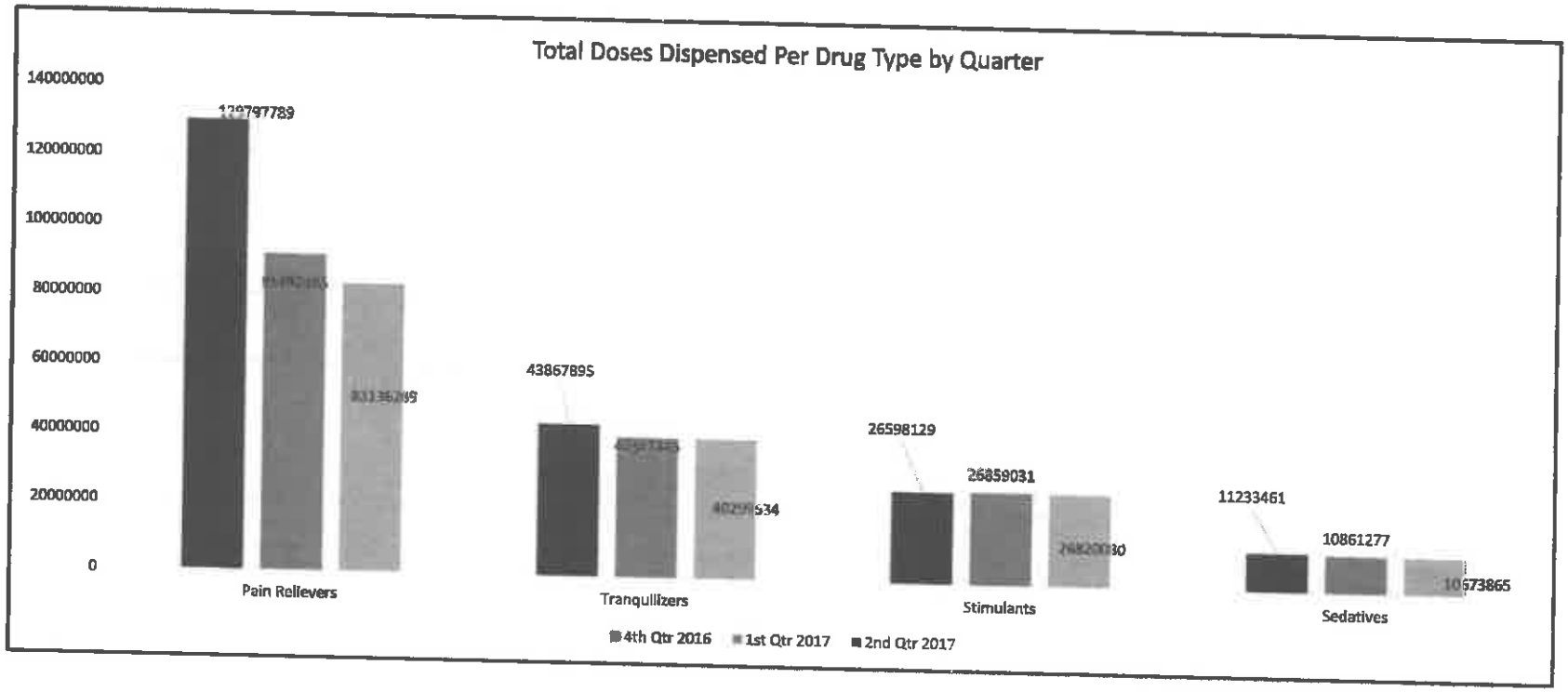
IMPACT: Morphine Milligram Equivalents



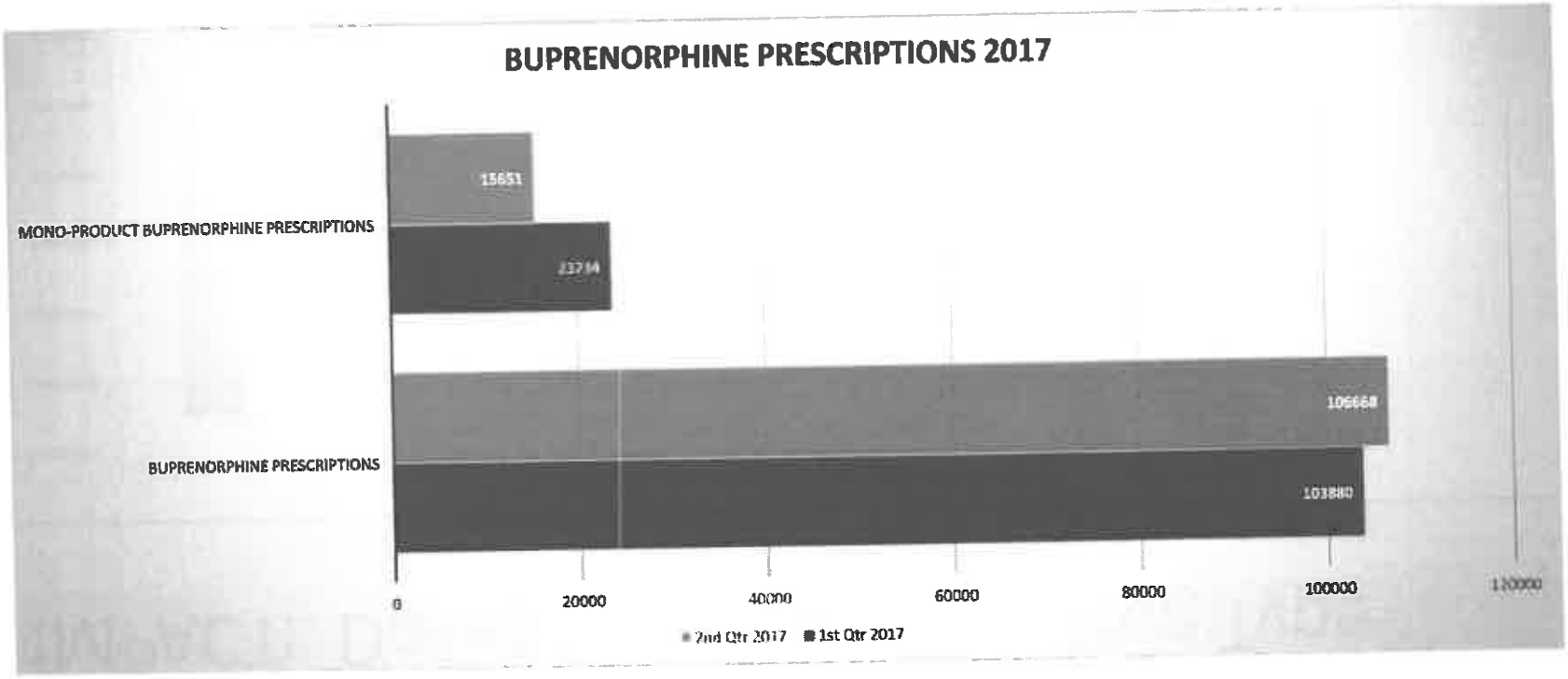
IMPACT: Patients Receiving Prescriptions



IMPACT: Doses Dispensed Per Drug Type



IMPACT: BUPRENORPHINE PRESCRIBING



Agenda Item: **Report of Officers and Executive Director**

Staff Note:

- President
- Vice-President
- Secretary-Treasurer
- Executive Director

Action: Informational presentation. No action required.

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

- Revenue and Expenditures Report
- Enforcement, APD, and HPMP Reports

Staff Note: All items for information only

Action: None.

Virginia Department of Health Professions
Cash Balance
As of September 30, 2017

	102- Medicine
Board Cash Balance as June 30, 2017	$ 10,051,272
YTD FY18 Revenue	716,661
Less: YTD FY18 Direct and Allocated Expenditures	2,040,549
Board Cash Balance as September 30, 2017	$ 8,727,384

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue	285,887.00	964,774.00	678,887.00	29.63%
4002401	Application Fee	831.00	-	(831.00)	0.00%
4002402	Examination Fee	408,917.00	7,356,854.00	6,947,937.00	5.56%
4002406	License & Renewal Fee	2,370.00	3,375.00	1,005.00	70.22%
4002407	Dup. License Certificate Fee	3,460.00	49,820.00	46,360.00	6.95%
4002409	Board Endorsement - Out	13,421.00	94,179.00	80,758.00	14.25%
4002421	Monetary Penalty & Late Fees	140.00	175.00	35.00	80.00%
4002432	Misc. Fee (Bad Check Fee)	715,026.00	8,469,177.00	7,754,151.00	8.44%
	Total Fee Revenue				
4003000	Sales of Prop. & Commodities	1,635.00	-	(1,635.00)	0.00%
4003020	Misc. Sales-Dishonored Payments	1,635.00	-	(1,635.00)	0.00%
	Total Sales of Prop. & Commodities	716,661.00	8,469,177.00	7,752,516.00	8.46%
	Total Revenue				
5011110	Employer Retirement Contrib.	45,921.88	174,066.00	128,144.12	26.38%
5011120	Fed Old-Age Ins- Sal St Emp	22,400.81	88,287.00	65,886.19	25.37%
5011140	Group Insurance	4,575.60	16,904.00	12,328.40	27.07%
5011150	Medical/Hospitalization Ins.	60,443.01	245,763.00	185,319.99	24.59%
5011160	Retiree Medical/Hospitalizatn	4,051.88	15,226.00	11,174.12	26.61%
5011170	Long term Disability Ins	2,052.39	8,517.00	6,464.61	24.10%
	Total Employee Benefits	139,445.57	548,763.00	409,317.43	25.41%
5011200	Salaries	342,618.01	1,290,330.00	947,711.99	26.55%
5011230	Salaries, Classified	3,342.69	670.00	(2,672.69)	498.91%
5011250	Salaries, Overtime	345,960.70	1,291,000.00	945,039.30	26.80%
	Total Salaries				
5011300	Special Payments	1,500.00	21,150.00	19,650.00	7.09%
5011340	Specified Per Diem Payment	1,601.80	9,298.00	7,696.20	17.23%
5011380	Deferred Compnstn Match Pmts	3,101.80	30,448.00	27,346.20	10.19%
	Total Special Payments	442.18	-	(442.18)	0.00%
5011530	Short-trm Disability Benefits	442.18	-	(442.18)	0.00%
	Total Disability Benefits				
5011600	Terminatn Personal Svce Costs	253.83	-	(253.83)	0.00%
5011660	Defined Contribution Match - Hy	253.83	-	(253.83)	0.00%
	Total Terminatn Personal Svce Costs	-	-	-	0.00%
5011930	Turnover/Vacancy Benefits	489,204.08	1,870,211.00	1,381,006.92	26.16%
	Total Personal Services				
5012000	Contractual Svs				
5012100	Communication Services	867.89	5,997.00	5,129.11	14.47%
5012110	Express Services	56.16	-	(56.16)	0.00%
5012130	Messenger Services	10,569.43	66,802.00	56,232.57	15.82%
5012140	Postal Services	1,261.82	3,026.00	1,764.18	41.70%
5012150	Printing Services	1,694.36	10,500.00	8,805.64	16.14%
5012160	Telecommunications Svcs (VITA)	315.00	-	(315.00)	0.00%
5012170	Telecomm. Svcs (Non-State)	13.00	35.00	22.00	37.14%
5012190	Inbound Freight Services				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Communication Services	14,777.66	86,360.00	71,582.34	17.11%
5012200	Employee Development Services				
5012210	Organization Memberships	1,295.00	7,228.00	5,933.00	17.92%
5012240	Employee Trainng/Workshop/Conf	60.00	4,283.00	4,223.00	1.40%
5012250	Employee Tuition Reimbursement	-	752.00	752.00	0.00%
	Total Employee Development Services	1,355.00	12,263.00	10,908.00	11.05%
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	8,624.49	119,963.00	111,338.51	7.19%
5012440	Management Services	786.78	1,797.00	1,010.22	43.78%
5012460	Public Infrmtnl & Relatn Svcs	4.00	-	(4.00)	0.00%
5012470	Legal Services	585.00	5,579.00	4,994.00	10.49%
	Total Mgmnt and Informational Svcs	10,000.27	127,339.00	117,338.73	7.85%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	-	1,705.00	1,705.00	0.00%
	Total Repair and Maintenance Svcs	-	1,705.00	1,705.00	0.00%
5012600	Support Services				
5012630	Clerical Services	30,089.81	67,495.00	37,405.19	44.58%
5012640	Food & Dietary Services	1,786.42	12,698.00	10,911.58	14.07%
5012660	Manual Labor Services	2,257.60	24,912.00	22,654.40	9.06%
5012670	Production Services	13,265.69	153,625.00	140,359.31	8.64%
5012680	Skilled Services	91,452.90	531,779.00	440,326.10	17.20%
	Total Support Services	138,852.42	790,509.00	651,656.58	17.56%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,865.70	25,626.00	20,760.30	18.99%
5012830	Travel, Public Carriers	350.50	4,170.00	3,819.50	8.41%
5012850	Travel, Subsistence & Lodging	2,649.42	21,524.00	18,874.58	12.31%
5012880	Trvl, Meal Reimb- Not Rprtble	1,186.50	7,407.00	6,220.50	16.02%
	Total Transportation Services	9,052.12	58,727.00	49,674.88	15.41%
	Total Contractual Svs	174,037.47	1,079,201.00	905,163.53	16.13%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,785.31	14,809.00	12,823.69	12.22%
5013130	Stationery and Forms	-	3,614.00	3,614.00	0.00%
	Total Administrative Supplies	1,785.31	18,223.00	16,437.69	9.80%
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%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	351.21	528.00	176.79	66.52%
5013630	Food Service Supplies	-	1,129.00	1,129.00	0.00%
	Total Residential Supplies	351.21	1,657.00	1,305.79	21.20%
5013700	Specific Use Supplies				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013730	Computer Operating Supplies	-	166.00	166.00	0.00%
	Total Specific Use Supplies	-	166.00	166.00	0.00%
	Total Supplies And Materials	2,136.52	20,140.00	18,003.48	10.61%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	383.00	-	(383.00)	0.00%
	Total Awards, Contrib., and Claims	383.00	-	(383.00)	0.00%
	Total Transfer Payments	383.00	-	(383.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	485.00	485.00	0.00%
	Total Insurance-Fixed Assets	-	485.00	485.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	1,075.04	7,200.00	6,124.96	14.93%
5015350	Building Rentals	90.54	-	(90.54)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	32,240.52	150,699.00	118,458.48	21.39%
	Total Operating Lease Payments	33,406.10	157,999.00	124,592.90	21.14%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,828.00	1,828.00	0.00%
5015540	Surety Bonds	-	108.00	108.00	0.00%
	Total Insurance-Operations	-	1,936.00	1,936.00	0.00%
	Total Continuous Charges	33,406.10	160,420.00	127,013.90	20.82%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	829.00	829.00	0.00%
	Total Educational & Cultural Equip	-	829.00	829.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%
5022620	Office Furniture	-	1,857.00	1,857.00	0.00%
5022630	Office Incidentals	855.65	-	(855.65)	0.00%
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	855.65	3,249.00	2,393.35	26.34%
	Total Equipment	855.65	4,078.00	3,222.35	20.98%
	Total Expenditures	700,022.82	3,134,050.00	2,434,027.18	22.34%
	Allocated Expenditures				
30100	Data Center	235,467.06	1,203,228.94	967,761.88	19.57%
30200	Human Resources	1,281.25	161,543.11	160,261.86	0.79%
30300	Finance	120,579.07	359,640.46	239,061.39	33.53%
30400	Director's Office	48,495.91	181,649.03	133,153.13	26.70%
30500	Enforcement	526,988.42	1,887,133.55	1,360,145.13	27.93%
30600	Administrative Proceedings	219,625.84	950,901.92	731,276.09	23.10%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2017 and Ending September 30, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30700	Impaired Practitioners	7,850.23	27,276.37	19,426.14	28.78%
30800	Attorney General	45,381.16	193,823.61	148,442.45	23.41%
30900	Board of Health Professions	26,170.53	103,244.10	77,073.57	25.35%
31100	Maintenance and Repairs	-	3,379.12	3,379.12	0.00%
31300	Emp. Recognition Program	-	2,597.43	2,597.43	0.00%
31400	Conference Center	85,300.35	47,116.09	(38,184.26)	181.04%
31500	Pgm Devlpmnt & Implmentn	23,386.64	101,347.12	77,960.48	23.08%
	Total Allocated Expenditures	1,340,526.44	5,222,880.86	3,882,354.42	25.67%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (1,323,888.26)	$ 112,246.14	$ 1,436,134.40	1179.45%

Virginia Department of Health Professions
Input of Case Hours by Department
For Use in Allocation of Department 305- ***Enforcement*** Costs
For the Fiscal Year Ended June 30, 2018

	Fiscal Month No.	1	2	3	4	5	6	7	8	9	10	11	12	Annual
	Month Name	July	August	September	October	November	December	January	February	March	April	May	June	Total
Dept. No.	Dept. Name													
101	Nursing	1,784.25	2350.50	1,932.75										6,067.50
102	Medicine	1,511.00	2024.75	1,765.55										5,301.30
103	Dentistry	567.83	595.33	579.50										1,742.66
104	Funeral Directors and Emba	149.50	156.75	137.00										443.25
105	Optometry	33.00	27.50	20.00										80.50
106	Veterinary Medicine	348.00	430.50	348.75										1,127.25
107	Pharmacy	987.90	1220.00	1,064.75										3,272.65
108	Psychology	80.25	176.75	106.25										363.25
109	Professional Counselors	149.50	209.25	167.75										526.50
110	Social Work	122.50	118.75	78.00										319.25
112	Cerified Nurse Aids (State	532.25	571.58	481.00										1,584.83
114	Nursing Home Administrator	71.50	121.25	122.25										315.00
115	Audiology and Speech Lang	16.00	5.50	6.50										28.00
116	Physical Therapy	17.00	29.50	54.00										100.50
	Total	6,370.48	8,037.91	6,864.05	-	-	-	-	-	-	-	-	-	21,272.440

Description of Allocation Method

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

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

Virginia Department of Health Professions
Input of Case Hours by Department
For Use in Allocation of Department 305- ***Enforcement*** Costs
For the Fiscal Year Ended June 30, 2017

	Fiscal Month No.	1	2	3	4	5	6	7	8	9	10	11	12	Annual
	Month Name	July	August	September	October	November	December	January	February	March	April	May	June	Total
Dept. No.	Dept. Name													
101	Nursing	1,808.05	2463.85	1,894.05	1,797.05	1,367.40	1,635.30	2,040.00	2,031.40	2,537.75	1,774.05	1,814.75	2,031.00	23,194.65
102	Medicine	1,658.45	1915.35	1,572.00	1,596.25	1,351.50	1,662.73	1,320.80	1,564.03	1,887.33	1,727.80	1,734.20	1,807.00	19,797.44
103	Dentistry	572.20	493.25	441.92	477.75	290.50	356.75	543.63	481.35	386.33	449.25	416.50	522.50	5,431.93
104	Funeral Directors and Emba	128.42	188.17	96.32	112.38	68.80	124.83	121.59	129.40	161.75	140.00	168.00	144.50	1,584.16
105	Optometry	13.00	6.25	3.50	15.00	17.50	41.00	31.50	14.25	24.25	18.50	56.15	75.25	316.15
106	Veterinary Medicine	349.82	449.28	312.80	395.92	354.72	257.58	391.47	172.10	410.30	306.25	315.00	366.50	4,081.74
107	Pharmacy	700.60	997.78	828.20	948.08	841.98	867.44	882.77	842.50	996.00	1,137.55	1,181.00	1,176.28	11,400.18
108	Psychology	34.50	76.75	62.75	108.25	118.75	59.00	101.70	81.75	79.25	44.75	73.58	98.00	939.03
109	Professional Counselors	69.50	142.00	79.50	107.55	133.30	150.90	155.50	99.75	51.25	128.50	143.50	185.00	1,446.25
110	Social Work	62.90	89.80	65.75	61.00	71.00	48.33	71.00	114.25	82.25	76.50	62.00	85.00	889.78
112	Cerified Nurse Aids (State	724.99	665.75	591.05	533.05	488.70	455.90	590.70	452.50	644.30	770.50	801.25	687.00	7,405.69
114	Nursing Home Administrator	148.35	223.25	106.75	133.75	154.75	89.00	103.75	113.75	72.50	77.50	90.50	99.25	1,413.10
115	Audiology and Speech Lang	0.50	0.00	8.00	4.00	6.00	9.00	0.50	5.50	4.50	1.00	17.50	11.00	67.50
116	Physical Therapy	102.50	23.00	22.00	27.25	36.75	65.80	34.75	31.00	67.75	57.35	38.00	35.50	541.65
	Total	6,373.78	7,734.48	6,084.59	6,317.28	5,301.65	5,823.56	6,389.66	6,133.53	7,405.51	6,709.50	6,911.930	7,323.780	78,509.250

Description of Allocation Method

Sources & Notes

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

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

Virginia Department of Health Professions
Input of Case Hours by Department
For Use in Allocation of Department 306- ***Administrative Proceedings*** Costs
For the Fiscal Year Ended June 30, 2018

	Fiscal Month No.	1	2	3	4	5	6	7	8	9	10	11	12	Annual
	Month Name	July	August	September	October	November	December	January	February	March	April	May	June	Total
Dept. No.	Dept. Name													
101	Nursing	421.50	483.25	325.75										1,230.50
102	Medicine	602.85	783.40	572.45										1,958.70
103	Dentistry	54.70	167.30	245.45										467.45
104	Funeral Directors and Emba	18.50	10.00											28.50
105	Optometry	33.00	20.75	29.00										82.75
106	Veterinary Medicine	23.75	40.00	37.50										101.25
107	Pharmacy	121.00	135.25	121.00										377.25
108	Psychology	1.50	63.50	6.00										71.00
109	Professional Counselors	36.00	52.50	23.00										111.50
110	Social Work	44.50	2.75	9.00										56.25
112	Cerified Nurse Aids (State	144.25	144.00	139.50										427.75
114	Nursing Home Administrator	20.25	21.75											42.00
115	Audiology and Speech Lang													0.00
116	Physical Therapy		26.00	25.50										51.50
	Total	1,521.80	1,950.45	1,534.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,006.40

Description of Allocation Method

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

Virginia Department of Health Professions
Input of Case Hours by Department
For Use in Allocation of Department 306- ***Administrative Proceedings*** Costs
For the Fiscal Year Ended June 30, 2017

	Fiscal Month No.	1	2	3	4	5	6	7	8	9	10	11	12	Annual
	Month Name	July	August	September	October	November	December	January	February	March	April	May	June	Total
Dept. No.	Dept. Name													
101	Nursing	450.50	528.25	369.50	448.25	427.50	451.50	349.25	382.25	613.50	493.25	524.75	568.50	5,607.00
102	Medicine	502.80	644.95	688.35	735.85	598.50	698.40	559.00	643.30	686.65	487.75	533.65	554.70	7,333.90
103	Dentistry	181.70	332.75	287.00	208.15	189.10	164.65	241.35	219.60	119.20	160.05	184.00	152.10	2,439.65
104	Funeral Directors and Emba	14.50	29.50	25.00	3.50	11.50	31.50	24.75	60.75	16.00	9.00	3.00	15.50	244.50
105	Optometry	26.50	77.00	13.00	7.50	5.75	0.50	27.25	8.75	52.25	57.75	146.50	65.00	487.75
106	Veterinary Medicine	97.75	59.25	95.50	34.50	50.00	77.40	46.00	25.00	26.25	39.50	41.25		592.40
107	Pharmacy	65.00	89.00	108.75	96.50	118.25	98.03	133.75	119.75	149.75	89.50	165.75	156.50	1,390.53
108	Psychology		12.00	0.00	2.50	27.00	65.00	4.50	12.00	20.50		1.00		144.50
109	Professional Counselors	2.00	31.50	32.00	46.50	23.75	20.00	59.75	9.50	39.00	71.50	5.50	65.50	406.50
110	Social Work	3.50	9.50	16.00	55.50	7.00	0.00	0.00	7.00	32.50	12.75	4.95	13.50	162.20
112	Cerified Nurse Aids (State	135.50	124.50	70.00	67.25	123.75	68.25	109.75	94.25	173.10	122.50	105.25	152.25	1,346.35
114	Nursing Home Administrator	13.50	30.50	126.75	41.00	46.25	20.25	62.00	33.25	49.00	6.00	24.75	60.25	513.50
115	Audiology and Speech Lang	9.75	0.00	6.75	20.50	4.50	15.00	0.00		0.00		5.00		61.50
116	Physical Therapy	8.00	8.75	1.50	9.25	0.00	0.00	0.50	17.50	22.00	5.75	11.50	16.00	100.75
	Total	1,511.00	1,977.45	1,840.10	1,776.75	1,632.85	1,710.48	1,617.85	1,632.90	1,999.70	1,555.30	1,756.85	1,819.80	20,831.03

Description of Allocation Method

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

Virginia Department of Health Professions

Input of Case Hours by Department

For Use in Allocation of Department 307- ***Health Practitioners Monitoring Program*** Costs

For the Fiscal Year Ended June 30, 2018

	Fiscal Month No.	1	2	3	4	5	6	7	8	9	10	11	12	Total for
	Month Name	July	August	September	October	November	December	January	February	March	April	May	June	All Months
Dept. No.	Dept. Name													
101	Nursing	288.00	281.00	285.00										
102	Medicine	112.00	110.00	113.00										
103	Dentistry	15.00	16.00	16.00										
104	Funeral Directors and Emba		-	1.00										
105	Optometry		-	1.00										
106	Veterinary Medicine	2.00	2.00	2.00										
107	Pharmacy	21.00	18.00	18.00										
108	Psychology	2.00	2.00	2.00										
109	Professional Counselors	1.00	1.00	1.00										
110	Social Work	5.00	5.00	5.00										
112	Cerified Nurse Aids (State	6.00	5.00	6.00										
114	Nursing Home Administrator	-	-	-										
115	Audiology and Speech Lang	1.00	1.00	1.00										
116	Physical Therapy	5.00	5.00	5.00										
	Total	458.00	446.00	456.00	-	-	-	-	-	-	-	-	-	-

Description of Allocation Method

Notes & Sources

From Worksheet provided by Charles Giles entitled FY02StatsBobby.xls

Virginia Department of Health Professions
Input of Case Hours by Department
For Use in Allocation of Department 307- ***Health Practitioners Monitoring Program*** Costs
For the Fiscal Year Ended June 30, 2017

	Fiscal Month No.	1	2	3	4	5	6	7	8	9	10	11	12	Total for
	Month Name	July	August	September	October	November	December	January	February	March	April	May	June	All Months
Dept. No.	Dept. Name													
101	Nursing	291.00	287.00	294.00	290.00	295.00	286.00	292.00	283.00	288.00	276.00	284.00	281.00	
102	Medicine	118.00	113.00	113.00	113.00	114.00	112.00	112.00	110.00	113.00	110.00	113.00	108.00	
103	Dentistry	14.00	13.00	13.00	13.00	13.00	15.00	16.00	15.00	15.00	15.00	15.00	15.00	
104	Funeral Directors and Emba	-	-	-	-	0.00	-	-		-	-	-	-	
105	Optometry	-	-	-	-	0.00	-	-		-	-	-	-	
106	Veterinary Medicine	3.00	3.00	3.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
107	Pharmacy	22.00	22.00	22.00	20.00	20.00	19.00	20.00	18.00	18.00	19.00	19.00	20.00	
108	Psychology	2.25	2.00	3.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	
109	Professional Counselors	1.50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
110	Social Work	3.25	3.00	3.00	3.00	3.00	3.00	3.00	4.00	4.00	4.00	5.00	5.00	
112	Cerified Nurse Aids (State	6.00	6.00	6.00	6.00	5.00	5.00	5.00	5.00	5.00	5.00	7.00	7.00	
114	Nursing Home Administrator	-	-	-	-	0.00	-	-		-	-	-	-	
115	Audiology and Speech Lang	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	
116	Physical Therapy	5.00	5.00	5.00	5.00	5.00	6.00	6.00	6.00	4.00	5.00	5.00	5.00	
	Total	467.00	456.00	464.00	456.00	461.00	452.00	460.00	447.00	453.00	440.00	454.00	447.00	-

Description of Allocation Method

Notes & Sources
From Worksheet provided by Charles Giles entitled FY02StatsBobby.xls

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

Staff Note: Please note Committee assignments and minutes of meetings since June 22, 2017.

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

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2017-2018

EXECUTIVE COMMITTEE (8)
Kevin O'Connor MD, President, Chair
Syed Salman Ali, MD
Randy Clements, DPM
Lori Conklin, MD, Secretary/Treasurer
Alvin Edwards, PhD
Jane Hickey, JD
Maxine Lee, MD
Ray Tuck, DC, Vice-President

LEGISLATIVE COMMITTEE (7)
Ray Tuck, Jr., DC, Vice-President, Chair
Barbara Allison-Bryan, MD
David Giammittorio, MD
Jane Hickey, JD
Isaac Koziol, MD
David Taminger, MD
Svinder Toor, MD

CREDENTIALS COMMITTEE (9)
Kenneth Walker, MD, Chair
David Archer, MD
Deborah DeMoss Fonseca
Jasmine Gore, The Honorable
Jane Hickey, JD
Isaac Koziol, MD
David Taminger, MD
Svinder Toor, MD
Wayne Reynolds, DO

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
Barbara Allison-Bryan, MD

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Lori Conklin, MD
Kevin O'Connor, MD
Kenneth Walker, MD

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, August 4, 2017 | Department of Health Professions | Henrico, VA

CALL TO ORDER: The meeting convened at 8:34 AM.

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

MEMBERS PRESENT:
Kevin O'Connor, MD, President & Chair
Randy Clements, DPM
Alvin Edwards, MDiv, PhD
Jane Hickey, JD
Maxine Lee, MD
Nathaniel Tuck, Jr., DC, Vice-President

MEMBERS ABSENT:
Syed Salman Ali, MD
Lori Conklin, MD, Secretary-Treasurer

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
Sherry Gibson, Administrative Assistant
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
Scott Johnson, JD, MSV
B. Tilman Jolly, MD, Specialists on Call

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

APPROVAL OF MINUTES OF APRIL 7, 2017

Dr. Edwards moved to approve the meeting minutes of April 7, 2017 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

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

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

In Dr. Brown's absence, Dr. Harp provided the comments that Dr. Brown wanted to convey to the Committee. He told the Committee about HB 2161, which authorizes the Secretary of Health and Human Resources to convene a workgroup with representatives from the Department of Behavioral Health and Developmental Services, Department of Health, Department of Health Professions, State Council on Higher Education for Virginia, and at least one representative from each medical school, dental school, pharmacy school, physician assistant program, and nursing program located in the Commonwealth. The task of the workgroup will be to develop educational standards and curricula for training health care providers in the safe and appropriate use of opioids to treat pain while minimizing the risk of addiction and substance abuse. Such educational standards and curricula shall include education and training on pain management, addiction, and the proper prescribing of controlled substances. The workgroup shall report its progress and the outcomes of its activities to the Governor and the General Assembly by December 1, 2017. DHP is the lead agency for this workgroup, and meetings have already occurred.

Dr. Harp also said that SB 1230 requires the Secretary of Health and Human Resources to convene a workgroup to review the actions necessary for the implementation of electronic prescriptions for controlled substances containing an opioid. On July 1, 2020, all opioid prescriptions will have to be transmitted electronically. The workgroup first met on August 2, 2017. DHP is also the lead agency for this workgroup.

PRESIDENT'S REPORT

Dr. O'Connor reported on his attendance at the Tri-Regulator Symposium held in Chicago. He said the meeting was hosted by the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of Nursing (NCSBN). These organizations represent approximately 6 million healthcare providers. Dr. O'Connor stated that it was a great opportunity to exchange ideas and explore common concerns and potential solutions. He said that the majority of the time was spent on the opioid crisis and its significance to all the professions. It became clear that the way in which Virginia boards could have the most impact is in educating legislators. Dr. O'Connor said that it is his belief that the process Virginia undertook to create workable opioid regulations will be a model for many states as they tackle this critical issue.

EXECUTIVE DIRECTOR'S REPORT

Quarterly Performance Measurements

Dr. Harp reviewed the Board's performance report on the clearance rate of cases, the pending caseload, and time to disposition. He gave great credit to the Board members and Dr. Matusiak. Dr. Edwards asked how Virginia stacked up with other states. Ms. Deschenes said

that Medicine cases are to be closed in 250 days and that Virginia is one of the few states that has required timeframes for closure. In querying other states, she learned that a number averaged 3-5 years for closure of cases. In recent years, Virginia has been much faster in closing cases than it used to be.

Dr. O'Connor thanked Dr. Matusiak and the Board members for their good work.

Revenue and Expenditures

Dr. Harp reported that the cash balance as of June 30, 2017 was $10 million and that the Board came in $18,000 under budget in FY2017. He commended Charles Giles and Elaine Yeatts for their great forecasting.

New Board Liaison Representative

Dr. O'Connor announced that he was the new Board liaison to FSMB. Claudette Dalton, former Virginia Board President and current FSMB Board Member, will continue as the liaison from FSMB to the Virginia Board. Dr. O'Connor said that the Interstate Medical Licensure Compact and the Board's regulations for Endorsement would probably be topics of discussion.

NEW BUSINESS

Telemedicine Licensure and FORM B's

Dr. Harp introduced this topic by saying that telemedicine practitioners applying for a Virginia license are seeking the same consideration that tele-radiology and tele-pathology have in regards to FORM B's. The Board previously granted tele-radiology and tele-pathology applicants an exemption to getting a FORM B from every hospital or facility where he/she had provided services in the last 5 years. A FORM B and a letter listing the locations and signed by the program director of the tele-radiology or tele-pathology company were deemed acceptable to the Board.

Dr. Jolly, Chief Medical Officer for Specialists on Call, provided a brief presentation on the services provided by the telemedicine practitioners employed by the company. He made several points about the company for the Committee to consider. Specialists on Call:

- Is the largest provider of acute telemedicine services in rural as well as large hospitals
- Has been accredited by the Joint Commission since 2006
- Provides services in over 36 states, approximately 400 hospitals, and employs 140 physicians
- Does physician-to-physician consults in neurology, psychiatry, and critical care

Dr. Jolly stated that Specialists on Call has several physicians awaiting licensure in Virginia and that the speedbump is getting a FORM B submitted from each and every site of service.

Dr. O'Connor asked if there were currently enough Virginia critical care physicians to fill the need.

Dr. Jolly said his company provides physicians to hospitals that don't have a critical care physician, or to those that only have one and have no coverage in the physician's absence.

Dr. O'Connor said that one concern is that an unscrupulous medical director might hire practitioners that may not be prepared to provide the best medical care.

Dr. Jolly stated that would be a concern for his company as well, but at Specialists on Call, quality is paramount. Returning to the FORM B's, he pointed out that the work of the Board staff might be reduced, since there would be less documentation submitted for each telemedicine practitioner.

Dr. O'Connor asked if there was a fundamental difference between the services of an in-person critical care encounter and a telemedicine encounter.

Dr. Jolly said that there is a difference but the qualifications to provide either should be the same.

Dr. O'Connor pointed out that telemedicine x-ray and imaging studies are generally re-read or over-read in the facility as a follow-up to the telemedicine read. He inquired as to whether such a second look occurred after a tele-neurologist provided services.

Dr. Jolly said the first point of contact for Specialists on Call is with a physician, not the patient. One or more physicians are already caring for the patient in the acute setting, and follow-up with a neurologist on staff has usually been ordered.

Dr. O'Connor stated that Specialists on Call sounds like the best of the best, but the concern lies with those companies that may hire physicians that are borderline in their oversight of their practitioners and processes.

Dr. Jolly agreed that it's like the Wild Wild West for anyone that has access to a phone and the Internet. He shares that concern and will work with the Board to get past its skepticism and assist with setting standards regarding licensing if need be.

Dr. O'Connor acknowledged that our telemedicine document does not allow the use of audio-only for direct-to-consumer visits.

Ms. Hickey stated there was a Virginia study that showed a shortage of psychiatrists, particularly in the rural areas. It has been suggested that tele-psychiatry would help fill that gap. She then asked if the physicians have to be privileged at each hospital.

Dr. Jolly said that Specialists on Call has approximately 40 psychiatrists, but Psychiatry is not the company's primary focus. He advised that the physicians are privileged at every hospital.

Ms. Hickey asked what purpose does it serve to request a FORM B from every hospital or facility if the physician is licensed and already practicing in other states. Does every FORM B actually provide some value to the Board?

Ms. Deschenes said that getting all FORM B's is an incredible amount of work for the staff. If the applicant's chronological dates don't correspond to the dates on the FORM B submitted by the facility, staff has to go back and forth to get the information aligned. Ms. Deschenes reminded the Committee that the Board recently decided to accept the National Practitioner Data Bank (NPDB) report which the Board was not getting before. She also pointed out that if a telemedicine physician was working alone in his/her home and applies for a license, we ask him/her to have a colleague complete a FORM B on his/her behalf. This constitutes less oversight than what Specialists on Call is requesting.

Dr. Harp agreed with Ms. Deschenes acknowledging that a solitary practitioner providing direct-to-consumer services to 300 people in different states is under a less stringent application requirement than the physicians that work for a company accredited by the Joint Commission. The initiation of the NPDB is going to provide more information than is gathered from the FORM B's, AMA profile, and FSMB discipline report, which are required currently. The NPBD report will include hospital actions, which it does not get direct source verification from current documents. The current application does query the applicant about current/past investigations, which could also be disclosed in the NPDB data. Dr. Harp said the Board would need to develop a policy that deals with companies that are Joint Commission accredited, those that are not, and the solitary physician that does not work for a company.

Dr. O'Connor said that the question is two-fold: 1) how many FORM B's are really required, and 2) whether the Board should consider issuing a "telemedicine only" license.

Dr. Harp quoted data from FSMB that 48 state boards require a telemedicine physician to be licensed to practice into the state. Fifteen boards issue a special purpose license for telemedicine. He said that a telemedicine license was discussed by the Virginia Board in the 90's and not supported. His comment was that the Board should want just as much information about a physician who will be sitting in another state providing services to Virginia residents as someone who is moving to Virginia to set up an office. Telemedicine is new to all of us, and the perception is that it is not as safe as in-office visits. However, the Board gets more complaints about in-office visits than telemedicine. When patients decide to engage in telemedicine, it is by their choice for convenience and cost. Making such a choice might promote a greater sense of shared responsibility with the physician.

Mr. Heaberlin confirmed that the NPDB provides information on hospital privileges and professional societies. He pointed out that the FORM B issue is not just for telemedicine practitioners, but also for those who practice locum tenens.

Dr. O'Connor suggested that this item be sent to the Credentials Committee to look at the issues with the FORM B and determine not only the number that should be requested for sufficient review, but the entire concept of what should be required.

Ms. Deschenes said that the Credentials Committee met on July 26th and is forwarding their recommendation to the Executive Committee. The goal of the Board for applicants and staff is to reduce the complexity of licensure if possible. While most facilities will complete the evaluation, a good number of them provide the position held and dates of employment, perhaps completed by a HR representative.

Mr. Heaberlin said that, in the main, the FORM B is the least helpful of the supporting documents required by the application.

Dr. O'Connor stated that the consensus seems to be that the Board doesn't need 50 FORM B's. He said the Credentials Committee needs to provide a specific recommendation regarding the FORM B and its applicability in the licensing process.

Dr. Clements asked if we have access to the FORM B information through the NPDB report. What novel information do we get from the FORM B? Is it similar to a letter of recommendation?

Mr. Heaberlin agreed that it's a letter of recommendation. He also said that it wouldn't do much harm to lower the 5-year requirement for the FORM B to 3 or even 2 years. The NPDB provides information on actionable conduct about which the Board is most concerned. If a physician was dismissed from a practice, but the termination was not reported to the Data Bank, that may be picked up by a FORM B.

Dr. Lee stated that Mr. Heaberlin does not seem to be in favor of totally getting rid of FORM B.

Mr. Heaberlin advised that he has received some FORM B's with notes that say "call me to discuss". He would prefer not to require 30 FORM B's from sites at which a physician may have practiced for a week.

MOTION: After a lengthy discussion, Dr. Tuck moved that the FORM B topic be referred back to the Credentials Committee for a definitive suggestion on its use to include the number required. The motion was seconded and carried unanimously.

Chart of Regulatory Actions

Dr. Harp reviewed the status of pending regulatory matters.

This report was for informational purposes only.

Regulatory Action on Postgraduate Training for International Graduates

Dr. Harp said that Ms. Deschenes, Mr. Heaberlin and he along with Ms. Yeatts put together the draft regulations in the packet. The draft regulations include revisions to bring the regulations into compliance with the law. The amendments capture: 1) the elimination of 2 years of postgraduate training replacing it with 1 year; and 2) deletion of the options that previously could constitute 1 year of the prior 2-year requirement.

Ms. Barrett advised that this has been put in as exempt action, and it is reflective of the changes in the Code.

Ms. Deschenes pointed out that there might be confusion due to the international graduate being allowed to count a fellowship postgraduate year. American and Canadian graduates need to do one year as an intern or resident. Dr. Harp said that most of the international graduates that wish to submit a fellowship year have already done a residency in another country.

MOTION: Ms. Hickey moved to adopt the amendment to 18VAC85-20-122 as an exempt action. The motion was seconded and carried unanimously.

Proposed Regulatory Action – Nurse Practitioners

Dr. Harp stated that when the Code was amended in 2016 regarding nurse practitioner practice agreements, the requirement for agreements to be submitted to the Board of Nursing was eliminated. Other sections of the nurse practitioner regulations were amended, but Section 120 was inadvertently left unchanged. He noted that this change can be accomplished through a fast-track action.

MOTION: Dr. Edwards moved to adopt the proposed amendments to 18VAC90-40-120 by a fast-track action. The motion was seconded and carried unanimously.

Request of the Board to Approve Chiropractic Continuing Education

Dr. Harp advised that Kris Fetterman of Fetterman Events (FE) requested that the Board consider its company "any other organization" as per the regulations. He said that the Board has not approved individual coursework when requested to do so, and only a few short years ago did the Board approve the PACE program of continuing education provided by the Federation of Chiropractic Licensing Boards.

Dr. O'Connor said that his sense of "any other organization" approved by the Board was to allow for emergencies.

Dr. Tuck agreed and suggested that all organizations offering chiropractic continuing education should go through PACE.

MOTION: Dr. Tuck moved to deny the request and requested Board staff to notify Kris Fetterman of the decision. The motion was seconded and carried unanimously.

US Department of Veterans Affairs Request for Comment on Telemedicine

Dr. Harp said that Poonam Alaigh, MD, Acting Under Secretary for Health in the Department of Veterans Affairs, sent a letter to Humayun Chaudhry, DO, President of FSMB, asking for support in communicating to the state licensing boards the VA's plans to amend its

telemedicine regulations to remove barriers and enhance access to health care services for its veterans.

Dr. O'Connor posed the question how the expansion of VA telemedicine is going to impact the Commonwealth. If the VA is taking care of its patients and staying within their scope/jurisdiction, that is laudable. The only concern is the prescribing aspect and whether controlled substance prescriptions will be presented at non-VA pharmacies.

Dr. Harp stated that the VA notifies the states of their processes, some of which may already be in place. Dr. Harp raised the question of who has jurisdiction over the practitioner based in another state.

Ms. Deschenes said that if they are not licensed in Virginia, then the Board will have no jurisdiction. And even if they are licensed in Virginia, it would be up to the VA to give the Board access to the records to properly investigate the case.

The Committee instructed Dr. Harp to send a message to Dr. Kevin Galpin, Director of Telehealth Services, thanking the VA for informing the Board of its plans, that the Board believes the plans will enhance care to veterans, and best of luck with the implementation of this new telemedicine approach.

ANNOUNCEMENTS

The next meeting of the Committee will be December 1, 2017 at 8:30 a.m.

Ms. Opher reminded the members of the $50.00 per diem for attendance at official meetings of the Board. All travel reimbursement vouchers submitted since July 1st have already been amended.

Ms. Opher also informed the Committee of the direct-billing option for lodging in Richmond when attending Board meetings. She will send out a memo to all Board members advising them of this option.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:05 a.m.

Kevin O'Connor, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

---DRAFT APPROVED---

VIRGINIA BOARD OF MEDICINE
NOMINATING COMMITTEE MEETING MINUTES
Hearing Room 2

Thursday, June 22, 2017 @ 7:45 a.m. Perimeter Center 9960 Mayland Drive, Henrico

The Nominating Committee, formed at the February 16, 2017 Board meeting, met prior to the Board meeting.

All members appointed by President Barbara Allison-Bryan, MD in February were present.

Included were Wayne Reynolds, DO, Jane Hickey, JD, Deborah DeMoss Fonseca, and Kenneth Walker, MD.

Dr. Reynolds chaired the meeting.

Board members that were interested in serving in an officer position were interviewed.

Ray Tuck, DC was the sole interviewee for the position of Vice-President. He shared his credentials with the Committee and chronicled his service on the Board to date.

There were two Board members that addressed the Committee for the position of Secretary-Treasurer.

David Giammittorio, MD presented his credentials, practice experience and service to date on the Board. Dr. Harp told the Committee that Dr. Giammittorio had been responsive to phone calls for OB-GYN consultation and had made visits to the Board office to perform probable cause review.

Lori Conklin, MD presented her credentials including President-Elect of the Virginia Society of Anesthesiologists, her service on the Board to date, and her vision of what the Board should be dealing with currently and in the near future.

Alvin Edwards, MDiv, PhD had expressed interest in the Secretary-Treasurer position but was delayed and was unable to address the Committee.

Although no one was present to speak to the office of President, Kevin O'Connor, MD had expressed interest in advancing from his position of Vice-President.

Randy Clements, DPM had written a letter expressing his willingness to serve as an officer.

A member of the Nominating Committee requested that Dr. Clements be called and interviewed by phone, which was done.

The Committee developed the following report for the Board.

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

The meeting was adjourned at 8:25 AM.

Wayne Reynolds, DO, Chair

William L. Harp, MD, Executive Director

---FINAL APPROVED---

VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE BUSINESS MEETING

Wednesday, July 26, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Walker called the meeting to order at 1:04 p.m.

MEMBERS PRESENT: Kenneth Walker, MD, Chair
David Taminger, MD
Svinder Toor, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Jennifer Deschenes, Deputy Executive Director, Discipline
Colanthia Morton Opher, Operations Manager

GUEST PRESENT: Til Jolly, MD, CMO, Specialists on Call

Dr. Taminger read the emergency egress instructions.

Ms. Opher called the roll; a quorum was declared.

Dr. Toor moved to approve the October 19, 2016 business meeting minutes as presented. The motion was seconded and carried unanimously.

There was no public comment.

Dr. Harp requested that item #2 – "Consideration of student exemptions and license applicant exemptions for all advisory board professions", be stricken from the agenda. Dr. Toor moved to accept the amended agenda. The motion was seconded and carried unanimously.

NEW BUSINESS

#1 Presentation by Til Jolly, MD, Specialists on Call

Dr. Harp provided some background prior to Dr. Jolly's presentation. He stated that not so long ago, teleradiology and telepathology applicants were required to provide an employment verification (FORM B) from every hospital at which they were privileged to

perform services. So if they were privileged at 50 hospitals, it would take months for them to complete the licensing process.

Staff asked the Board to consider accepting a FORM B for a physician's performance at a contracted hospital signed by the Medical Director of the company that employed the physician. Besides the challenge of the sheer volume of FORM B's, there was the issue that, not infrequently, a hospital would say that no one at the facility could recall the physician. Therefore, the hospital could not provide the information sought by the FORM B. The Medical Director approach was approved by the Board, and it has helped expedite licensure of radiologists and pathologists.

There are other specialties that provide telemedicine services. Previously staff had asked the Board if it would consider broadening the acceptance of FORM B's signed by the Medical Director of a company that provided services beyond radiology and pathology. The Board declined to do so.

Dr. Jolly gave an educational presentation which, while proprietary, was applicable to all parties that provide telemedicine. His company employs neurologists, psychiatrists, and critical care specialists. He asked that telemedicine applicants other than radiologists and pathologists be allowed the expedited approach of accepting FORM B's signed by the Medical Director of the company. He then fielded questions from Board members and staff.

Q. How are complaints handled?

Dr. Jolly stated that complaints are handled internally. The Medical Director has a one-on-one talk with each of the parties involved to ascertain what happened. He said there is no video recording of the session, but there is a written consultation note placed in the file. If the complaint involved a behavioral issue, then the physician may be required to complete a training/educational program. If the issue was clinical (i.e. decision-making or quality of care, etc.), peer review is utilized to decide if the care was within acceptable standards. The resolution of a complaint may include disciplinary action all the way up to dismissal.

Q. What percentage of telemedicine companies are regulated by JCAHO?

Dr. Jolly advised that there are only two other companies, and he believes they are located in Missouri.

Dr. Jolly stated that other models of telemedicine exist that are not JCAHO-accredited. Direct-to-consumer is one such model. He says that the American Telemedicine Association is developing standards for such companies.

Dr. Harp said that he can envision three categories of telemedicine: 1) JCAHO-accredited companies; 2) non-accredited companies; and 3) the solitary physician providing telemedicine from his/her home or office. He pointed out that a challenge for the Board is the practitioner that provides direct-to-consumer care in 150 different locations to 300 different patients. The only information on performance that the Board gets on such an applicant is a letter from a colleague, who may or may not know much about his/her telemedicine performance.

Q. Virginia is typically not the first state board and not the last when considering changing an existing process. What other states are accepting the process of employment verification you are requesting the Board to consider?

Dr. Jolly said that his company faced this "FORM B" issue in Wisconsin, but now the process has been streamlined. There are also states that have considered the number of hospital evaluations that would be needed for a telemedicine applicant. Such states have decided that a performance evaluation from the company and a National Practitioner Data Bank (NPDB) report would provide adequate information for licensure.

Q. Do we really need 150 FORM B's?

Ms. Deschenes reminded the Committee that, at the June full Board meeting, the members agreed to accept NPDB in lieu of the American Medical Association (AMA) profile and Federation Credentials Verification Service (FCVS) disciplinary report. The NPDB report should contain all reports of adverse actions.

Dr. Toor said that, while Specialists on Call may have good intentions and an adequate vetting process, other companies may not have the same quality process.

Dr. Harp reported that in 2014 the Board developed a guidance document on telemedicine. Public comment before the Board showed even that the direct-to-consumer model appeared relatively safe. Telemedicine has not generated a lot of malpractice suits or board complaints. Most telemedicine companies handle issues that would be urgent care at best. Telemedicine practitioners generally refer patients with acute conditions to the ER or their PCP. These points appear to speak to a single standard for the licensure of those practicing telemedicine. The Board's mission is to protect the public and keep them safe. It appears that telemedicine, as a delivery system, has a good safety record.

Dr. Toor said that he doesn't feel that there is enough data to support that statement. If a patient is having a stroke in a small hospital, and it takes two hours to transport to the

care of a neurologist, engaging a tele-neurologist may mean one life saved. Strokes are in a high stakes category, and the benefit of tele-neurology consultation is because the risk of waiting for treatment is too high. It is still in question as to whether outcomes are the same with tele-medicine as if the patient had been seen in-person.

Dr. Harp said that, most of the time, a telemedicine practitioner instructs the patient to follow up with his/her PCP or go to the ER if the condition worsens or there is no improvement. Telemedicine complaints to the Board are infrequent. Most of the complaints regarding care are generated by in-person visits with a physician.

Dr. Harp pointed out that the FORM B is a screening tool for a physician's performance. What the Committee is asked to consider is if the Board believes that getting performance information from every facility at which the applicant has privileges is necessary. Or in the alternative, is a composite report from the company Medical Director acceptable, since he/she would have performance data on the physician?

Dr. Jolly said that practitioners are routinely re-credentialed.

Ms. Deschenes stated that, although the Board did not choose to participate in the Compact, licensure by endorsement should accomplish the same result, especially if the Board streamlined the FORM B's needed from telemedicine practitioners. She suggested to the Committee that it could recommend to the Executive Committee that the telemedicine companies submit a composite score with a list of hospitals from the Medical Director or require a maximum of five FORM B's from facilities.

Dr. Harp agreed that one FORM B filled out by the Medical Director reflecting that the physician had performed safely and competently should suffice. The list of sites at which services had been provided should be attached to the FORM B.

Dr. Taminger said that he sees streamlining the licensure process as an alternative to the Compact will enhance access to care for rural patients.

At the conclusion of the Q & A, Dr. Jolly was asked to provide examples of the letters and forms currently used by Specialists On Call and other state boards of medicine in the licensure of telemedicine practitioners.

Dr. Toor said that this is the way of the future, and we have to look at every company across the board.

The Committee agreed that it should recommend to the Executive Committee that it streamline the employment verification process for physician-to-physician telemedicine companies. It asked Dr. Harp to present the item to the August 4, 2017 Executive

Committee.

With no additional business, the meeting adjourned 2:38 p.m.

Kenneth Walker, MD
Chair

William L. Harp, MD
Executive Director

Colanthia Morton Opher
Operations Manager

-- DRAFT UNAPPROVED --

VIRGINIA BOARD OF MEDICINE

CREDENTIALS COMMITTEE MINUTES

Wednesday, August 23, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 10:00 a.m.

ROLL CALL: Mr. Heaberlin called the roll; a quorum was established.

MEMBERS PRESENT:
Kenneth Walker, MD, Chair
David Archer, MD
Jane Hickey, JD
Isaac Koziol, MD
David Taminger, MD

MEMBERS ABSENT
Wayne Reynolds, DO
Svindor Toor, MD
Deborah DeMoss Fonseca
Jasmine Gore

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Sherry Gibson, Administrative Assistant

OTHERS PRESENT: Tyler Cox, JD, MSV

EMERGENCY EGRESS INSTRUCTIONS

Mr. Heaberlin provided the emergency egress instructions.

APPROVAL OF MINUTES FROM JULY 26, 2017

Ms. Hickey moved to accept the meeting minutes as presented. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Taminger made a motion to accept the agenda as presented.

The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

1. Consideration of Employment Verification Form B's for Licensure Applicants

Mr. Heaberlin provided an opening statement on the required supplemental documents included in a license application that are common to all states. He explained how license verifications and letters of recommendation vary greatly from state-to-state. He further explained the rationale behind requiring Form B employment verifications as documentation that applicants were at the locations they note in their chronology, as well as providing professional evaluations from those sites. He noted that, about 3 years ago, the Board experienced an increase in applications from physicians that had been practicing telemedicine. Some of those applicants had to provide dozens of Form B employment verifications which were required from each and every site. In light of this, the Board began accepting Form B employment verifications from the Chief Medical Officer (CMO) of the telemedicine company, but only for tele-pathologists and tele-radiologists. The first question for the Committee today is to determine if the Board believes the CMO approach to Form B's can be expanded to all practitioners of telemedicine, regardless of specialty.

After a brief discussion, Dr. Taminger noted that it might be more beneficial to review the list of issues provided by Dr. Walker, since resolving the other Form B questions first may take care of the telemedicine issue.

Those questions were addressed as follows:

2. Does the Board need to hold CMO's accountable for poor vetting? How?

Ms. Deschenes noted that, from a disciplinary perspective, it would not be possible for the Board of Medicine to hold a signatory of a Form B accountable for inaccurate information provided in the Form B, unless he/she was a licensee of the Board of Medicine.

3. How many years of Form B's are needed?

Dr. Taminger asked if the Board would be opening the floodgates to telemedicine providers since reducing the requirements for the Form B may result in more applicants?

Dr. Koziol stated that perhaps the Board could only require Form B's from the top 5 or 10 locations of service.

Mr. Heaberlin and Ms. Deschenes noted that the floodgates were already open. Mr. Heaberlin further noted that it would be difficult to determine the top 5 or 10 locations of service. Dr. Koziol stated that the CMO could provide that information.

There was discussion regarding the number of years required for Form B's. Dr. Archer asked if an applicant who had a poor review from 5 years ago could get licensed. Mr. Heaberlin explained that, oftentimes when an applicant has a bad review from 4 or 5 years ago, the most recent reviews may be positive. Ms. Deschenes echoed that statement by noting that a practitioner who may have had troubles in residency or at the start of his/her medical career can often improve and do well in subsequent practice settings. Mr. Heaberlin noted that an applicant who has a poor evaluation from recent employment may warrant a phone call to the signatory of the Form B or an investigation may be opened.

MOTION: Jane Hickey made a motion that the Board require Form B's for the 2 years preceding application. The motion was seconded. During discussion, Dr. Archer noted that 2 years of verifications is adequate, since the Board now obtains the National Practitioner Data Bank Report (NPDB report on each applicant. The question was called, and the motion passed unanimously.

4. Are Form B's necessary for all locations of service and all places the applicant is credentialed?

Mr. Heaberlin noted that Form B's are currently required from all locations of service and all places the applicant is credentialed. Occasionally, applicants may claim they were only credentialed at a location but did not provide any services there. By consensus, it was determined that Form B's would still be required for all locations of service and all places a candidate was credentialed for the 2 years preceding the application.

5. Who is eligible to sign a form B? Residency director, best doctor friend, Human Resources staff, Medical Staff Services staff?

The Committee agreed that it wanted someone with direct knowledge of the applicant's performance to fill out and sign the Form B. Dr. Harp stated that the Board prefers a Form B completed by a physician colleague. Mr. Heaberlin reiterated that the Board does prefer Form B's completed by a physician colleague, but many times they are completed by an HR coordinator with the evaluation questions unanswered. On occasion that may be acceptable, but only on a case-by-case basis and depending on other Form B's provided and their content. Mr. Heaberlin noted that hospital affiliation letters are often provided that include privilege dates, status and specialty, and the Board usually accepts those in lieu of a Form B. By consensus, it was stated that the Board should continue to accept Form B's from physicians as well as hospital affiliation letters.

6. What information on the Form B is actionable?

Dr. Taminger asked if the Form received contains negative information, how is it addressed? Mr. Heaberlin noted that it may result in a call to the person who completed the Form B. Ms. Deschenes noted that it could also result in a pre-licensure investigation and an eventual Credentials Committee hearing to determine if the applicant has engaged in unprofessional conduct or has competency issues.

7. Does the Form B need a format change?

With little discussion, it was determined by consensus not to change the format. It was noted by Dr. Harp that another board of medicine has adopted the Virginia Form B unchanged for its use.

8. Does the Board need to issue a telemedicine only license?

Dr. Harp stated that, in the 1990s, there was discussion regarding telemedicine licenses and the Board declined to issue one at that time. Mr. Heaberlin stated that telemedicine practitioners receive the same license as doctors that physically practice in Virginia. There is no difference in the standard of care expected to be provided to Virginia patients whether the doctor is practicing via telemedicine or in-person. Dr. Harp asked why the Board would want to know less about a physician who is treating patients in Virginia from outside the state than it does for those practicing on the ground in the Commonwealth.

MOTION: Ms. Hickey made the motion that the Board should not issue a telemedicine license. The motion was seconded and carried unanimously.

After these questions were answered, the Committee returned to the original question.

Does the Board want to expand the CMO approach for Form B's to specialties other than tele-radiology and tele-pathology?

MOTION: Dr. Koziol made the motion that any applicant in Virginia applying for licensure with a telemedicine background may provide a Form B signed by a CMO of the company. The motion was seconded and carried.

Mr. Heaberlin noted that the Board also licenses professions other than doctors that have Form B verification requirements. The Board does not obtain National Practitioner Data Bank reports for applicants other than MDs or DOs. What should Board staff do with the Form B requirements for these other professions?

MOTION: Dr. Koziol moved that NPDB-vetted applicants will only be required to provide 2 years of Form B's, but all others will require 5 years. The motion was seconded. During discussion it was noted that Board staff would review the policies of the NPDB to determine what other professions would only need to provide 2 years of Form B's. If Board staff could obtain NPDB reports on a profession, then Dr. Koziol's motion would apply to it as well. The question was called and the motion carried unanimously.

Dr. Walker reviewed with the Committee and staff the questions addressed and the motions passed. All questions had been addressed to the Committee's and staff's satisfaction.

ADJOURNMENT

All business being completed, Dr. Walker adjourned the meeting at 11:57 a.m.

Kenneth Walker, MD, Chair

William L. Harp, MD, Executive Director

Alan Heaberlin, Deputy Director, Licensing
Recording Secretary

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ADVISORY BOARD ON MIDWIFERY
Minutes
September 29, 2017

The Advisory Board on Midwifery met on Friday, September 29, 2017, at 10:00 a.m., 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 Mayanne Zielinski, CPM
MEMBERS ABSENT:	Ami Keatts, M.D.
STAFF PRESENT:	William L. Harp, M.D. Executive Director Alan Heaberlin, Deputy Executive Director Elaine Yeatts, DHP Senior Policy Analyst Colanthia Morton, Operations Manager Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	Pamela H. Pilch, JD, Birth Rights Bar Assoc.

CALL TO ORDER

Kim Pekin called the meeting to order at 10:09 a.m.

EMERGENCY EGRESS PROCEDURES – Alan Heaberlin announced the Emergency Egress Procedures.

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

APPROVAL OF THE October 7, 2016 and June 9, 2017 MEETING MINUTES

Maya Hawthorne Gunderson moved to approve the October 7, 2016 minutes. The motion was seconded and carried.

Maya Hawthorne Gunderson moved to approve the June 9, 2017 minutes. The motion was seconded and carried.

ADOPTION OF THE AGENDA

Mayanne Zielinski moved to amend the agenda to include a review of Guidance Document 85-28. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

Dr Harp asked for a volunteer to read the letter from Degra Nofsinger, CPM, President of the Virginia Midwives Alliance.

Pamela H. Pilch, JD, read the letter regarding the concerns of CPM's that Medicaid recipients may not have access to midwifery care by CPM's in Virginia in the near future due to changes in the MCO exemption policy.

Dr. Harp noted that the Advisory Board on Midwifery, nor the Board of Medicine, has no authority in a policy implemented by another state agency. As the professional society, the Virginia Midwives Alliance should take the lead on this issue to communicate its concerns to the Department of Medical Assistance Services (DMAS).

NEW BUSINESS

1. **NARM (North American Registry of Midwives) 2016 Job Analysis Survey – Kim Pekin**

   Maya Hawthorn Gunderson spoke about the first portion of the NARM 2016 Job Analysis that includes the responses of midwives to earlier and current surveys. She also reviewed current tasks in the profession and provided statistics about licensed midwives in other states. Mayanne Zelienski and Kim Pekin also reviewed portions of the Job Analysis Survey. Mayanne Zielinski stated that she did not see any conflicts among the Job Analysis, regulations and guidance documents. Her colleagues on the Advisory Board agreed. No action was required.

2. **Review of Guidance Document 85-28 – Mayanne Zielinski**

   The Advisory Board reviewed the guidance document and discussed the items from Prenatal Care. Ms. Zielienski noted that the tests in this section may need to be ordered at times other than "post-date pregnancy." Mayanne Zielinski moved to amend the guidance document by striking "post-date" in the sentence that reads, "Assess and evaluate a ~~post-date~~ pregnancy by consulting or referring for…"

3. **New DMAS Rules – Kim Pekin**

Kim Pekin noted that new DMAS rules will make it more difficult for patients to choose a midwife to provide their healthcare and make it nearly impossible for midwives to receive Medicaid reimbursement for their services. The Advisory Board was informed by Board staff that they can reach out to their legislative representative and to DMAS to inform them of the problems these new rules will cause midwives and their potential patients. They were reminded to contact these organizations as individuals, not as members of the Advisory Board.

4. Electronic Submission of Birth Certificates- Elaine Yeatts

There was no update regarding the Department of Health Division of Vital Records progress towards the submission of electronic birth certificates by midwives. Dr. Harp said he would contact Ms. Rainey at Vital Records.

5. Discussion of Student Exemption and License Applicant Status – Dr. Harp

The Advisory Board discussed Virginia Regulation Section 18VAC85-13-145 regarding the student exemption that allows student midwives to perform tasks related to the practice of midwifery under direct and immediate supervision. The discussion shifted to the current 3-year timeframe to finish training and that it may take significantly longer than 3 years to obtain NARM certification. Mayanne Zielinski said that by NARM guidelines indicate that a student may take up to 10 years to receive certification. Kim Pekin stated that no one should take more than 10 years to obtain certification. Since the Advisory Board would elect to change the student exemption from 3 to 10 years, the last sentence of the regulation could be stricken. Maya Hawthorn Gunderson motioned to amend 18VAC85-130-45 'Practice while enrolled in an accredited midwifery educational program" from 3 years to 10 years to be congruent with NARM, and to strike the last sentence, 'For good cause shown....' Mayanne Zielinski seconded and the motion carried.

6. Approval of 2018 Calendar – Dr. Harp

The meeting calendar was reviewed, and no changes were made.

7. Election of Officers – Kim Pekin

Mayanne Zielinski nominated Kim Pekin to remain Chair. The nomination was seconded and carried unanimously.

Maya Gunderson nominated Mayanne Zielinski to remain Vice-Chair. The nomination was seconded and carried unanimously.

ANNOUNCEMENTS

Mr. Heaberlin told the Advisory Board that they would now be receiving a $50.00 per diem payment if they are not employed by the Commonwealth.

Mr. Heaberlin provided the totals for licensed midwives in Virginia as of September 29, 2017.

Licensed Midwives	83
Virginia addresses	63
Out-of-state	20

NEXT MEETING DATE

February 2, 2018 at 10:00 a.m.

ADJOURNMENT

Kim Pekin adjourned the meeting.

Kim Pekin, CPM, Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
October 3, 2017

The Advisory Board on Occupational Therapy met on Tuesday, October 3, 2017 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kathryn Skibek, OT, Chair
Breshae Bedward, OT, Vice-Chair
Eugenio Monasterio, M.D.
Dwayne Pitre, OT
Karen Lebo, JD

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Alan Heaberlin, Deputy Director, Licensure
Elaine Yeatts, DHP Senior Regulatory Analyst
ShaRon Clanton, Licensing Specialist
Colanthia Morton Opher, Operations Manager

GUESTS PRESENT: Alexander Macaulay, VOTA

CALL TO ORDER

Kathryn Skibek called the meeting to order at 10:00 a.m.

EMERGENCY EGRESS PROCEDURES

Mr. Heaberlin announced the Emergency Egress Instructions.

ROLL CALL

Roll was called, and a quorum declared.

APPROVAL OF MINUTES OF June 6, 2017.

Karen Lebo moved to adopt the minutes as written. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Monasterio moved to adopt the amended agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. **New ACOTE Accreditation Standards, Kathryn Skibek, OT, Chair**

   Kathryn Skibek made the members aware of the changes in the educational requirements for OT's and OTA's in the upcoming years. ACOTE will implement these by 2027. No action was required.

2. **Request for Guidance Document Regarding Supervisory Responsibilities of an Occupational Therapist**

   At its June meeting, the Advisory Board discussed that Frequently Asked Questions & Answers be considered for supervision by OT's. Mr. Heaberlin suggested that the Advisory Board may want to create a separate guidance document addressing supervision guidelines. He thought that it could be based upon the questions frequently received by Board staff. As there was agreement amongst the Advisory Board members, Mr. Heaberlin said that staff will put together a draft guidance document for review by the Advisory Board in January. Mr. Pitre moved to create a guidance document on the supervision of Occupational Therapy Assistants by Occupational Therapists. The motion was seconded and carried.

3. **Discussion of Student Exemption and License Applicant Status-Dr. Harp**

   After a brief discussion, the Advisory Board members determined that OT already had the License Applicant status, and the student exemption was not necessary.

4. **Approval of 2018 Meeting Calendar, Alan Heaberlin**

   Mr. Heaberlin reviewed the 2018 meeting calendar and asked for avoid dates. None were noted.

5. **Election of Officers-Kathryn Skibek, OT, Chair**

   Karen Lebo moved for Kathryn Skibek to continue as Chair and Breshae Bedward as Vice-Chair. The motion was seconded and carried.

ANNOUNCEMENTS:

Mr. Heaberlin informed the Advisory Board of the OT license count. There are currently 3,205 active and 69 inactive Occupational Therapists. Additionally, there are 1,255 active and 7 inactive Occupational Therapy Assistants.

Mr. Heaberlin told the Advisory Board that they would now be receiving a $50.00 per diem payment if they are not employed by the Commonwealth.

NEXT MEETING DATE

January, 30, 2018, 10:00 a.m.

ADJOURNMENT

The meeting of the Advisory Board was adjourned at 11:00 a.m.

Kathryn Skibek, OT, Chair

William L. Harp, M.D.
Executive Director

ShaRon Clanton, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON ATHLETIC TRAINING
MINUTES

October 5, 2017

The Advisory Board on Athletic Training met on Thursday, October 5, 2017, at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:
Michael Puglia, AT, Chair
Sara Whiteside, AT, Vice-Chair
Deborah Corbatto, AT
Jeffrey Roberts. MD
Trilizsa Trent, Citizen Member

MEMBER ABSENT:
None

STAFF PRESENT:
William L. Harp, M.D., Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Alan Heaberlin, Deputy Director for Licensure
Colanthia Morton Opher, Operations Manager
Denise Mason, Licensing Specialist

GUESTS PRESENT:
Matt Gage, VATA
Scott Powers, VATA
Tanner Howell, VATA

CALL TO ORDER

Mr. Puglia called the meeting to order at10:00 a.m.

EMERGENCY EGRESS PROCEDURES

Mr. Heaberlin announced the Emergency Egress Instructions.

ROLL CALL

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

APPROVAL OF MINUTES OF June 8, 2017

Ms. Corbatto moved to approve the minutes of June 8, 2017. The motion was seconded and carried.

ADOPTION OF AGENDA

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

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment on agenda items.

Matt Gage asked if he could speak to several issues that were on the horizon for AT's, including dry needling, suturing of wounds, and the use of intravenous fluids. The Chair allowed him to do so.

NEW BUSINESS

1. Report of 2017 BOC Athletic Trainer Regulatory Conference

Ms. Corbatto led the discussion in regards to the regulatory conference. The points of discussion were as follows:

- States are reviewing their practice acts to include different locations and settings. Some are modifying language to remove the word "athlete" or "athletics" in reference to AT's to define them more as physician extenders.
- BOC is moving from defining supervision as oversight to the word "collaboration" because of the changing nature of AT practice.
- BOC now has a central repository to check credentialing as well as report sanctions against athletic trainers.
- There is early discussion among the states about a potential compact among states that would allow for practice in multiple states, similar to the nursing compact.
- There was discussion on ethics in terms of dealing with being unaware of licensing requirements from various jurisdictions.
- There was a discussion with attorneys present regarding a case in NC (FTC vs NC Dental) in which board members may have been held personally liable.
- There was further discussion about making sure the Advisory Board has a clear mission to protect the public within its jurisdiction over licensed athletic trainers. It was emphasized that the Advisory Board has no jurisdiction or authority in the affairs of other professions or occupations.

2. Approval of 2018 Meeting Calendar

Ms. Whiteside moved to approve the scheduled Advisory Board meetings on the 2018 calendar. The motion was seconded and carried.

3. Discussion of Student Exemption and Licensure Applicant Status
Dr. Harp led the discussion of Student Exemption status and Licensure Applicant status by reviewing how these items are codified in other professions licensed under the Board of Medicine. No action was required.

4. Election of Officers

Mr. Puglia nominated Ms. Whiteside as Chair. The motion was second and carried. Ms. Whiteside nominated Ms. Corbatto as Vice-Chair. The motion was second and carried.

ANNOUNCEMENTS

Mr. Heaberlin told the Advisory Board members that they would now be receiving a $50.00 per diem payment for attending meetings, if they are not employed by the Commonwealth.

Mr. Heaberlin informed the Advisory Board that there are currently 1,515 Athletic Trainers that are licensed with the Board of Medicine. Four of those are inactive licenses.

NEXT MEETING DATE

February 1, 2018

ADJOURNMENT

The Advisory Board meeting adjourned at 12:14p.m.

_____
Michael Puglia, AT, Chair

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

_____
Denise Mason, Licensing Specialist

ADVISORY BOARD ON PHYSICIAN ASSISTANTS
October 5, 2017, 1:00 PM
9960 Mayland Drive, Suite 201
Richmond, VA
Training Room 2

The Advisory Board on Physician Assistants met Thursday, October 5, 2017, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Thomas Parish PA-C, Chair Portia Tomlinson, PA-C, Vice-Chair Rachel Carlson, PA-C
MEMBERS ABSENT:	James Potter, MD Citizen member-vacant
STAFF PRESENT:	William L. Harp, MD, Executive Director R. Alan Heaberlin, Deputy for Licensure Elaine Yeatts, DHP Senior Policy Analyst ShaRon Clanton, Licensing Specialist Colanthia Morton Opher, Operations Manager
GUESTS PRESENT:	David Falkenstein, VAPA Robert Glasgow, PA-C, VAPA W. Scott Johnson, MSV Jeremy Welsh, VAPA

Call to Order

Mr. Parish called the meeting to order at 1:00 pm.

Emergency Egress Procedures

Mr. Heaberlin provided the emergency egress instructions.

Roll Call

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

Approval of the Minutes from June 8, 2017

Ms. Tomlinson moved to adopt the 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

Mr. Falkenstein discussed actions to amend 18VAC85-50-10, 18VAC85-50-101 and 18VAC50-110.

NEW BUSINESS

1. The Advisory Board discussed revising the different types of supervision as currently defined in the regulations. It recommended removing Direct Supervision, General Supervision and Personal Supervision from Section 18VAC85-50-10. Revisions were recommended in Section 18VAC85-50-101(B) to remove (i.e. "direct," "personal," or "general"), and in Section 18VAC85-50-110(2)(a) "Under general supervision", and in Section (2)(b), edits were recommended regarding direct supervision of invasive procedures.

   Ms. Carlson moved to approve the recommended amendments. The motion was seconded and carried.

2. The Advisory Board reviewed 18VAC85-50-181 and recommended revision, noting that not all pharmacies are filling prescriptions written by physician assistants for weight loss. The Advisory Board recommended adding *"C. If specifically authorized in his practice agreement with a supervising or collaborating physician, a physician assistant or nurse practitioner may perform the physical examination, review tests, and prescribe Schedules III through VI controlled substances for treatment of obesity, as specified in subsection B of this section"*, basically the language from 18VAC85-20-90 of the Medicine and Surgery Regulations. It was thought that adding this would remove any confusion pharmacists might have regarding physician assistants writing prescriptions for weight loss medications.

   Ms. Tomlinson moved to approve importing subsection C from the Medicine and Surgery Regulations with the exception of "or nurse practitioner" to 18VAC85-50-181 of the Regulations Governing the Practice of Physician Assistants.

   The motion was seconded and carried.

3. Discussion of Student Exemption and License Applicant Status-Dr. Harp

   Dr. Harp reviewed the student exemption and license applicant status for respiratory therapy and occupational therapy. The Advisory Board did not think a change was necessary for physician assistants. No action was taken.

4. Approval of 2018 Meeting Calendar-Alan Heaberlin

   Ms. Tomlinson moved to accept the dates. The motion was seconded and approved unanimously.

5. Election of Officers-Thomas Parish, PA-C

   Mr. Parish moved to appoint Portia Tomlinson as Chair and Rachel Carlson as Vice-Chair. The motion was seconded and carried.

ANNOUNCEMENTS:

Mr. Heaberlin informed the Advisory Board that there are currently 3,596 active and 51 inactive Physician Assistants. The members were informed of the $50.00 per diem that is now being paid to those advisory board members who are not state employees.

NEXT MEETING DATE

February 1, 2018 @ 1:00 p.m.

ADJOURNMENT

The meeting of the Advisory Board was adjourned at 1:52 p.m.

_____
Thomas Parish, PA-C, Chair

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

_____
ShaRon Clanton, Licensing Specialist

Agenda Item: **Other Reports**

- Assistant Attorney General*
- Board of Health Professions
- Podiatry Report*
- Chiropractic Report*
- 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

APPROVED

Board of Health Professions
Regulatory Research Committee
Public Hearing - Certified Anesthesiology Assistant

June 27, 2017
9:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Barbara Allison-Bryan, MD, Board of Medicine
	Yvonne Haynes, LCSW, Board of Social Work
	Jacquelyn M. Tyler, RN, Citizen Member
	James Wells, RPH, Citizen Member
Absent	Martha S. Perry, MS, Citizen Member
DHP Staff	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Laura L. Jackson, Operations Manager BHP
	Yetty Shobo, Ph.D., Deputy Executive Director BHP
	David Brown, DC, Director DHP
Observers	Katie Payne, VSA
	Jessica Bowman, VSA
	Brian Ball, VSA
	Emil Engels, VSA
	Randi Neubeck, VSA, CAA
	Rhiannan Haihds, CWRU
	Addison Cain, CWRU
	Emilia Morales, CWRU
	Maria Fortner, CWRU
	Trara Riegadid, CWRU
	Mark Wheeler, AAPA, AAA, VSA
	Louise Hershkoartz,
	Tom Watters, VANA
	Cathy Harrison, VANA
	Martha Kelley, VSA
	Akash Sinha,

APPROVED

Mohammad Pradhan, CWRU
Nancy Long, CWRU
Zain Attir, CWRU
Alex Jurcisin, CWRU
Scott Vazquez, CWRU
Sabrina Cirino, DCAAA, AAAA
Nick Peterson, CWRU
Andrew, CWRU
Ashleigh Dechow, DCAAA, AAAA
Mariana Habib, DCAAA, AAAA
Daphne Tolentino, DCAAA, AAAA
Aldijana Mekic, DCAAA, AAAA
Parth Kalola, CWRU
Kevin Sistani, CWRU
Catherine Olumba, CWRU, MSA
Richard Davies, CWRU, MSA
Michael Diskin, CWRU, MSA
Priya Neti, DCAAA, VAAA
W. Scott Johnson, Esq., The Medical Society of Virginia
Ralston King, MSV
Julia Chambers, BHP Intern
Raymond Lindsey, VANA
Chelsea Miller, MedNax
R. Brent Rawlings, VHHA
Alexandra Fine, DCAAA, AAAA
Richard Grossman, VCNP
Abigail Moore, CWRU
Caitlin Burley, VAAA

Speakers

Katie Payne, Virginia Society of Anesthesiologists (VSA)
Layne DiLoreto, VAAA
Jeremy Betts, AAAA

Virginia Department of Health Professions

APPROVED

Shane Angus, AAAA
Rose Wilson, VAAA
Dr. Matthew Pinegar, ASA
Dr. Scott Frank, ASA
Jason Hansen, ASA
Danny Mosaros, AAAA
Dr. Emil Engels, VSA
Brian Ball, VSA
Peter DeForest, VANA
Janet Setnor, VANA-Military CRNA
Dr. Fallacaro, VCU
Dr. Apatov, ODU
Michelle Satterlund, VANA
Thomas Davis, ODU
Ray Lindsey, CRNA
Trina Beyard, Case Western Student
Martha Kelly

Emergency Egress Dr. Carter

Court Reporter Anne Marie Nelson

Call to Order

Chair Mr. Wells **Time** 9:00 a.m.

Quorum Quorum

Public Comment

Discussion

Ms. Payne is with the Virginia Society of Anesthesiologists and stated that they are in support of licensure of certified anesthesiology assistants.

Layne DiLoreto, is with VAAA and supports licensure of certified anesthesiology assistants.

Mr. Betts is with AAAA and supports licensure of certified anesthesiology assistants.

Mr. Angus is with AAAA and supports licensure of certified anesthesiology assistants.

APPROVED

Ms. Wilson is with VAAA and supports licensure of certified anesthesiology assistants.

Mr. Pinegar is with ASA and supports licensure of certified anesthesiology assistants.

Dr. Frank is with ASA and supports licensure of certified anesthesiology assistants.

Mr. Hansen is with ASA and supports licensure of certified anesthesiology assistants.

Mr. Mosaros is with AAAA and supports licensure of certified anesthesiology assistants.

Dr. Engels is with VSA and supports licensure of certified anesthesiology assistants.

Mr. Ball is with VSA and supports licensure of certified anesthesiology assistants. Mr. Ball provided a handout with anesthetist practice locations in Virginia.

Dr. DeForest with VANA relayed that the organization is per se not opposed to licensure of certified anesthesiology assistants, however licensure of CAAs might negatively impact CRNAs training and the availability of training positions for CNRAs and anesthesia residents.

Ms. Setnor is with VANA and is a military CRNA. She stated that CRNAs are trained to work independently where CAAs are not. She believes it is very unlikely CAAs would be permitted to practice in the military.

Dr. Fallacaro of VCU opined that adding the CAA profession would create issues with already finite resources for training. However, Virginia Commonwealth University (VCU) as an institution takes no position on the Board's review of the feasibility of licensing certified anesthesiologist assistants (CAAs).

Dr. Apatov is with ODU and stated that training is key. He stated that CRNAs make care plans for each patient, whereas CAAs are dependent on a physician anesthesiologist.

Ms. Satterlund also is with VANA and stated that VANA is not opposed to CAAs but asks BHP to consider the full impact of licensure and how it could negatively impact CRNAs.

Mr. Davis with ODU stated that AA programs must be associated with medical universities and that new programs for CAAs will reduce CRNA slots.

Mr. Lindsay is a CRNA and stated that Gas Works is not a reliable source for CRNA job openings.

Trina Beyard is a first year student at Case Western residing in Virginia. She would like to see Virginia license CAAs so that she may work where she lives.

Virginia Department of Health Professions

APPROVED

Ms. Kelly stated that her office has not been fully staffed with CRNAs in three years. She would like to see CAAs licensed as it would create a new pool of applicants for her to potentially hire.

Hearing Conclusion

Presenter Mr. Wells

Public comment will be received until 5:00 p.m. on July 31, 2017. A court reporter transcribed the oral comments. Once completed, a copy of the transcript will be available by contacting the Board office.

Adjourned

Adjourned 11:24 a.m.

Chair James Wells, R.Ph.

Signature: _____ Date: ____/____/____

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

Signature: _____ Date: ____/____/____

Virginia Department of Health Professions

DRAFT

Board of Health Professions Regulatory Research Committee Meeting

August 10, 2017
10:00 a.m. - Board Room 3
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Barbara Allison-Bryan, MD, Board of Medicine
	Yvonne Haynes, LCSW, Board of Social Work
	Jacquelyn M. Tyler, RN, Citizen Member
	James Wells, RPH, Citizen Member
Absent	Martha S. Perry, MS, Citizen Member
DHP Staff	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Laura L. Jackson, Operations Manager BHP
	Lisa Hahn, Chief Deputy, DHP
	David Brown, DC, Director DHP
Observers	Jan Setnor, VANA-CRNA
	Louise Hershkowitz
	Adrienne Hartgerink, VANA-CRNA
	Cathy Farreinier, VANA-CRNA
	Janille R. Carrisomy, VANA-CRNA
	Tressie Turner, VANA-SRNA
	Amanda Acuff, VANA-SRNA
	Tim Honeycutt, VANA-SRNA
	Stephen Sizle, VANA-SRNA
	Michelle Jump, VANA-SRNA
	Rachel Gilman, VANA-SRNA
	Joel Tobin Gill, VANA-SRNA
	Kyu Kim, VANA-SRNA
	April Ritter, VANA-SRNA
	Melissa Mitchell, VANA-SRNA
	Melanie Tuckes, VANA-SRNA
	Daniel Jearg, VANA-SRNA

Virginia Department of Health Professions

DRAFT

Observers continued	Emilyn Blakey, VANA-SRNA
	Kajer Katt, VANA-SRNA
	Nadia Sefton, VANA-SRNA
	W. Scott Johnson, Medical Society of Virginia
	Katie Payne, VANA-MWC
	R. Brent Rawlings, VHHA
Speakers	Katie Payne, Virginia Society of Anesthesiologists (VSA)
	Michele Satterlund, VANA
Emergency Egress	Dr, Carter

Call to Order

Chair Mr. Wells **Time** 10:00 a.m.

Quorum Quorum established

Approval of Previous Meeting Minutes

Discussion

Mr. Wells allowed public comment on the June 27, 2017 minutes. Ms. Satterlund representing the VANA, stated that the minutes did not reflect the complete intent and content of her comments and those of Dr. DeForest.

Mr. Wells called for amendment's and corrections to same minutes. Dr. Allison-Bryan proposed the following:

Page 4, Speaker #8, Mr. DeForest should be changed as follows: Dr. DeForest with VANA relayed that the organization is per se not opposed to certified anesthesiology assistants, however licensure of CAAs might negatively impact CRNAs training and the availability of training positions for CNRAs and anesthesia residents.

Page 4, Speaker #10, Dr. Fallacaro of VCU opined that adding the CAA profession would create issues with already finite resources for training. However, Virginia Commonwealth University (VCU) as an institution takes no position on the Board's review of the feasibility of licensing certified anesthesiologist assistants (CAAs).

Page 4, Speaker #12, Ms. Satterlund also is with VANA and stated that VANA is not opposed to CAAs but asks BHP to consider the full impact of licensure and how it could negatively impact CRNAs.

Motion

A motion was made by Dr. Allison-Bryan to approve the meeting minutes with the changes noted. The motion was properly seconded by Ms. Haynes. All members were in favor, none opposed.

Review of Criteria for Evaluating the Need for Regulation – Certified Anesthesiologist Assistants

Presenter Mr. Wells

Criteria One: Risk for Harm to the Consumer

Dr. Allison-Bryan stated that CAAs do good work and has seen no documentation that there is an issue for risk of harm.

Mr. Wells stated that there is a need to regulate the profession.

Ms. Haynes stated that there is a difference between practicing with an anesthesiologist and practicing solo.

Ms. Tyler stated that there may be a problem with safety if there is no direct supervision.

Criteria Two: Specialized Skills and Training

Dr. Allison-Bryan stated that while it appeared that the CAA training is well structured that clinical training positions are limited and she is concerned that opening this profession would create additional competition for clinical training opportunities in Virginia. Noting that one third of current AA students did not get into medical school, she is also concerned that those individuals that did not get into medical school will take available slots for medical students and residents.

Mr. Wells stated that from a pharmacology aspect he does not want to see the profession compartmentalized into just anesthesia. Mr. Wells also stated that some states require a physician assistant (PA).

Ms. Haynes stated that she is concerned with the lack of clinical training and that CAAs have basic medical school information to which clinical training needs to be added, in the event of a medical emergency.

Ms. Tyler stated that the skill sets need to match the medical needs.

Criteria Three: Autonomous Practice

Dr. Allison-Bryan stated that CAAs in Virginia would need to be regulated and wonders how much autonomous practice they actually have. An anesthesiologist must also be present at all times. Underserved areas would have to afford two practitioners, an anesthesiologist and a CAA.

Mr. Wells stated that regulating CAAs would not create CRNAs to move to rural/underserved areas.

Ms. Haynes agreed with Dr. Allison Bryan.

Criteria Four: Scope of Practice

Dr. Allison-Bryan stated that CAAs practicing in Virginia must be licensed and regulated. She wonders if this scope of practice adds to underserved areas.

Mr. Wells stated that CAAs coming into Virginia will not see CRNAs moving to underserved areas.

Criteria Five: Economic Impact

Dr. Allison-Bryan stated that there appears to be a good supply of anesthesiologists and CRNAs. She does not believe that costs would result in a restriction of the supply of practitioners. She stated that the Board

of Medicine has been asked to add five (5) more professions in the four and a half years that she has been on the Board. Board of Medicine staff is not growing, therefore, the addition of this profession will create more work for the Board. She wants to know if CAAs would be solving a problem that exists. Would it serve the Commonwealth to license CAAs?

Mr. Wells stated that an overlap in professions does not allow for an overlap in regulations.

Criteria Six: Alternatives to Regulation

Dr. Allison-Bryan stated that if we are to have practicing CAAs in Virginia that they must be regulated. She further asked if we have a need for CAAs in Virginia.

Mr. Wells stated that he and Dr. Carter discussed that a review of a profession is normally done when the profession is already working in Virginia, CAAs are not.

Criteria Seven: Least Restrictive Regulation

Dr. Allison-Bryan stated that the Board of Medicine does its best to make good regulations, but is there actually a need for CAAs in Virginia? She added that there are cons to licensing CAAs: training slots are already tight; there has been no proof provided that there is a shortage of anesthesiology providers in Virginia; and that CAAs only provide care under direct supervision.

Ms. Haynes noted that there has been no proof provided that there is a shortage of anesthesiology providers or CRNAs. She believes that we must provide public protection.

Motion

A motion was made by Dr. Allison-Bryan for the Board of Health Professions to not adopt a separate license for CAAs to practice in Virginia. The motion was properly seconded by Ms. Haynes. All members were in favor, none opposed.

Mr. Wells stated that the Full Board will be meeting August 31, 2017 and the Regulatory Research Committee will be making the recommendation to not license CAAs.

Adjourned

Adjourned 10:32 a.m.

Chair James Wells, RPh

Signature: _____ Date: ____/____/____

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

Signature: _____ Date: ____/____/____

Virginia Department of Health Professions

DRAFT

Board of Health Professions Full Board Meeting

August 31, 2017
10:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Helene D. Clayton-Jeter, OD, Board of Optometry
	Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
	Yvonne Haynes, LCSW, Board of Social Work
	Mark Johnson, DVM, Board of Veterinary Medicine
	Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
	Ryan Logan, RPh, Board of Pharmacy
	Trula E. Minton, MS, RN, Board of Nursing
	Herb Stewart, PhD, Board of Psychology
	Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
	James Wells, RPh, Citizen Member
	Junius Williams, Jr., MA, Board of Funeral Directors and Embalmers
Absent	Barbara Allison-Bryan, MD, Board of Medicine
	Marvin Figueroa, Citizen Member
	Derrick Kendall, NHA, Board of Long-Term Care Administrators
	Martha S. Perry, MS, Citizen Member
	Jacquelyn M. Tyler, RN, Citizen Member
	James D. Watkins, DDS, Board of Dentistry
DHP Staff	Lisa R. Hahn, MPA, Chief Deputy DHP
	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Elaine Yeatts, Senior Policy Analyst DHP
	Jay Douglas, Executive Director Board of Nursing
	Matt Treacy, Communications Associate DHP
	Laura L. Jackson, BHSA, Operations Manager BHP
Presenters	Neal Kauder, VisualResearch, Inc.
Speakers	Maxine Lee, MD, Virginia Society of Anesthesiologists
	Swen Laser, MD, Augusta Anesthesia Associates
	Michael Jawer, CAE, Alliance for Natural Health
	Jerrol Wallace, VANA
	Michele Satterlund, McGuire Woods Consulting

Virginia Department of Health Professions

DRAFT

	Leila Saadeh, MS, ATR-BC, VATA
	Gretchen Graves, MS, ATR-BC, CDATA, VATA
	Carol Olson, VATA
Observers	Cathy Harrison, CRNA, VANA
	Adrienne Hartgerink, CRNA, VANA
	Ashleigh Harris, SRNA, VANA
	Tressie Turner, SRNA, VANA
	Kayla Katz, SRNA, VANA
	W. Scott Johnson, Medical Society of Virginia
	Sarah Anderson, SRNA, VANA
	Anna Lenczyk, SRNA, VANA
	Joseph Biscardi, SRNA, VANA
	Kevin Pyne, SRNA, VANA
	Katie Payne, Virginia Society of Anesthesiologists
	Patricia Diefenbach, VAANP
	Sara Heisler, VHHA
	Christina Wingate, VANA
	Kyu Kim, SRNA, VANA
	Nadia Cefton, VANA
	Amber Coleman, SRNA, VANA
	Lee Bakhxar, SRNA, VANA
	Eric Fries, SRNA, VANA
	Julie Garces, SRNA, VANA
	Mark Wallu, VANA
	Erin Grimm, VANA
	Rebekah Pipp, VANA
	Mark Hickman, CSG
Emergency Egress	Dr. Carter

Call to Order

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

Quorum Established

Public Comment

Discussion

Maxine Lee, MD, stated that she is the immediate past president of the Virginia Society of Anesthesiologists (VSA) and is from the southwestern area of the state. She said that VSA represents more than 900 physician anesthesiologist in Virginia and supports licensure of CAAs. Dr. Lee stated that there is a shortage of anesthesiology providers and that licensing CAAs would provide an additional workforce that could be utilized. Dr. Lee asked that the Board either reject the recommendation of the Regulatory Research Committee or send the issue back to the Committee for further study.

Swen Laser, MD stated he was with Anesthesiologist Associates of Augusta and has been practicing anesthesiology for 17 years. He noted that Augusta Health currently offers CAA rotation. Dr. Laser stated that the CAAs are superbly trained and are exported out of the state for employment even though they live in Virginia. Dr. Laser recommends licensure of CAAs.

Michael Jawer, CAE reported that he is the Deputy Director at Alliance for Natural Health. Mr. Jawer submitted a request for a Board study of the value of licensing Naturopathic Doctors (NDs).

Patricia Diefenbach, ND, MS, CNC, CNS, CPT, president of the Virginia Association of Naturopathic Physicians (VAANP), had submitted a request for a board study into the need for licensure of Naturopathic Doctors. On August 17, 2017, she informed the Board office by email that the VAANP is no longer requesting the Board's review because the organization is currently pursuing legislative action.

Jerrol Wallace from the Virginia Association of Nurse Anesthetists was accompanied by Michele Satterlund of McGuire Woods Consulting. Mr. Wallace acknowledged the attending Certified Registered Nurse Anesthetists (CRNAs) in the audience and stated that licensure of another anesthesia provider group would impact CRNAs and there is no proven shortage at this time. He also stated that CRNAs have some restrictions based on scope of practice. Ms. Satterlund stated that licensing another provider would be detrimental as there is no shortage and no need for another anesthesia provider. Ms. Satterlund asked that the Board support the recommendation of the Regulatory Research Committee.

Leila Saadeh, MS, ATR-BC from the Virginia Art Therapy Association spoke regarding the letter and application for study submitted to the Board for consideration of the need for regulation of the practice of art therapy in Virginia.

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The May 9, 2017 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Directors Report

Presenter Ms. Hahn

Discussion

Ms. Hahn provided an update on multiple activities related to addressing the opioid crisis and described DHP's evolving role and coordination with multiple partners. She provided an overview of proposed legislation along with information regarding the Board of Counseling's requirement to register Qualified Mental Health Professionals (QMHPs -Adult and Child) and Peer Recovery Specialists. She noted that workgroups have convened to discuss transforming the delivery system for community-based Substance Use Disorder services that leverage evidence based treatment approaches demonstrated to improve recovery rates substantially. The Department is also currently working with the Department of Behavioral Health and Developmental Services and the Attorney General's Office in establishing standards for mental health dockets. She further noted that the Board of Medicine has issued a letter to prescribers regarding the recently passed legislation and regulations on opioid prescribing and Buprenorphine.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to the laws and regulations that affect DHP currently.

Communications Report

Presenter Dr. Carter

Discussion

Dr. Carter reviewed the meeting materials provided by the agency's Communications Department. These items included the July 14, 2017 *Virginian-Pilot* article regarding the Healthcare Workforce Data Center's *Health Care Occupation Roadmap*; collaboration with VCU in the redesign of DHPs logo; and Bayview Physicians Groups opting into Appriss Health's NarxCare Platform offered by the agency's Prescription Monitoring Program (PMP).

Sanction Reference Point Update

Presenter Mr. Kauder

Discussion

Mr. Kauder discussed the agency's Sanction Reference Point (SRP) agreement rates by board and provided a status report on SRP update research underway for the Boards of Long-Term Care Administrators, Funeral Directors and Embalmers, and Physical Therapy. He stated that some of the boards have requested more formal training on the SRP program as many board members feel that the "on the job" training they are currently getting is not adequate. The Board asked if Mr. Kauder would be willing to work with DHPs Communications Department to create a training video. He agreed. This information will be forwarded to the Board's Education Committee and Communications Department for further discussion.

Break 11:11 a.m. to 11:16 a.m.

Executive Directors Report

Presenter Dr. Carter

Board Budget

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

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition. She noted that while the key performance measures for patient care cases meet the goals, the length of time to resolve overall cases is on the rise. The agency is instituting a new internal tracking to assess the relative impact on performance of down time due to continuances.

Virginia Association of Naturopathic Physicians (VAANP)

Dr. Carter provided information regarding VAANP wish to rescind their original request for a study to evaluate the need for regulation of naturopathic physicians, received May 31, 2017.

Dr. Diefenbach noted that VAANP is currently pursuing legislative action directly.

Mr. Jawer from the Alliance for Natural Health (ANH) discussed his association's request for the Board's study, and provided an overview of the rationale for the request.

VAANP and ANH are acting independently from each other.

Dr. Carter stated that it would take approximately 18 months for a study to be conducted given the existing workload. She noted the previous evaluation study was done in 2005. At that time, the Board concluded the criteria to justify regulation were not met.

Upon further discussion, Chair Dr. Clayton-Jeter proposed a motion to be made on moving forward with the request made by Alliance for Natural Health to perform the study of Naturopathic Doctors (NDs) in Virginia.

Motion

No motion was made. Failing a motion, the Board concluded that no study would be conducted at this time.

Virginia Art Therapy Association

Dr. Carter provided information regarding the request from the Virginia Art Therapy Association to perform a sunrise review. Ms. Graves, Ms. Saadeh and Ms. Olson all provided information regarding the profession and the need for some form of regulation to distinguish them from other professions. After much discussion, Chair Dr. Clayton-Jeter proposed that the matter be tabled until later in the meeting to allow Board members more time to review the information provided before making a decision.

Motion

A motion was made to table the decision concerning the review of Art Therapists until later in the meeting. The motion was properly seconded. Eight (8) members were in favor, three (3) opposed.

Practitioner Self-Referral – AnuVa Diagnostics, LLC

Presenter Dr. Carter

Dr. Carter provided information regarding the Practitioner Self-Referral (PSR) request made by AnuVa Diagnostics, LLC on May 26, 2017. The request was reviewed and accepted by Mr. Wells, Agency Subordinate on August 10, 2017. Details are provided in the meeting documents and the request is being presented to the Full Board for consideration and ratification today.

Motion

A motion was made to ratify the Practitioner Self-Referral request presented by AnuVa Diagnostics, LLC. The motion was made and properly seconded by Ms. Haynes. All members were in favor, none opposed.

Regulatory Research Committee

Presenter Mr. Wells

Mr. Wells provided information regarding the Committee's recommendation to not license Certified Anesthesiology Assistants (CAAs) in Virginia. He stated that the burden of regulation was not justified due to the lack of proof of a statewide shortage of anesthesia providers, the fact that AA students would be competing for already limited training sites and slots needed by Anesthesiologist and Nurse Anesthetist students, and since they cannot practice without on-site direct Anesthesiologist supervision, it was deemed unlikely that they could meaningfully address the needs of medically underserved and other rural areas. The burden on the Board of Medicine to establish a regulatory program and administer the licensure program was also taken into consideration.

Motion

A motion was made to accept the recommendation of the Regulatory Research Committee to not license Certified Anesthesiology Assistants (CAAs) in Virginia. The motion was made and properly seconded by Ms. Minton. All members in favor, none opposed.

Lunch break 12:30 p.m. – 1:01 p.m.

Virginia Art Therapy Association

Discussion regarding regulation of Art Therapists in Virginia resumed and a motion offered.

Motion

A motion to accept the Virginia Art Therapy Associations request for a sunrise review was made and properly seconded by Mr. Stewart. All members in favor, none opposed.

Healthcare Workforce Data Center

Dr. Carter provided an update on the Data Center. She described work being done with Virginia Commonwealth University (VCU), Virginia Longitudinal Data System (VLDS) and the Federal of State Boards of Physical Therapy (FSBPT) in regards to the use of Virginia's healthcare workforce data.

Board Reports

Presenter Dr. Clayton-Jeter

Board of Nursing

Ms. Minton stated that the Board of Nursing is currently seeking changes to regulations and that the Board has four (4) newly appointed members. The board is taking action on the opioid crisis by providing education outreach and working with the Board of Medicine on opioid prescribing. The Interstate Nurse Licensure Compact is in transition to a new version in 2018. Once completed, there could be 30 states participating.

Board of Pharmacy

Mr. Logan reported that the Board of Pharmacy is supporting the legislative proposal to require the dispensing of Schedule V drugs and naloxone to be reported to the PMP. He advised that the Board has requested that the Healthcare Workforce Data Center amend question #22 within the pharmacist healthcare workforce survey to read "Do you provide any of the following services at this location?" as it relates to better assessing pharmacist involvement in collaborative practice agreements. Mr. Logan was appointed Board Chairman and Mr. Elliott Vice-Chairman at the June 27, 2017 meeting.

Board of Veterinary Medicine

Dr. Johnson stated that teaching schools were previously not required to have a license to practice veterinary medicine and that a new facility/intern resident license is being proposed. Regulations affecting the prescribing of opioids are also under review.

Board of Psychology

Dr. Stewart stated that a few more states have joined the Psychology Interjurisdictional Compact (PSYPACT) bringing the total to four (4). The Board of Psychology's Regulatory Committee will recommend items identified and reviewed for inclusion in a Notice of Intended Regulatory Action (NOIRA). The Association of State and Provincial Psychology Boards (ASPBD) is reviewing standards of practice, as well. The Board of Psychology also voted to support DHP introducing legislation that would allow requiring up to 2 hours per annual renewal cycle in a specific continuing education area. Dr. Stewart has also been reappointed Chair of the Board of Psychology.

Board of Counseling

Dr. Doyle announced that the Board of Counseling had four (4) new board members appointed. He stated that it had passed emergency regulations for registering Qualified Mental Health Professionals (QMHPs -Adult and Child) and Peer Recover Specialists and had proposed education program accreditation be done through the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

Board of Social Work

Ms. Haynes stated that the Board of Social Work's July meeting was canceled. The Board of Social Work's Regulatory Review Committee is reviewing the definition of "social work" and also revising the requirements for reactivation and reinstatement.

Board of Physical Therapy

Dr. Jones provided a written report that was read by Dr. Carter. The Board of Physical Therapy's Regulatory Advisory Panel (RAP) met on June 29, 2017 to discuss "dry needling". This information was shared with the Full Board August 22, 2017 and the board agreed to reconvene the RAP to discuss the number of training hours for dry needling. Dr. Jones and Ms. Tillman-Wolf, Executive Director for the Board, attended a leadership forum in Alexandria, VA in June that was held by FSBPT that focused on compact licensure and telehealth continuing competence. The Board has three (3) newly appointed board members. Election of Officers was held and Dr. Jones was reelected President and Dr. Dailey reelected Vice President. The annual meeting and delegate assembly of FSBPT will be held in November in New Mexico. Elected delegates include Dr. Jones and alternate delegate Dr. Locke. Dr. Dailey will attend as a member of the Education Task Force.

Board of Optometry

Dr. Clayton-Jeter reported that at the July Board of Optometry meeting an overview of the draft emergency regulations on Prescribing Opioids were considered and approved. An amendment to the regulations was made that a prescription for Naloxone should be considered for any risk factor of prior overdose, substance abuse, or concomitant use of benzodiazepine present. Dr. Clayton-Jeter was appointed Board Vice-President. At the August meeting regulations were reviewed and more specific language was added.

Board Committee Structures

Presenter Dr. Carter

Dr. Carter provided an overview of the Board's Committees and their purpose. Dr. Clayton-Jeter asked for two Board members to volunteer for the vacancies on the Education Committee. Dr. Stewart and Mr. Logan agreed to fill those vacancies. The Enforcement Committee added Mr. Williams.

Dr. Clayton-Jeter asked the Education Committee to assist in the Agency's logo branding. She also asked that the Education Committee aid in creating a Sanction Reference Point (SRP) video to be added to new board member training. She also asked that Boards be identified that need SRP training and have webinars or vignettes created. Mr. Wells recommended that "refresher" training should also be provided to existing board members.

Dr. Carter advised that the Board of Health Professions Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions manual be revised (last revised in 1998). She requested that more time needs to be added to the time-line for the completion of a study; the recommendation was for 12 to 18 months. Dr. Clayton-Jeter asked for a motion to have the Full Board review and comment on the draft policy and procedure manual.

Motion

A motion was made to have the Full Board review the Board of Health Professions Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions manual. The motion was made and properly seconded by Mr. Stewart. All in favor, none opposed.

New Business

Presenter Dr. Clayton-Jeter

The proposed 2018 meeting dates were discussed and agreed upon.

December 7, 2017 Full Board Meeting

Presenter Dr. Clayton-Jeter

Chair and Vice Chair elections will be held at this meeting. The Nominating Committee will meet to propose a slate of officers.

Adjourned

Adjourned 1:57 p.m.

Chair Helene Clayton-Jeter, OD

Signature: _____ Date: ____/____/____

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

Signature: _____ Date: ____/____/____

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**

Staff Note: Attached is a chart with the status of regulations for the Board as of October 13, 2017

Board **Board of Medicine**

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Supervision and direction for laser hair removal [Action 4860] NOIRA - *Register Date: 10/2/17* Comment ends: 11/1/17
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Licensure by endorsement [Action 4716] Proposed - *At Secretary's Office*
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Postgraduate training for foreign graduates [Action 4882] Final - *Register Date: 9/18/17* *Effective: 10/18/17*
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Initial regulations [Action 4760] Proposed - *At Secretary's Office*
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	NBCOT certification as option for CE [Action 4461] Proposed - *Stage Withdrawn 6/28/2017*
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	Elimination of CE form and change in title of regulation [Action 4849] Fast-Track - *Register Date: 10/30/17* *Effective: 12/14/17*
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	Conform CE requirements to Code [Action 4848] Final - *Register Date: 9/4/17* *Effective: 10/4/17*
[18 VAC 85 - 170]	Regulations Governing the Practice of Genetic Counselors	Conforming to Code - grandfathering date [Action 4847] Final - *Register Date: 9/4/17* *Effective: 10/4/17*

Agenda Item: **Proposed Regulatory Action**

Staff note:

The Committee of the Joint Boards of Nursing and Medicine has discussed the elimination of a separate license for prescriptive authority for nurse practitioners. The Code of Virginia does have certain requirements for prescriptive authority but does not mandate a separate license.

Therefore, the action to implement elimination must be regulatory and begin with a Notice of Intended Regulatory Action (NOIRA).

The NOIRA will include the likelihood that Chapter 40, Regulations for Prescriptive Authority for Nurse Practitioners, will be repealed and the necessary provisions incorporated into a new Part in Chapter 30, Regulations Governing the Licensure of Nurse Practitioners.

Committee action:

To adopt the recommendation to the Committee of the Joints Boards for the adoption of a NOIRA to begin the regulatory process for elimination of a separate prescriptive authority license.

Agenda Item: Regulatory Action – Fee reduction

Included in agenda package:

1) Copy of letter from Dr. Brown to Board with recommendation for a one-time fee reduction
2) Copy of two options for reduction – 20% and 25%
3) Copy of revenue/expenditures with options
4) Copy of APA exemption for fee reduction

Staff note:

The reduction in renewal fees would apply to all professions regulated by Medicine beginning in January 2018 through December 2020.

Board Action:

Adoption of amendments to regulations to reduce renewal fees in the next two years by either 20% or 25%.

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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MEMORANDUM

TO: Members, Board of Medicine

FROM: David E. Brown, D.C.

DATE: August 11, 2017

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 2014 - 2016 biennium (July 1, 2014, through June 30, 2016) with a cash balance of $10,033,194. Current projections indicate that revenue for the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) will exceed expenditures by approximately $318,561. When combined with the Board's $10,033,194 cash balance as of June 30, 2016, the Board of Medicine projected cash balance on June 30, 2018, is $10,351,755.

The Board approved a one-time renewal fee reduction beginning in January 1, 2016 through December 31, 2017. To further reduce the Board's cash surplus we recommend another one-time renewal fee decrease. Please note that these projections are based on internal agency assumptions and are, therefore, subject to change based on actions by other state agencies, the Governor and\or the General Assembly.

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 Deputy Director
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

DHP
Board of Medicine
Draft 20% Fee Reduction

Occupations	Projected Renewals	Fees Effective January 1, 2018	Revenue	20% Fee Reduction	20% Reduction in Revenue
Assistant Behavior Analyst					
Current Active	113	70	7,910	56	6,328.00
Athletic Trainer					
Current Active	1,233	135	166,455	108	133,164.00
Current Inactive	3	70	210	56	168.00
Behavior Analyst	-			-	-
Current Active	719	135	97,065	108	77,652.00
Current Inactive	2	70	140	56	112.00
Chiropractor	-			-	-
Current Active	1,512	312	471,744	250	378,000.00
Current Inactive	100	168	16,800	135	13,500.00
Genetic Counselor	-			-	-
Current Active	8	135	1,080	108	864.00
Interns & Residents	-			-	-
Current Active	3,071	35	107,485	28	85,988.00
Licensed Acupuncturist	-			-	-
Current Active	452	135	61,020	108	48,816.00
Current Inactive	7	70	490	56	392.00
Licensed Midwife	-			-	-
Current Active	72	312	22,464	250	18,000.00
Limited Radiologic Technologist	-			-	-
Current Active	497	70	34,790	56	27,832.00
Current Inactive	22	35	770	28	616.00
Medicine & Surgery	-			-	-
Current Active	33,872	337	11,414,864	270	9,145,440.00
Current Inactive	1,303	168	218,904	135	175,905.00
Occupational Therapist	-			-	-
Current Active	3,675	135	496,125	108	396,900.00
Current Inactive	66	70	4,620	56	3,696.00
Occupational Therapy Assistant	-			-	-
Current Active	1,340	70	93,800	56	75,040.00
Current Inactive	7	35	245	28	196.00
Osteopathy & Surgery	-			-	-
Current Active	2,995	337	1,009,315	270	808,650.00
Current Inactive	49	168	8,232	135	6,615.00
Physician Assistant	-			-	-
Current Active	3,158	135	426,330	108	341,064.00
Current Inactive	22	70	1,540	56	1,232.00

DHP
Board of Medicine
Draft 20% Fee Reduction

Podiatry	-			-	-
Current Active	487	337	164,119	270	131,490.00
Current Inactive	34	168	5,712	135	4,590.00
Polysomnographic Technologist	-			-	-
Current Active	412	135	55,620	108	44,496.00
Radiologic Technologist	-			-	-
Current Active	3,731	135	503,685	108	402,948.00
Current Inactive	38	70	2,660	56	2,128.00
Radiologist Assistant	-			-	-
Current Active	9	150	1,350	120	1,080.00
Respiratory Therapist	-			-	-
Current Active	3,344	135	451,440	108	361,152.00
Current Inactive	86	70	6,020	56	4,816.00
Restricted Volunteer	-			-	-
Current Active	94	75	7,050	60	5,640.00
Surgical Assistant	-			-	-
Current Active	231	70	16,170	56	12,936.00
Surgical Technologist	-			-	-
Current Active	322	70	22,540	56	18,032.00
University Limited License	-			-	-
Current Active	18	35	630	28	504.00
Grand Total	63,104		15,899,394		12,735,982.00

Total reduced renewal revenue **3,163,412.00**

(2)

DHP
Board of Medicine
Draft 25% Fee Reduction

Occupations	Projected Renewals	Fees Effective January 1, 2018	Revenue	25% Fee Reduction	25% Reduction in Revenue
Assistant Behavior Analyst					
Current Active	113	70	7,910	53	5,989.00
Athletic Trainer					
Current Active	1,233	135	166,455	102	125,766.00
Current Inactive	3	70	210	53	159.00
Behavior Analyst	-			-	-
Current Active	719	135	97,065	102	73,338.00
Current Inactive	2	70	140	53	106.00
Chiropractor	-			-	-
Current Active	1,512	312	471,744	234	353,808.00
Current Inactive	100	168	16,800	126	12,600.00
Genetic Counselor	-			-	-
Current Active	8	135	1,080	102	816.00
Interns & Residents	-			-	-
Current Active	3,071	35	107,485	27	82,917.00
Licensed Acupuncturist	-			-	-
Current Active	452	135	61,020	102	46,104.00
Current Inactive	7	70	490	53	371.00
Licensed Midwife	-			-	-
Current Active	72	312	22,464	234	16,848.00
Limited Radiologic Technologist	-			-	-
Current Active	497	70	34,790	53	26,341.00
Current Inactive	22	35	770	27	594.00
Medicine & Surgery	-			-	-
Current Active	33,872	337	11,414,864	253	8,569,616.00
Current Inactive	1,303	168	218,904	126	164,178.00
Occupational Therapist	-			-	-
Current Active	3,675	135	496,125	102	374,850.00
Current Inactive	66	70	4,620	53	3,498.00
Occupational Therapy Assistant	-			-	-
Current Active	1,340	70	93,800	53	71,020.00
Current Inactive	7	35	245	27	189.00
Osteopathy & Surgery	-			-	-
Current Active	2,995	337	1,009,315	253	757,735.00
Current Inactive	49	168	8,232	126	6,174.00
Physician Assistant	-			-	-
Current Active	3,158	135	426,330	102	322,116.00
Current Inactive	22	70	1,540	53	1,166.00

(3)

DHP
Board of Medicine
Draft 25% Fee Reduction

Podiatry	-			-	-
Current Active	487	337	164,119	253	123,211.00
Current Inactive	34	168	5,712	126	4,284.00
Polysomnographic Technologist	-			-	-
Current Active	412	135	55,620	102	42,024.00
Radiologic Technologist	-			-	-
Current Active	3,731	135	503,685	102	380,562.00
Current Inactive	38	70	2,660	53	2,014.00
Radiologist Assistant	-			-	-
Current Active	9	150	1,350	113	1,017.00
Respiratory Therapist	-			-	-
Current Active	3,344	135	451,440	102	341,088.00
Current Inactive	86	70	6,020	53	4,558.00
Restricted Volunteer	-			-	-
Current Active	94	75	7,050	57	5,358.00
Surgical Assistant	-			-	-
Current Active	231	70	16,170	53	12,243.00
Surgical Technologist	-			-	-
Current Active	322	70	22,540	53	17,066.00
University Limited License	-			-	-
Current Active	18	35	630	27	486.00
Grand Total	63,104		15,899,394		11,950,210.00

Total reduced renewal revenue **3,949,184.00**

(4)

DHP
Board of Medicine
FY17 Actual, FY18 - FY22 Cash Projections

	Original Projections	One-Time 20% Fee Reduction	One-Time 25% Fee Reduction
FY17			
Cash Balance as of June 30, 2016	10,033,194	10,033,194	10,033,194
Revenue	7,153,936	7,153,936	7,153,936
Direct and In-Direct Expenditures	7,135,858	7,135,858	7,135,858
Cash Balance as of June 30, 2017	10,051,272	10,051,272	10,051,272
FY18			
Cash Balance as of June 30, 2017	10,051,272	10,051,272	10,051,272
Projected Revenue	8,469,177	7,071,452	6,719,484
Projected Direct and In-Direct Expenditures	8,103,995	8,103,995	8,103,995
Projected Cash Balance as of June 30, 2018	10,416,454	9,018,729	8,666,761
FY19			
Projected Cash Balance as of June 30, 2018	10,416,454	9,018,729	8,666,761
Projected Revenue	8,641,974	7,060,268	6,667,382
Projected Direct and In-Direct Expenditures	8,412,847	8,412,847	8,412,847
Projected Cash Balance as of June 30, 2019	10,645,581	7,666,150	6,921,296
FY20			
Projected Cash Balance as of June 30, 2019	10,645,581	7,666,150	6,921,296
Projected Revenue	8,748,990	8,565,008	8,524,091
Projected Direct and In-Direct Expenditures	8,604,804	8,604,804	8,604,804
Projected Cash Balance as of June 30, 2020	10,789,768	7,626,355	6,840,584
FY21			
Projected Cash Balance as of June 30, 2020	10,789,768	7,626,355	6,840,584
Projected Revenue	8,864,722	8,864,722	8,864,722
Projected Direct and In-Direct Expenditures	8,732,087	8,732,087	8,732,087
Projected Cash Balance as of June 30, 2021	10,922,403	7,758,990	6,973,219
FY22			
Projected Cash Balance as of June 30, 2021	10,922,403	7,758,990	6,973,219
Projected Revenue	8,977,889	8,977,889	8,977,889
Projected Direct and In-Direct Expenditures	8,896,042	8,896,042	8,896,042
Projected Cash Balance as of June 30, 2022	11,004,250	7,840,837	7,055,066

§ 2.2-4006. Exemptions from requirements of this article.

A. The following agency actions otherwise subject to this chapter and § 2.2-4103 of the Virginia Register Act shall be exempted from the operation of this article:

6. Regulations of the regulatory boards served by (i) the Department of Labor and Industry pursuant to Title 40.1 and (ii) the Department of Professional and Occupational Regulation or the Department of Health Professions pursuant to Title 54.1 that are limited to reducing fees charged to regulants and applicants.

Agenda Item: Regulatory Actions – Licensed Midwives

Included in your agenda package are:

A copy of the proposed regulation to be adopted by a fast-track action.

Staff Note:

The Advisory Board on Midwifery noted that the allowance for unlicensed persons to perform midwifery tasks under direct and immediate supervision while enrolled in an accredited midwifery program or during completion of a NARM portfolio is only for a period of three years.

Completion of a NARM portfolio can take up to 10 years, if the supervising midwife has a very small practice. NARM will not accept experience older than 10 years.

Therefore, the Advisory has recommended an amendment to section 45.

Board action:

To adopt changes to Section 45 as recommended by the Advisory Board.

Project 5302 - none

BOARD OF MEDICINE

Practical experience for NARM portfolio

18VAC85-130-45. ~~Practice while enrolled in an accredited midwifery education program~~ Practical experience under supervision.

A person may perform tasks related to the practice of midwifery under the direct and immediate supervision of a licensed doctor of medicine or osteopathic medicine, a certified nurse midwife, or a licensed midwife while enrolled in an accredited midwifery education program or during completion of the North American Registry of Midwives' Portfolio Evaluation Process Program without obtaining a license issued by the board until such person has taken and received the results of any examination required for CPM certification or for a period of ~~three~~ ten years, whichever occurs sooner. ~~For good cause shown, a person may request that the board grant any extension of time beyond the three years, for a period not to exceed one additional year.~~

Agenda Item: Guidance document

Staff Note:

The Advisory Board on Licensed Midwifery recommended an amendment to Guidance Document 85-28 on Authority to Order Tests. There may be need to order an ultrasound during the pregnancy, not just for a "post-date" pregnancy.

Under Prenatal Care
Assess and evaluate a ~~post-date~~ pregnancy by monitoring/screening:
Consult or refer for:

- *Ultrasound*
- *Non-stress test*
- *Biophysical profile*

Enclosed is:

A copy of the guidance document with amendment shown

Action: Motion to adopt the recommendation of the Advisory Board for an amendment to Guidance Document 85-28.

Guidance document: 85-28

Adopted: June 22, 2017

Virginia Board of Medicine

Authority of Licensed Midwives to Order Tests

Code of Virginia 54.1-2957.9 indicates that the scope of practice for licensed midwives in Virginia is to "*be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority and the possession and administration of controlled substances shall be prohibited.*"**

The *North American Registry of Midwives (NARM) 2016 Job Analysis Survey Comprehensive Report* (http://narm.org/pdffiles/2016-Job-Analysis.pdf) Exam Content Outline for the NARM Written Examination, recommended by the NARM Job Analysis Committee and approved by the NARM Board of Directors contains the following:

Under General Healthcare Skills

- Obtains or refers for urine screening tests
- Obtains or refers for vaginal culture
- Obtains or refers for blood screening tests

Under Prenatal Care

Assess and evaluate a ~~post-date~~ pregnancy by monitoring/screening:

Consult or refer for:

- Ultrasound
- Non-stress test
- Biophysical profile

**Note: In Virginia, a "controlled substance" is defined in the Code as "a drug, substance, or immediate precursor in Schedules I through VI of this chapter." (§ 54.1-3401 of the Code of Virginia)

Agenda Item: Agenda Item: Adoption of Notice of Intended Regulatory Action (NOIRA) for physician assistants

Included in the agenda package:

A copy of the law (Code of Virginia) pertaining to supervision and practice of physician assistants

A copy of the regulations under consideration for amendments

A copy of the Substance of the NOIRA

Staff note:

The Advisory Board for Physician Assistants recommends amending these sections relating to supervision and pharmacotherapy for weight loss.

Action:

Adoption of a NOIRA with the substance of the proposed action as presented.

Substance of the Notice of Intended Regulatory Action

Please briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

Relating to the use of supervision in regulation, the Board intends to:

1) Amend the definition of "supervision" be combining the meanings of general and continuous supervision, so the new definition would be: Supervision means the supervising physician has on-going, regular communication with the physician assistant on the care and treatment of patients (current definition of "continuous supervision") and is easily available and can be physically present or accessible for consultation with the physician assistant within one hour (current definition of "general supervision");
2) Eliminate definitions of "direct supervision" and "personal supervision" The definitions of "alternative supervising physician" and "supervising physician" will be moved to the appropriate places in the listing of words and terms being defined;
3) Delete in Section 101 the examples of various levels of supervision that may be spelled out in the practice agreement between the parties; and
4) Amend Section 110 to change the word "supervising" to "observing" in order to clarify the responsibility of the physician in attesting to the competency of a physician assistant to perform invasive procedures.

Relating to regulations in Section 181 on pharmacotherapy for weight loss, the Board intends to add a subsection C, which is similar to language in subsection C of Section 90 in regulations for physicians. *The new subsection C would read: If specifically authorized in his practice agreement with a supervising physician, a physician assistant may perform the physical examination, review tests, and prescribe Schedules III through VI controlled substances for treatment of obesity, as specified in subsection B of this section.*

Code of Virginia

§ 54.1-2952. Supervision of assistants by licensed physician, or podiatrist; services that may be performed by assistants; responsibility of licensee; employment of assistants.

A. A physician or a podiatrist licensed under this chapter may supervise physician assistants and delegate certain acts which constitute the practice of medicine to the extent and in the manner authorized by the Board. The physician shall provide continuous supervision as required by this section; however, the requirement for physician supervision of physician assistants shall not be construed as requiring the physical presence of the supervising physician during all times and places of service delivery by physician assistants. Each team of supervising physician and physician assistant shall identify the relevant physician assistant's scope of practice, including the delegation of medical tasks as appropriate to the physician assistant's level of competence, the physician assistant's relationship with and access to the supervising physician, and an evaluation process for the physician assistant's performance.

Physician assistants appointed as medical examiners pursuant to § 32.1-282 shall be under the continuous supervision of a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.

No licensee shall be allowed to supervise more than six physician assistants at any one time.

Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees which are supervised by one or more physicians or podiatrists may employ one or more physician assistants in accordance with the provisions of this section.

Activities shall be delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice supervision agreement between the physician assistant and the supervising physician or podiatrist and may include health care services which are educational, diagnostic, therapeutic, preventive, or include treatment, but shall not include the establishment of a final diagnosis or treatment plan for the patient unless set forth in the practice supervision agreement. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a licensee is authorized to delegate and supervise initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, when performed under the direction, supervision and control of the supervising licensee. When practicing in a hospital, the physician assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require and shall record such finding in appropriate institutional records. The physician assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. Prior to the patient's discharge, the services rendered to each patient by a physician assistant in a hospital's emergency department shall be reviewed in accordance with the practice agreement and the policies and procedures of the health care institution. A physician assistant

who is employed to practice in an emergency department shall be under the supervision of a physician present within the facility.

Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing in this section shall prohibit any physician assistant who is not employed by the emergency physician or his professional entity from practicing in a hospital emergency department, within the scope of his practice, while under continuous physician supervision as required by this section, whether or not the supervising physician is physically present in the facility. The supervising physician who authorizes such practice by his physician assistant shall (i) retain exclusive supervisory control of and responsibility for the physician assistant and (ii) be available at all times for consultation with both the physician assistant and the emergency department physician. Prior to the patient's discharge from the emergency department, the physician assistant shall communicate the proposed disposition plan for any patient under his care to both his supervising physician and the emergency department physician. No person shall have control of or supervisory responsibility for any physician assistant who is not employed by the person or the person's business entity.

B. No physician assistant shall perform any delegated acts except at the direction of the licensee and under his supervision and control. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient has signed the practice agreement, pursuant to regulations of the Board, to act as supervising physician for that physician assistant. Every licensee, professional corporation or partnership of licensees, hospital or commercial enterprise that employs a physician assistant shall be fully responsible for the acts of the physician assistant in the care and treatment of human beings.

C. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures consistent with Board regulations, and (iii) has successfully completed the exam administered by the American Registry of Radiologic Technologists for physician assistants for the purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic and therapeutic procedures.

Regulations of the Board

18VAC85-50-10. Definitions.

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

"Board."

"Physician assistant."

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

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

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

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

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

"Supervision" means:

1. "Alternate supervising physician" means a member of the same group or professional corporation or partnership of any licensee, any hospital or any commercial enterprise with the supervising physician. Such alternating supervising physician shall be a physician licensed in the Commonwealth who has registered with the board and who has accepted responsibility for the supervision of the service that a physician assistant renders.

2. "Direct supervision" means the physician is in the room in which a procedure is being performed.

3. "General supervision" means the supervising physician is easily available and can be physically present or accessible for consultation with the physician assistant within one hour.

4. "Personal supervision" means the supervising physician is within the facility in which the physician's assistant is functioning.

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

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

18VAC85-50-101. Requirements for a Practice Agreement.

A. Prior to initiation of practice, a physician assistant and his supervising physician shall enter into a written or electronic practice agreement that spells out the roles and functions of the assistant. Any such practice agreement shall take into account such factors as the physician assistant's level of competence, the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician availability in ensuring direct physician involvement at an early stage and regularly thereafter.

The practice agreement shall also provide an evaluation process for the physician assistant's performance, including a requirement specifying the time period, proportionate to the acuity of care and practice setting, within which the supervising physician shall review the record of services rendered by the physician assistant. The practice agreement may include requirements for periodic site visits by supervising licensees who supervise and direct assistants who provide services at a location other than where the licensee regularly practices.

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

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

D. If the initial practice agreement did not include prescriptive authority, there shall be an addendum to the practice agreement for prescriptive authority.

E. If there are any changes in supervision, authorization, or scope of practice, a revised practice agreement shall be entered into at the time of the change.

18VAC85-50-110. Responsibilities of the Supervisor.

The supervising physician shall:

1. Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected. The supervising physician shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process.

2. Be responsible for all invasive procedures.

a. Under general supervision, a physician assistant may insert a nasogastric tube, bladder catheter, needle, or peripheral intravenous catheter, but not a flow-directed catheter, and may perform minor suturing, venipuncture, and subcutaneous intramuscular or intravenous injection.

b. All other invasive procedures not listed in subdivision 2 a of this section must be performed under direct supervision unless, after directly supervising the performance of a specific invasive procedure three times or more, the supervising physician attests on the practice agreement to the competence of the physician assistant to perform the specific procedure without direct supervision.

3. Be responsible for all prescriptions issued by the assistant and attest to the competence of the assistant to prescribe drugs and devices.

18VAC85-50-181. Pharmacotherapy for Weight Loss.

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

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

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

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

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

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

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

Agenda Item: **Comment on the Opioid Regulations**

Staff Note: Here you will find the amended emergency regulations and two comments from Regulatory Townhall.

Action: Discuss as necessary.

Emergency Text

Action: Initial regulations
Stage: Emergency/NOIRA

CHAPTER 21

REGULATIONS GOVERNING PRESCRIBING OF OPIOIDS AND BUPRENORPHINE

Part I
General Provisions

18VAC85-21-10. Applicability.

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

B. This chapter shall not apply to:

1. The treatment of acute or chronic pain related to (i) cancer, (ii) a patient in hospice care, or (iii) a patient in palliative care;

2. The treatment of acute or chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

18VAC85-21-20. Definitions.

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

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances may be prescribed for no more than three months.

"Board" means the Virginia Board of Medicine.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances may be prescribed for a period greater than three months.

"Controlled substance" means drugs listed in The Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) in Schedules II through IV.

"FDA" means the U.S. Food and Drug Administration.

"MME" means morphine milligram equivalent.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

"SAMHSA" means the federal Substance Abuse and Mental Health Services Administration.

Part II
Management of Acute Pain

18VAC85-21-30. Evaluation of the acute pain patient.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance [~~abuse~~ misuse] .

18VAC85-21-40. Treatment of acute pain with opioids.

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

1. A prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

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

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance [~~abuse~~ misuse] , doses in excess of 120 MME/day, or concomitant benzodiazepine is present.

C. Due to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

~~18VAC85-21-50. Medical records for acute pain.~~

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part III
Management of Chronic Pain

18VAC85-21-60. Evaluation of the chronic pain patient.

A. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;

5. Psychiatric, addiction, and substance [~~abuse~~ misuse] history of the patient and any family history of addiction or substance [~~abuse~~ misuse] ;

6. A urine drug screen or serum medication level;

7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance [~~abuse~~ misuse] ; and

9. A request for prior applicable records.

B. Prior to initiating opioid treatment for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC85-21-70. Treatment of chronic pain with opioids.

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

B. In initiating and treating with an opioid, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME/day;

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Prescribe naloxone for any patient when risk factors of prior overdose, substance [~~abuse~~ misuse] , doses in excess of 120 MME/day, or concomitant benzodiazepine is present; and

4. Document the rationale to continue opioid therapy every three months.

C. [~~Buprenorphine may be prescribed or administered for chronic pain in formulation and dosages that are FDA-approved for that purpose.~~ Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain] .

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications if prescribed.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation and treatment if indicated.

18VAC85-21-80. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall document in the medical record the presence or absence of any indicators for medication [~~abuse~~ misuse] , or diversion and shall take appropriate action.

18VAC85-21-90. Informed consent and agreement for treatment for chronic pain.

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement signed by the patient in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screens or serum medication levels when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC85-21-100. Opioid therapy for chronic pain.

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

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from such prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. The practitioner shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC85-21-110. Additional consultations.

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

B. When a prescriber makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC85-21-120. Medical records for chronic pain.

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

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;

4. Diagnostic, therapeutic, and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications (including date, type, dosage, and quantity prescribed and refills);

11. Patient instructions; and

12. Periodic reviews.

Part IV
Prescribing of Buprenorphine for Addiction Treatment

18VAC85-21-130. General provisions pertaining to prescribing of buprenorphine for addiction treatment.

A. Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a SAMHSA waiver and the appropriate U.S. Drug Enforcement Administration registration.

B. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. Physician assistants and nurse practitioners who have obtained a SAMHSA waiver shall only prescribe buprenorphine for opioid addiction pursuant to a practice agreement with a waivered doctor of medicine or doctor of osteopathic medicine.

D. Practitioners engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance [abuse misuse] counseling. The practitioner shall document provision of counseling or referral in the medical record.

18VAC85-21-140. Patient assessment and treatment planning for addiction treatment.

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance [abuse misuse] history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for human immunodeficiency virus, hepatitis B, hepatitis C, and tuberculosis.

B. The treatment plan shall include the practitioner's rationale for selecting medication-assisted treatment, patient education, written informed consent, how counseling will be accomplished, and a signed treatment agreement that outlines the responsibilities of the patient and the prescriber.

18VAC85-21-150. Treatment with buprenorphine for addiction.

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant;

2. When converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days. [~~or~~]

3. In formulations other than tablet form for indications approved by the FDA [; or

4. For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient s medical record] .

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opioid treatment programs. With the exception of those conditions listed in subsection A of this section, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

D. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. Prior to starting medication-assisted treatment, the practitioner shall perform a check of the Prescription Monitoring Program.

F. During the induction phase, except for medically indicated circumstances as documented in the medical record, patients should be started on no more than eight milligrams of buprenorphine per day. The patient shall be seen by the prescriber at least once a week.

G. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

H. Practitioners shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least every six months thereafter.

I. Documentation of the rationale for prescribed doses exceeding 16 milligrams of buprenorphine per day shall be placed in the medical record. Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.

J. The practitioner shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance abuse misuse counseling.

18VAC85-21-160. Special populations in addiction treatment.

A. Pregnant women [shall may] be treated with the buprenorphine mono-product, usually 16 milligrams per day or less.

B. Patients younger than the age of 16 years shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

C. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives that can be identified, quantified, and independently verified.

D. Practitioners shall (i) evaluate patients with medical comorbidities by history, physical exam, appropriate laboratory studies and (ii) be aware of interactions of buprenorphine with other prescribed medications.

E. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and is not stable. A patient who is determined by the prescriber to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.

18VAC85-21-170. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete, and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR, Part 2 shall be followed.

D. Compliance with 18VAC85-20-27, which prohibits willful or negligent breach of confidentiality or unauthorized disclosure of confidential Prescription Monitoring Program information, shall be maintained.

Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Department of Health Professions

Board **Board of Medicine**

Chapter **Regulations Governing Prescribing of Opioids and Buprenorphine [18 VAC 85 – 21]**

Action	Initial regulations
Stage	Emergency/NOIRA
Comment Period	Ends 10/18/2017

Next Comment Back to List of Comments

Commenter: William O'Keefe

10/11/17 2:10 pm

Regulatory Flexibility; Not One Size Fits All

I am writing to comment on your regulation on opioids regulation and requesting that you consider alternative compliance for tramadol patients.

I am almost 79 years old and suffer osteoarthritis. I have j been informed by my doctor that she must see me quarterly in addition to the required schedule for urine tests. This is an unreasonable burden for me and most suffers of osteoarthritis. I live 40 miles from my doctor, so making two additional visits, in addition to my annual physical and follow up, imposes both a cost and time burden. I discussing your regulation with others in a similar situation, some will discontinue using tramadol and instead turn to an alternative that might not be as effective but could carry a higher risk.

As you know, osteoarthritis is primarily an ailment of the elderly and, according to the CDC, affects 30 million adults. By 2030, it has been estimated that 70 million adults over 65 will be at risk of osteoarthritis. Since the average annual income of Social Security recipients is roughly $25,000, the cost of complying with the regulation will be significant for at least 50% of the elderly. While the opioid problem is very serious in Virginia as well as other states, I believe that providing regulatory flexibility for patients receiving regular and long term medical treatment will not jeopardize the primary objective of your regulation.

Although tramadol is an opioid, the risk of addiction is considered low. In addition, the risk of addiction must be even lower in elderly patients who are not already addicted to medications, alcohol, or narcotics. The Board should consider alternative means of compliance that will not create a serious risk to its effectiveness for patients who can meet strict but reasonable compliance criteria.

Let me offer one possibility. Doctors could complete an exemption request that provides relevant medical and patient information, including how long he/she has been a patient and length of time on tramadol. It would include the reason for use, and a brief summary of medical history, including any history of addiction or drug abuse. The request for an exemption could be certified by another physician, unless the doctor is a sole practitioner.

An objection to allowing such an exemption could be that doctors who are over-prescribing might not truthfully complete the form. However, any doctor who would be guilty of that is also likely not

to honor the requirements of your regulation.

Surely, you must realize that a "one size fits all" violates the principles ofrisk assessment and cost-effectiveness. Treating a Class 4 drug the same as a Class 1 one on its face validates my conclusion. In addition, from the literature I have read, the abuse is directly related to the consumption of illegal drugs such as heroin.

It is unclear to me why Virginia's Prescription Monitoring Program cannot be the primary means for alerting to abuse and over prescribing?

William O'Keefe

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Providence Forge Va. 23140

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VIRGINIA REGULATORY TOWN HALL

Department of Health Professions

Board **Board of Medicine**

Chapter **Regulations Governing Prescribing of Opioids and Buprenorphine [18 VAC 85 – 21]**

Action	Initial regulations
Stage	Emergency/NOIRA
Comment Period	Ends 10/18/2017

Previous Comment Back to List of Comments

Commenter: William O'Keefe

10/16/17 11:30 am

supplemental comments on opioid regulation

I am writing to provide supplemental comments concerning the Board's Opioid regulation. After reviewing more of the literature, I am even more puzzled about the justification for the current regulation, especially including Class 4 opioids like Tramadol, that is overly broad and too rigid. I believe that empirical data justify a revision that at a minimum would be tiered, provide flexibility to physicians, and make the Prescription Management System a more effective management tool.

The National Survey on Drug Use found that the nonmedical use of prescription opioids peaked in 2012 while opioid overdose deaths continued to increase. Professor Chinazo Cunningham, a recognized expert from the Albert Einstein College of Medicine, has reached the same conclusion. It appears that the view of most experts is that deaths are being caused by the use of illegal drugs. The data also show that more people have died from heroin overdoses than from prescription overdoes.

A 2014 study by the Journal of the American Medical Association found that just 13% of overdose patients were people on opioids for chronic pain. A comprehensive review by the Cochrane Library found that the addiction rate for people on prescriptions was only 1%.

Disturbingly, the CDC has reported that some people who take opioids for pain and who are cut off by their doctors turn to the illegal drug market as an alternative. This strongly suggests that the Board's regulation could be counterproductive because some people who must comply with quarterly visits to their doctor along with six month urine tests could turn to riskier alternatives as being less burdensome and costly.

The above conclusions were also confirmed in a health commentary this summer by Robert DuPont the first director of the National Institute of Drug Abuse and William Bennett the nation's first drug czar. They wrote, "70 percent of our nation's opioid deaths do not come via prescription abuse. ... The main problem today, and the growth for tomorrow, is illegal opioids such as heroin, illegal fentanyl, and a hundred other synthetics, not legal drugs used illegally or in ways not as prescribed." In 2015, there were 33,000 opioid overdose deaths with heroin deaths constituting almost 13,000 and synthetic opioids (mostly illegal fentanyl) another 9,600 deaths.

As the Board's staff reviews the additional comments that are filed, I urge you direct them to also

review the literature. It should lead to a conclusion that the current regulation needs to be revised because it will, at best, only have a marginal effect on overdosing while placing an unnecessary burden on doctors for complieance as well as patients who take opioids for chronic pain management.

Increasing the cost (which includes the imposed burden) of complying with the regulation for pain management patients as well as physicians, while most likely reducing effectiveness is compelling evidence of a need for revision. The goal of any regulation should be the highest practical level possible with the lowest practical cost. The current regulation does not do this.

William O'Keefe

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Providence Forge, Va 23140

804-966-7370

Agenda Item: **Review of Board of Medicine Bylaws**

Staff Note: The Board's Bylaws need to be reviewed periodically for currency and to recommend revisions if necessary. If changes are necessary, they will have to be finally considered at the February 15,2018 Board meeting. It is a requirement that any revisions be sent out two weeks in advance to all the Board members.

Action: To determine if there are revisions to be considered at the February Board meeting.

VIRGINIA BOARD OF MEDICINE

BYLAWS

PART I: THE BOARD

Article I – Members

The appointment and limitations of service of the members shall be in accordance with Section 54.1-2911 of the Code of Virginia.

Article II - Officers of the Board

Section 1. Offices and Titles – Officers of the Board shall consist of a president, vice-president and secretary/treasurer. All shall be elected by the Board for a term of one year. The term of each office shall begin at the conclusion of the June Board meeting and end at the conclusion of the subsequent June Board meeting.

A. President: The president shall preserve order and preside at all meetings according to parliamentary rules, the Virginia Administrative Process Act, and the Virginia Freedom of Information Act. The president shall appoint the members of the Executive Committee, Credentials Committee, Finance Committee, Committee of the Joint Boards of Medicine and Nursing, and ad hoc committees of the Board. The president shall sign as president to the certificates authorized to be signed by the president.

B. Vice President: The vice president shall act as president in the absence of the president. The vice president shall preserve order and preside at all meetings of the Legislative Committee according to parliamentary rules, the Virginia Administrative Process Act, and the Virginia Freedom of Information Act. The vice-president shall, in consultation with the president, appoint the members of the Legislative Committee and shall sign as vice-president to the certificates authorized to be signed by the vice-president.

C. Secretary/Treasurer: The secretary/treasurer shall be knowledgeable of budgetary and financial matters of the Board. The secretary/treasurer shall preserve order and preside at all meetings of the Finance Committee according to parliamentary rules, the Virginia Administrative Process Act and the Virginia Freedom of Information Act. The secretary/treasurer shall sign as secretary/treasurer to the certificates authorized to be signed by the office.

D. The officers of the Board shall faithfully perform the duties of their offices and shall coordinate with staff regularly on matters pertaining to their offices.

E. Order of succession: In the event of a vacancy in the office of president, the vice president shall assume the office of president for the remainder of the term. In the event of a vacancy in the office of vice president, the secretary/treasurer shall assume the office of vice president for the remainder of the term. In the event of a vacancy of the office of secretary/treasurer, the president shall appoint a board member to fill the vacancy for the remainder of the term.

F. The Executive Director shall keep true records of all general and special acts of the Board and all papers of value. When a committee is appointed for any purpose, the executive director shall notify each member of the appointment and furnish any essential document or information necessary. The executive director shall conduct the correspondence of the Board when requested and shall sign certificates authorized to be issued by the Board and perform all such other duties as naturally pertain to the position.

Article III - Meetings

Section 1. Frequency of meetings: The Board shall meet at least three times a year.

Section 2. Order of Business Meetings - The order of business shall be as follows:

Call to order

Roll call

Approval of minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board

Adoption of Agenda

Public Comment Period

Report of Officers and Executive Director:
- President
- Vice President
- Secretary/Treasurer
- Executive Director

Report of Committees:
- Executive Committee
- Legislative Committee
- Credentials Committee
- Finance Committee
- Other Standing Committees
- Ad Hoc Committees

Report of Advisory Boards
- Acupuncture
- Athletic Training
- Midwifery
- Occupational Therapy
- Physician Assistant
- Polysomnography Technology
- Radiological Technology
- Respiratory Care

Old Business

New Business

Election of Officers

Article IV – Committees

Section 1. Standing Committees. The standing committees of the Board shall consist of the following:

Executive Committee
Legislative Committee
Credentials Committee
Finance Committee
Committee of the Joint Boards of Medicine and Nursing
Other Standing Committees

A. **Executive Committee**. The Executive Committee shall consist of the president, vice-president, the secretary-treasurer and five other members of the board appointed by the president. The Executive Committee shall include at least two citizen members. The president shall serve as chairman of the Executive Committee. In the absence of the Board, the executive committee shall have full powers to take any action and conduct any business as authorized by § 54.1-2911 of the Code of Virginia. Five members of the executive committee shall constitute a quorum.

B. **Legislative Committee**. The Legislative Committee shall consist of seven Board members appointed by the vice-president of the Board. The vice president of the Board or a designee will serve as chair. The committee shall consider all questions bearing upon state and federal legislation, and regulations. The Legislative Committee shall recommend changes in the law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulations. The committee shall submit proposed changes in the rules and regulations of the Board in writing to all Board members prior to any scheduled meeting of the Board.

C. **Credentials Committee**. The Credentials Committee shall consist of nine members of the Board appointed by the President and shall satisfy itself that applicants for licensure by endorsement or by examination fulfill the requirements of the Board. The Committee shall review the credentials of the applicants who may fail to meet the requirements of the Board as specified in statute or regulation. The Committee may hear credentialing issues in accordance with §2.2-4019, §2.2-4020 and §2.2-4021 and guidelines adopted by the Board.

D. **Finance Committee**. The Finance Committee shall consist of the secretary/treasurer, two other members appointed by the president and the Executive Director shall act ex officio to the committee. This committee shall be responsible for making recommendations to the Board regarding all financial matters. The committee shall meet as necessary.

E. **Committee of the Joint Boards of Medicine and Nursing.** The Committee shall be appointed in accordance with § 54.1-2957.01 of the Code of Virginia and shall function as provided in the Regulations Governing the Licensure of Nurse Practitioners (18VAC 90-30-30).

F. Members appointed to a committee shall faithfully perform the duties assigned to the committee. Committee chairs shall regularly communicate with staff on matters pertaining to the committee.

Section 2. Ad Hoc Committees.

A. The Board or any of its standing committees may establish such ad hoc committees as are deemed necessary to assist the Board or committee in its work.

B. The members of an ad hoc committee shall be appointed by the chair of the board or committee creating the ad hoc committee. The chair may appoint members to an ad hoc committee who are not members of the board when it serves the purpose of the committee.

C. All members of an ad hoc committee shall have full and equal voting rights.

D. Members appointed to a committee shall faithfully perform the duties assigned to the committee. Committee chairs shall regularly communicate with staff on matters pertaining to the committee.

Article V – Elections

The Board shall appoint a Nominating Committee at its February meeting. The committee shall present the names of candidates for office to the Board for election at its June meeting. In the event that the offices are vacated and succession is not possible, the Board shall appoint the Nominating Committee which will develop a slate of candidates for the Board's consideration at its next meeting.

Amendments to Bylaws

Amendments to these bylaws may be proposed by presenting the amendments in writing to all board members seven calendar days prior to any scheduled board meeting.

Agenda Item: **Credentials Committee Recommendations on FORM B's**

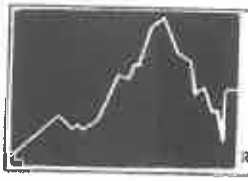
Staff Note: On July 26, 2017, Dr. Til Jolly of Specialists on Call, a telemedicine company in Northern Virginia, addressed the Credentials Committee about licensing of telemedicine physicians. Essentially, he asked the Credentials Committee to consider extending the exemption for FORM B's that the Board had granted to applicants that provide teleradiology services and telepathology services. The exemption has been that applicants in those two specialties do not have to obtain a FORM B from every site at which they had provided services, but rather submit a FORM B signed by the Medical Director of the company. Specialists on Call utilizes neurologists, psychiatrists, and critical care specialists, and these were the specialties for which Dr. Jolly was seeking exemption. After full discussion, the Committee decided to recommend to the Executive Committee that the employment verification process for physician-to-physician telemedicine consultation be streamlined with the chief medical officer exemption. Requirements for FORM B's for those applicants that provide telemedicine services that are not affiliated with a company would continue to provide FORM B's from all sites of service. Further, this telemedicine exemption would not extend to on-site locum tenens work. On August 4th, the Executive Committee further discussed this issue and was favorable towards expanding the exemption to all applicants that practice telemedicine, regardless of specialty, but wanted the Credentials Committee to revisit the issue of how many FORM B's should be required.

Action: 1) To vote that a FORM B from the chief medical office of a telemedicine company will suffice instead of requiring a FORM B from all sites of service, 2) To vote on extending the exemption to all specialties practicing telemedicine, 3) To vote on requiring only 2 years of FORM B's if the applicant is in a profession for which the Board receives an NPDB report, and 4) To vote that all applicants/professions that cannot provide an NPDB report to the Board must submit 5 years of FORM B's.

FORM B - PLEASE CHECK APPROPRIATE PROFESSION

Please Print Last Name, Please Print First

- ☐ Acupuncturist
- ☐ Athletic Trainer
- ☐ BCaBA
- ☐ BCBA
- ☐ Chiropractic
- ☐ Genetic Counselor
- ☐ Medicine and Surgery
- ☐ Midwife
- ☐ Occupational Therapist
- ☐ Occupational Therapist Assistant
- ☐ Osteopathy and Surgery
- ☐ Physician Assistant
- ☐ Podiatry
- ☐ Polysomnographic Technologist
- ☐ Radiologic Technologist
- ☐ Radiologic Technologist - Limited
- ☐ Radiologist Assistant
- ☐ Respiratory Therapist



Rev. 7/17

Virginia Department of Health Professions
Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

Please provide name and address of setting/organization exactly as it appears on your application chronology.

Clearly print/type name of applicant _____

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-_____

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____ from _____ (Month/Year) to _____ (Month/Year).

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark) ☐Recommend highly and without reservation ☐Recommend as qualified and competent
☐Recommend with some reservation (explain)_____
☐Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)
☐Close personal observation ☐General impression ☐A composite of evaluations
☐Other: _____

Date (Required): _____

Signator Contact Number: (_____) _____

Signed by: _____
Print or type name: _____
Title: _____

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)

-- DRAFT UNAPPROVED --

VIRGINIA BOARD OF MEDICINE
CREDENTIALS COMMITTEE MINUTES

Wednesday, August 23, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 10:00 a.m.

ROLL CALL: Mr. Heaberlin called the roll; a quorum was established.

MEMBERS PRESENT:
Kenneth Walker, MD, Chair
David Archer, MD
Jane Hickey, JD
Isaac Kcziol, MD
David Taminger, MD

MEMBERS ABSENT
Wayne Reynolds, DO
Svindor Toor, MD
Deborah DeMoss Fonseca
Jasmine Gore

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Sherry Gibson, Administrative Assistant

OTHERS PRESENT: Tyler Cox, JD, MSV

EMERGENCY EGRESS INSTRUCTIONS

Mr. Heaberlin provided the emergency egress instructions.

APPROVAL OF MINUTES FROM JULY 26, 2017

Ms. Hickey moved to accept the meeting minutes as presented. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Taminger made a motion to accept the agenda as presented.

The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

1. Consideration of Employment Verification Form B's for Licensure Applicants

Mr. Heaberlin provided an opening statement on the required supplemental documents included in a license application that are common to all states. He explained how license verifications and letters of recommendation vary greatly from state-to-state. He further explained the rationale behind requiring Form B employment verifications as documentation that applicants were at the locations they note in their chronology, as well as providing professional evaluations from those sites. He noted that, about 3 years ago, the Board experienced an increase in applications from physicians that had been practicing telemedicine. Some of those applicants had to provide dozens of Form B employment verifications which were required from each and every site. In light of this, the Board began accepting Form B employment verifications from the Chief Medical Officer (CMO) of the telemedicine company, but only for tele-pathologists and tele-radiologists. The first question for the Committee today is to determine if the Board believes the CMO approach to Form B's can be expanded to all practitioners of telemedicine, regardless of specialty.

After a brief discussion, Dr. Taminger noted that it might be more beneficial to review the list of issues provided by Dr. Walker, since resolving the other Form B questions first may take care of the telemedicine issue.

Those questions were addressed as follows:

2. Does the Board need to hold CMO's accountable for poor vetting? How?

Ms. Deschenes noted that, from a disciplinary perspective, it would not be possible for the Board of Medicine to hold a signatory of a Form B accountable for inaccurate information provided in the Form B, unless he/she was a licensee of the Board of Medicine.

3. How many years of Form B's are needed?

Dr. Taminger asked if the Board would be opening the floodgates to telemedicine providers since reducing the requirements for the Form B may result in more applicants?

Dr. Koziol stated that perhaps the Board could only require Form B's from the top 5 or 10 locations of service.

Mr. Heaberlin and Ms. Deschenes noted that the floodgates were already open. Mr. Heaberlin further noted that it would be difficult to determine the top 5 or 10 locations of service. Dr. Koziol stated that the CMO could provide that information.

There was discussion regarding the number of years required for Form B's. Dr. Archer asked if an applicant who had a poor review from 5 years ago could get licensed. Mr. Heaberlin explained that, oftentimes when an applicant has a bad review from 4 or 5 years ago, the most recent reviews may be positive. Ms. Deschenes echoed that statement by noting that a practitioner who may have had troubles in residency or at the start of his/her medical career can often improve and do well in subsequent practice settings. Mr. Heaberlin noted that an applicant who has a poor evaluation from recent employment may warrant a phone call to the signatory of the Form B or an investigation may be opened.

MOTION: Jane Hickey made a motion that the Board require Form B's for the 2 years preceding application. The motion was seconded. During discussion, Dr. Archer noted that 2 years of verifications is adequate, since the Board now obtains the National Practitioner Data Bank Report (NPDB report on each applicant. The question was called, and the motion passed unanimously.

4. Are Form B's necessary for all locations of service and all places the applicant is credentialed?

Mr. Heaberlin noted that Form B's are currently required from all locations of service and all places the applicant is credentialed. Occasionally, applicants may claim they were only credentialed at a location but did not provide any services there. By consensus, it was determined that Form B's would still be required for all locations of service and all places a candidate was credentialed for the 2 years preceding the application.

5. Who is eligible to sign a form B? Residency director, best doctor friend, Human Resources staff, Medical Staff Services staff?

The Committee agreed that it wanted someone with direct knowledge of the applicant's performance to fill out and sign the Form B. Dr. Harp stated that the Board prefers a Form B completed by a physician colleague. Mr. Heaberlin reiterated that the Board does prefer Form B's completed by a physician colleague, but many times they are completed by an HR coordinator with the evaluation questions unanswered. On occasion that may be acceptable, but only on a case-by-case basis and depending on other Form B's provided and their content. Mr. Heaberlin noted that hospital affiliation letters are often provided that include privilege dates, status and specialty, and the Board usually accepts those in lieu of a Form B. By consensus, it was stated that the Board should continue to accept Form B's from physicians as well as hospital affiliation letters.

6. What information on the Form B is actionable?

Dr. Taminger asked if the Form received contains negative information, how is it addressed? Mr. Heaberlin noted that it may result in a call to the person who completed the Form B. Ms. Deschenes noted that it could also result in a pre-licensure investigation and an eventual Credentials Committee hearing to determine if the applicant has engaged in unprofessional conduct or has competency issues.

7. Does the Form B need a format change?

With little discussion, it was determined by consensus not to change the format. It was noted by Dr. Harp that another board of medicine has adopted the Virginia Form B unchanged for its use.

8. Does the Board need to issue a telemedicine only license?

Dr. Harp stated that, in the 1990s, there was discussion regarding telemedicine licenses and the Board declined to issue one at that time. Mr. Heaberlin stated that telemedicine practitioners receive the same license as doctors that physically practice in Virginia. There is no difference in the standard of care expected to be provided to Virginia patients whether the doctor is practicing via telemedicine or in-person. Dr. Harp asked why the Board would want to know less about a physician who is treating patients in Virginia from outside the state than it does for those practicing on the ground in the Commonwealth.

MOTION: Ms. Hickey made the motion that the Board should not issue a telemedicine license. The motion was seconded and carried unanimously.

After these questions were answered, the Committee returned to the original question.

Does the Board want to expand the CMO approach for Form B's to specialties other than tele-radiology and tele-pathology?

MOTION: Dr. Koziol made the motion that any applicant in Virginia applying for licensure with a telemedicine background may provide a Form B signed by a CMO of the company. The motion was seconded and carried.

Mr. Heaberlin noted that the Board also licenses professions other than doctors that have Form B verification requirements. The Board does not obtain National Practitioner Data Bank reports for applicants other than MDs or DOs. What should Board staff do with the Form B requirements for these other professions?

MOTION: Dr. Koziol moved that NPDB-vetted applicants will only be required to provide 2 years of Form B's, but all others will require 5 years. The motion was seconded. During discussion it was noted that Board staff would review the policies of the NPDB to determine what other professions would only need to provide 2 years of Form B's. If Board staff could obtain NPDB reports on a profession, then Dr. Koziol's motion would apply to it as well. The question was called and the motion carried unanimously.

Dr. Walker reviewed with the Committee and staff the questions addressed and the motions passed. All questions had been addressed to the Committee's and staff's satisfaction.

ADJOURNMENT

All business being completed, Dr. Walker adjourned the meeting at 11:57 a.m.

Kenneth Walker, MD, Chair

William L. Harp, MD, Executive Director

Alan Heaberlin, Deputy Director, Licensing
Recording Secretary

Agenda Item: **Licensing Report**

Staff Note: Mr. Heaberlin will provide information on note-worthy licensing matters.

Action: None anticipated.

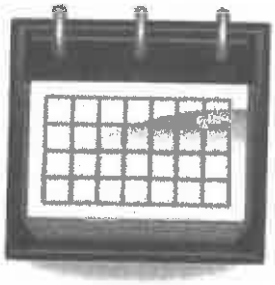
Agenda Item: **Discipline Report**

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

Action: None anticipated.

Next Meeting Date of the Full Board is

February 15-17, 2018



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

November 23, 2017