Meeting of the Virginia Board of Medicine

June 14, 2018
8:30 a.m.

Department of Health Professions

Board of Medicine

Thursday, June 14, 2018 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Call to Order and Roll Call

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

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Board Room 2

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Agenda Item: **Approval of Minutes of the February 15, 2018**

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

Action: Motion to approve minutes.

VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES

February 15, 2018 Department of Health Professions Henrico, VA 23233

Prior to calling the meeting of the Board to order, Dr. O'Connor convened a Public Hearing to receive comment on the proposed regulations for Licensure by Endorsement. There was no comment.

CALL TO ORDER: Dr. O'Connor called the meeting of the Board to order at 8:34 a.m.

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

MEMBERS PRESENT:
Kevin O'Connor, MD, President
Ray Tuck, DC, Vice-President
Lori Conklin, MD, Secretary-Treasurer
Syed Ali, MD
Barbara Allison-Bryan, MD
Randy Clements, DPM
Alvin Edwards, PhD
David Giammittorio, MD
James Jenkins, Jr., RN
Jane Hickey, JD
Isaac Koziol, MD
Maxine Lee, MD
Jacob Miller, DO
David Taminger, MD
Svinder Toor, MD
Kenneth Walker, MD
Martha Wingfield

MEMBERS ABSENT: None

STAFF PRESENT:
David Brown, DC, Director, Department of Health Professions
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
Sherry Gibson, Administrative Assistant
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
Annie Roe Rutherford, PA-C, VAPA
Robert Glasgow, PA-C, VAPA
Shiri Hickman, FSMB

David Falkenstein, PA-C, VAPA
George H. Carter, Statewide Sickle Cell Chapter of Virginia
Ryan LaMura, VHHA
Kassie Schroth, McGuire Woods
Kathy Martin, Hancock, Daniel & Johnson
Lauren Bates-Rowe, MSV
Claudette Dalton, FSMB
Dawn Morton-Rias, NCCPA

EMERGENCY EGRESS PROCEDURES

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

APPROVAL OF THE OCTOBER 26, 2018 MINUTES

Dr. Edwards moved to approve the October 26, 2017, meeting minutes as presented. The motion was seconded and carried unanimously.

INTRODUCTION OF NEW BOARD MEMBERS

Dr. O'Connor introduced James Jenkins, Jr. RN as the newest member at the Board of Medicine. Mr. Jenkins provided a brief overview of his background

Dr. O'Connor then introduced Jacob Miller, DO who provided a brief overview of his background.

ADOPTION OF THE AGENDA

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

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

PRESENTATION: Claudette Dalton, MD, FSMB Board Member and Liaison to Virginia.

Dr. Dalton thanked the Board for its service to the Commonwealth. Dr. Dalton introduced Shiri Hickman, Director of State Policy and Legal Services for the Federation of State Medical Boards (FSMB), who provided a quick overview of FSMB. She spoke about its vision and mission and where its offices are located. Ms. Hickman invited the Board members to the Annual Meeting in Charlotte in April and also noted opportunities for Board Attorney Workshops, Monthly Roundtables, and online CME programs.

Dr. Dalton then provided an overview of new policy initiatives that will be considered at the 2018 Annual Meeting of the House of Delegates. Included were a report on Prescription Drug

Monitoring Programs, a Workgroup on Regenerative and Stem Cell Therapy Practices, Guidelines for the Structure and Function of a State Medical and Osteopathic Board, and a report on Physician Wellness and Burnout. Other items that will be discussed include antitrust updates, the Good Samaritan Bill, sexual boundaries, social media issues, and the duty to report.

Dr. Dalton provided background on issues of compounding, mixing and diluting which have arisen in part from the New England compounding debacle of 2012. Compounding is broadly defined as the "formulation of any medication by admixing, mixing, diluting, pooling, reconstituting or otherwise altering a drug or bulk drug substance to create a drug." The FSMB has worked with the Pew Research Center as well as the Government Accountability Office to compile a compendium of state regulations regarding compounding.

Prior to 2013, there was no federal oversight of compounding facilities. She said that USP Chapter 797 prescribes conditions and practices to prevent harm to patients resulting from contaminated or improperly compounded sterile preparations (CSPs). The new revisions to Chapter 797 have not yet been finalized, but probably will be by the end of 2018 or early 2019.

Dr. Dalton reviewed the FSMB position statement on the duty to report. She noted it encourages physician peers, the public, hospitals, and insurers to report instances of unprofessional conduct or incompetence to state medical boards. Ms. Deschenes noted that the Board has fined licensees for failing to report. Dr. Dalton stated that the Board has an obligation to put a spotlight on the duty to report.

She then made comments about physician assistants.

There are four main organizations for physician assistants.

- American Academy of Physician Assistants (AAPA)
- Physician Assistant Education Association (PAEA)
- National Commission on Certification of Physician Assistants (NCCPA) and
- Accreditation Review Commission on Education for the Physician Assistants (ARC-PA)

After two years of education, a student physician assistant is eligible to take the Physician Assistant National Certifying Exam (PANCE). Presently, physician assistants must recertify every 10 years and are given 6 years and 6 attempts to pass the recertification exam.

Currently, 70% of physician assistants practice a specialty. There are efforts to create exams for these specialties. When this issue was opened for public comment, about 60% of initial respondents thought it was a good idea to have a specialty exam. However, those initial responses were dampened by concerns that if a PA practiced a specialty and moved to where there is no demand for that specialty, the physician assistant may not be eligible for employment.

Dr. Dalton told the Board that having a physician assistant on the Board of Medicine would enfranchise physician assistants, which an Advisory Board does not do.

Dr. Miller asked if there are physician assistants who are not affiliated with Joint Commission institutions. Dr. Dalton's response was that physician assistants affiliated with hospitals are held

to a higher standard than physician assistants not affiliated with hospitals.

Dr. Lee stated that the USP requirement for the use of compounded drugs is impractical because of the 1-hour timeframe.

Dr. Dalton responded by stating that, in an emergency, USP does not even allow 1 hour. FSMB cannot demand that USP change its standards. FSMB comes from the point of view of safety, access, and cost.

Dr. Toor asked Dr. Dalton to describe how the FSMB addresses physician burnout. Under whose jurisdiction does it fall?

Dr. Dalton stated that FSMB started looking at this issue four years ago with the National Academy of Medicine.

PRESENTATION: Dawn Morton-Rias, EDD, PA-C, President and CEO of the NCCPA

Ms. Morton-Rias provided a presentation entitled *"PA Practice Patterns & Certification."* The National Commission on the Certification of Physician Assistants (NCCPA) has been certifying physician assistants since 1975. It is the only certifying body for physician assistants. The purpose of the NCCPA is to provide certification programs that assure standards of clinical knowledge, clinical reasoning, other medical skills and professional behaviors for practice as a physician assistant. NCCPA is not a membership organization. Its ultimate responsibility is protection of the public through accreditation standards that require the highest principles of integrity. The NCCPA Board of Directors consists of 11 physician assistants, 5 physicians and 2 public members.

In 2017, over 20,000 Physician Assistants completed a profession-wide survey about what constitutes core medical knowledge; the results will form the basis for future assessment programs. Physician assistants are involved at NCCPA by serving on test item-writing committees. NCCPA has hosted 22 PA team meetings to develop and validate exam questions, review exam forms, and set passing standards.

There are currently 229 physician assistant training programs in the US. There are eight programs in Virginia, four of which are fully accredited, and four of which are provisionally accredited.

Initial NCCPA certification requires graduation from an accredited PA program and passing the Physician Assistant National Certifying Examination (PANCE). In 2016, 97% of all physician assistants held current NCCPA certification. Currently, all 50 states require NCCPA certification for initial licensure. Eighteen states, including Virginia, require Physician Assistants to maintain NCCPA certification for licensure renewal. Practice in Virginia statistically mirrors national trends for practice. Currently, there are 123,000 Physician Assistants in 50 states. The demographic background of these practitioners is changing. In the 1960's it was predominantly a field dominated by males. Now, there are more female physician assistants. Nationally and in Virginia, approximately 20% of physician assistants work in family medicine and the rest in specialty areas.

Physician assistants must complete 100 hours of continuing medical education every two years for maintenance of certification. Fifty of those hours must be Category 1. There is a recertification examination every ten years. Physician Assistants have six years and six attempts to pass the recertification exam.

Physician assistants are educated, certified and recertified as generalists. It is through continuing medical education that physician assistants become specialists. Over a career, 67% change specialties to meet workforce demands.

In a public survey conducted with the Citizens Advocacy Center, it was found that the public wants physician assistants to be tested every day, while the PAs, do not want to be tested at all. The middle ground is a combination of continuing medical education and testing that is meaningful, relevant and purposeful.

The recertification exam is designed to test core medical knowledge, e.g. generalist knowledge. Moving into 2019, the recertification process will incorporate more examinations more frequently, and provide immediate feedback to the physician assistant. .

DHP DIRECTOR'S REPORT- Elaine Yeatts

Elaine Yeatts provided the Director's report. She began by noting there is a new Governor in Virginia, Dr. Northam, who has appointed a new Secretary of Health and Human Resources, Dr. Daniel Carey, to whom DHP reports. David Brown, DC has been reappointed as Director of DHP. Dr. Brown has hired a new Chief Operations Officer, Lisa Hahn. This position will provide continuity from one administration to another. Dr. Barbara Allison-Bryan has been appointed by Governor Northam to the position of DHP Chief Deputy Director.

There is new construction in the first floor reception area where some DHP staff will be moving soon. DHP is busy at the General Assembly, with approximately 100 bills to follow. Crossover has just occurred, and about half of the bills have gone away.

REPORT OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Dr. O'Connor reported on the Joint Boards of Medicine and Nursing. He noted it was interesting to hear Elizabeth Carter, PhD, provide an update on the nurse practitioner workforce. He requested that the report be distributed to all Board of Medicine members.

VICE-PRESIDENT'S REPORT

No report.

SECRETARY-TREASURER'S REPORT

Dr. Conklin was happy to report that the Board has a positive cash balance with approximately $7.7 million.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp provided a report regarding the Revenue and Expenditures for the first half of fiscal year 2018. The Board is fortunate to have spent less than 50% of its budgeted direct expenditures at this time, except for small exceptions of overtime and organization memberships which are only paid once a year. Total direct expenditures for the first half of FY2018 represent 42.66% of the Board's total annual budget for direct expenses.

Dr. Harp noted that there are currently 433 total participants in the Virginia Health Practitioners' Monitoring Program (HPMP). Of those, 111 are either licensed by the Board of Medicine or have applied for licensure.

He continued by reviewing the Quarterly Performance Measures for patient care disciplinary case processing times. The Board's current clearance rate for FY2018 Q2 was 98%, Age of pending cases over one year old was 16%, and the percent of cases closed within 250 business days was 94%.

Finally, Dr. Harp congratulated Dr. Walker for being nominated to the FSMB Nominating Committee.

COMMITTEE and ADVISORY BOARD REPORTS

List of Committee Appointments

Executive Committee

Legislative Committee

Regulatory Advisory Panel on Laser Hair Removal

Advisory Board on Behavior Analysis

Advisory on Genetic Counseling

Advisory Board on Occupational Therapy

Advisory Board on Respiratory Therapy

Advisory Board on Acupuncture

Advisory Board on Radiologic Technology

Advisory Board on Athletic Training

Advisory Board on Physician Assistants

Advisor Board on Midwifery

Advisory Board on Polysomnographic Technology

Dr. Edwards made a motion to accept all the minutes en bloc. The motion was seconded and carried.

OTHER REPORTS

Board Counsel

Erin Barrett introduced herself to the new Board members and addressed her role as counsel. She provided an update on the status of the following cases.

Hagmann v. Virginia Board of Medicine

Clowdis v. Virginia Board of Medicine

Merchia v. Virginia Board of Medicine

Garada v. Virginia Board of Medicine

Board of Health Professions

Dr. Allison-Bryan noted that she will become DHP's new Chief Deputy Director March 1st. She said that DHP is a really big place, and the Board of Medicine is a small piece of it. There are 13 boards and 82 professions regulated in this building. Petitions for a new profession go to Board of Health Professions. There is currently one profession, Art Therapy, that has petitioned for status as a new profession. The BHP is developing a study workplan to determine if art therapists need to be regulated by the state.

Podiatry Report

Dr. Clements had no report.

Chiropractic Report

Dr. Tuck had no report.

Committee of the Joint Boards of Nursing and Medicine

Dr. O'Connor reiterated the he wants the Nurse Practitioner Workforce Manpower report distributed to all Board members.

New Business:

1. **Regulatory and Legislative Issues**
   - **Report from the 2018 General Assembly**

Ms. Yeatts reviewed the following bills currently pending in the Virginia General Assembly:

- HB 157 Right to Treat Act; requirement of Maintenance of Certification prohibited, etc.
- HB 169 Lyme disease; information disclosure requirement, sunset
- HB 226 Patients; medically or ethically inappropriate care not required
- HB 854 Polysomnographic technology; students or trainees, licensure
- HB 915 Military medical personnel program; personnel may practice under supervision of physician, etc.
- HB 1064 Medical marijuana; written certification issued by physician
- HB 1071 Health regulatory boards; electronic notice of license renewal
- HB 1378 Surgical assistants; renewal of registration
- HB 1440 Schedule I and Schedule II drugs; adds various drugs to lists
- HB 1524 Medicine, Board of; regulations related to retention of patient records, minimum time for retention
- SB 330 THC-A oil; dispensing tetrahydrocannabinol levels
- SB 505 Doctorate of medical sciences; establishes requirements for licensure and practice
- SB 511 Optometry; scope of practice
- SB 632 Controlled substances; limits on prescriptions containing opioids
- SB 832 Prescription Monitoring Program; adds controlled substances included in Schedule V and naloxone
- SB 882 Prescription refill protocol

A discussion was held regarding House Substitute Bill 793, specifically addressing Code Section 54.1-2957 *Licensure and practice of nurse practitioners*.

Dr. Walker asked if the revisions in the substitute bill would allow independent practice by nurse practitioners and was assured that it will.

Dr. Koziol stated that there are real ramifications to the lack of health care in rural areas of Virginia.

Dr. Allison-Bryan noted that only 20% of physician assistants practice primary care, and the same is true for nurse practitioners. Allowing independent practice of nurse practitioners will not solve the problem of access to healthcare.

Dr. O'Connor said he understands the criteria allowing independent practice will go back to the

Committee of the Joint Boards of Medicine and Nursing for the development of regulations.

Dr. Ali replied that this does not address access to healthcare in Southwest Virginia. Large hospitals, along with primary care practices, will be a force against physicians who are practicing primary care.

Ms. Yeatts noted that the Boards of Medicine and Nursing will report on the number of nurse practitioners who have been authorized to practice without a practice agreement by November 1, 2021. The Boards of Medicine and Nursing shall recommend any modifications to the clinical experience requirements for practice of a nurse practitioner practicing without a practice agreement by November 1, 2021.

Dr. Conklin asked what will happen if the studies show there is not a benefit to the public in accessing health care.

Ms. Yeatts responded that the purpose is not to increase access to healthcare.

Dr. Brown noted that this bill is a compromise, because nobody is happy. Most states allow independent practice of nurse practitioners without any prior supervision. The nurse practitioner community may not support this bill with the amendment from Delegate Garrett, who is a physician.

- **Chart of Regulatory Actions**

Ms. Yeatts reviewed the chart on the status of regulations for the Board as of February 15, 2018.

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

- **Guidance Document for Occupational Therapy**

Ms. Yeatts explained that the Board frequently receives questions regarding the supervisory responsibilities of an occupational therapist.

Ms. Barret recommends if the Board votes to recommend passage, the document should include regulations that are relevant to the answers, since most of the answers come straight from the regulations.

Dr. Ali moved to accept the guidance document as amended to include regulations. The motion was seconded and carried.

- **Adoption of Exempt Amendment for Fee Reduction**

Dr. Conklin moved to reduce fees for limited professorial, interns and residents for 2018 in line with other fee reductions for renewal in 2018. The motion was seconded and carried.

- **Proposed Regulations for Performance of and Supervision and Direction of Laser Hair Removal**

Ms. Yeatts reviewed the staff note on page 109 of the agenda packet.

Dr. Archer asked if the Board is delegating more authority to less qualified individuals to practice medicine. Even though this is a simple procedure, you can burn off a lot of skin if the laser is not used appropriately. He expressed his concern that these regulations dilute the requirements to perform laser hair removal.

Ms. Yeatts replied that there is currently no regulation regarding laser hair removal. Since 2017, the Boards of Medicine and Nursing have been developing regulations. The Boards convened a Regulatory Advisory Panel (RAP) that listed competencies that need to be acquired to practice laser hair removal.

Dr. O'Connor added that, in an attempt to provide regulation for what is currently an unregulated practice, the expertise of the RAP was utilized to develop draft regulations.

Dr. Archer stated that we should only allow professionals that have some degree of training in the medical arena to provide laser hair removal.

Ms. Yeatts pointed out subsection D of the proposed regulations addresses this concern. Furthermore, section A of the proposed regulations defines proper training.

Ms. Barrett added that, in the event of a complaint or disciplinary action, the informal conference committee or the formal hearing will determine if the qualifications to perform laser hair removal or supervise laser hair removal met the regulatory requirements. The Board is entrusted to interpret the regulations as needed.

Dr. Walker moved to adopt the regulations. The motion was seconded and carried. Dr. Edwards and Dr. Archer voted in opposition to the motion.

- **Adoption of Proposed Regulations for Physician Assistants**

Ms. Yeatts noted that the purpose of this proposed regulatory action is to simplify and clarify the definitions of various terms for supervision to provide more consistency with the Code and with actual practice of physician assistants and supervising physicians.

She pointed to a comment on page 118 of the agenda packet from the Virginia Academy of Physician Assistants, which supports the proposed regulatory changes.

Also included were regulations for prescribing weight loss drugs, which included importing language from the physician regulations to the physician assistant regulations.

The definition of supervision has suggested amendments to revise the terms "Alternate Supervising Physician", "Direct Supervision", "General Supervision", "Personal Supervision", "Supervising Physician" and "Continuous Supervision". The new language would read, "Supervision means: the supervising physician has ongoing, regular communication with the physician assistant on the care and treatment of patients, is easily available and can be physically present or accessible for

consultation with the physician assistant within one hour.

18VAC85-50-115 Responsibilities of the physician assistant has suggested amendments to include: B. An alternate supervising physician shall be 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.

18VAC85-50-181. Regulations for Pharmacotherapy for weight loss has suggested amendments to include C: 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 the treatment of obesity, as specified in subsection B of this section.

Dr. Archer asked what drugs can a physician assistant prescribe under direct supervision.

Ms. Yeatts stated that they are allowed to prescribe Schedule II-VI drugs under general supervision and as determined by their practice agreement.

Dr. Harp noted that physician assistants have their own DEA number.

Dr. Toor moved to accept the regulations with revisions. The motion was seconded and carried.

- **Regulatory Action for Genetic Counselors**

Ms. Yeatts explained that this recommendation by the Advisory Board changes subsection C regarding temporary licenses to clearly state that a temporary license expires after the failure of the ABGC certification examination.

Dr. Walker, moved to accept the revision. The motion was seconded and carried.

- **Regulations Governing Prescribing for Opioids and Buprenorphine**

The Board of Medicine adopted emergency regulations for prescribing opioids, and those regulations became effective in March 2017. Upon adoption of emergency regulations, boards are required to immediately begin promulgating final regulations.

The Public Comment Period on the proposed regulations ended January 26, 2018, and the Board received a fair amount of comment. The Legislative Committee met just prior to the end of the comment period and had the benefit of reviewing the comments received by the time of its meeting.

Dr. O'Connor suggested reviewing the regulations on pages 154-166, recommendations from Executive Committee on page 33, and recommendations from the Legislative Committee on page 38. The recommendations from the Legislative Committee repeat on page 167.

Ms. Yeatts guided the Board through a review of the regulations and comments. The Legislative Committee recommendations captured the elements of the comments on pages 129-153 and pages 168-177. Major themes in the comments included the addition of Sickle Cell Disease as a condition for exemption from the regulations.

Another major theme was the percentage of patients that can receive buprenorphine mono-product. The emergency regulations limit prescriptions for mono-product tablets to 3%, and only for those patients that have demonstrated, documented intolerance to naloxone.

The third theme was the cost of urine drug screens. The Legislative Committee looked at the CDC guidelines and decided to adopt those guidelines, one drug screen initially, and then at least one a year thereafter. The annual test should be random.

The fourth theme was confusion about tramadol. It appears that tramadol is clinically understood to be different from opioids, but it is in fact an atypical opioid. The Board may want to consider treating tramadol differently.

Finally, the Advisory Board on Physician Assistants voted to recommend to the full Board that opioid prescriptions note the indication for the prescription, whether post-op, chronic or acute pain so that the pharmacist knows this is proper prescribing. It was discussed that such a notation will save phone calls to the physician from the pharmacist.

Ms. Yeatts stated that today the Board is adopting final regulations. The Board 's action will make changes to the emergency regulations already in effect.

Dr. O'Connor requested the Board review the recommendations for adoption in the final regulations.

He recommended that the Board review the first bullet point, which includes Sickle Cell Disease as exempt from the regulations.

Dr. Ali, asked the Legislative Committee what was the genesis of this discussion?

Dr. Allison-Bryan stated that the Legislative Committee heard from members of the public in charge of local and statewide groups. These representatives said that they have constituents who have had difficulty obtaining sufficient pain control for Sickle Cell. It was pointed out that the Board's regulations say nothing about limiting the dose of opioids for Sickle Cell patients; the regulations only say that documentation of the rationale is required. Education of caregivers is necessary. However, since Sickle Cell patients are all across the state and some prescribers may not be as knowledgeable about the regulations, it didn't seem like a big give to exempt Sickle Cell.

Dr. Ali replied that the Board's regulations are perfectly aligned with the CDC regulations and their carve-outs. Dr. Ali noted that there is an initial backlash from providers that don't understand the regulations. All the Board wishes to achieve is guidance on thoughtful prescribing and enhanced safety for patients. Providers just have to document the rationale for the doses they prescribe. He said he didn't see how the regulations prevent prescribing for anything from Sickle Cell to fibromyalgia. Would the Board be diluting the regulations by including more carve-outs? What are

other means of educating the community?

Dr. Toor stated his agreement with Dr. Ali, but if you specifically include cancer, as has been done as a carve-out, he doesn't see that treating Sickle Cell is different than treating cancer.

Dr. Ali stated the reason the CDC has these requirements is for the treatment of terminal patients.

Dr. Brown asked, what is in these regulations that prevents the treatment of cancer by opioids?

Nothing, Dr. Ali replied. There are more chronic pain conditions other than cancer and Sickle Cell. What other carve-outs might the Board make? He thinks educating providers is the better way to make sure the needs of patients are met.

Dr. Lee suggested that the Board require reading the regulations and to provide education for prescribers. She has seen, first-hand, surgeons that did not provide narcotics after a surgery that requires narcotics, because the surgeon is unfamiliar with the regulations.

Dr. Edwards noted his concern is for the patient because people don't read. If we need to put in a laundry list of what could be carved out, we should do it.

Dr. Ali says he is not arguing that chronic pain should not be treated. He is only noting that the Board should follow CDC requirements. He stated he doesn't have a specific problem with putting Sickle Cell on the exempt list, but then the Board could end up including several more carve-outs. Dr. O'Connor said that you must separate medicine and the purpose of the regulations and depoliticize it. The ultimate aim of the regulations is to improve patient safety. He noted a problem making carve-out after carve-out after disease carve-out. Will we be here next year putting another disease carve-out in the regulations?

Dr. Archer stated that he heartily endorses Dr. Ali's position. Leaving the regulations as they are ought to be enough for the average physician to know how to treat patients. What isn't in regulations is how to get the patients off the opioids. Physician education is important. The Board is not trying to cause harm, just require that documentation includes the rationale for the treatment provided.

Dr. Walker stated he believes in the process of the Committees and supports the process through which the regulations were drafted. Second, the regulations should not be political, but these regulations are political enough in that the public wants them. He ended by stating he thinks the Board should support the findings of the Legislative Committee.

Dr. Tuck asked what authority the Board has to educate doctors.

Dr. Harp stated that the Board of Medicine does not have an educational authority in the laws and regulations. The Board does not provide continuing medical education. The education on opioids provided by the Board started with the Prescription Monitoring Program in 2006. Four weekend events were offered around the state in two years. Does the Board have the manpower and resources to do this education? Probably not. The Board issues its newsletter that lists educational opportunities and will have an article demystifying the regulations in the next edition. But as far as

education goes, physicians are behind the 8 ball in opioid education. Since 1996 the Board has had a guidance document on opioid prescribing. The forerunner guidance documents and the current regulations are meant to ensure good, safe medical care. Unfortunately, the prescribers who have not read the regulations believe they are required to reduce care rather than to facilitate good patient care. Dr. Harp said he does not have a vote, but he did not have a problem with including Sickle Cell, as it may help some providers to provide good patient care.

Dr. Edwards moved to approve the first bullet point that shall read: The treatment of acute or chronic pain related to (i) cancer, (ii) sickle cell disease, (III) a patient in hospice care, or (iv) a patient in palliative care.

The motion was seconded; a discussion was called.

Dr. Archer stated that every time the Board puts in a recommendation for a new regulation, it restricts the practice of physicians in some manner. The idea is to allow people who have pain to be prescribed appropriate medication. He doesn't think that the Board should be identifying specific groups.

Dr. Miller stated that the Board needs to first determine what Sickle Cell is.

Dr. Allison-Bryan noted Sickle Cell is a defined disease.

Dr. Toor said that the Board should keep in mind that Sickle Cell is not just a pain syndrome. We have to see it in a social context. It does affect people of lower socioeconomic status, who may not have access to quality medical care. Sickle Cell pain is real.

Dr. Ali replied that he is not advocating that Sickle Cell is not a real, chronic pain syndrome, but the Board is not here to include each pain syndrome that exists in the regulations. His point is that the current regulations do not restrict the treatment of Sickle Cell, so long as a practitioner provides competent patient care.

The discussion concluded, and Dr. O'Connor asked for a vote.

There were twelve "aye" votes. The six Board members voting against the motion were Dr. Miller, Dr. Conklin, Dr. Archer, Dr. Ali, Dr. O'Connor and Dr. Clements.

Recommendation point 2. Page 167: Although it is difficult to pinpoint a percentage of patients that demonstrate naloxone intolerance, the rate allowed by the regulations should be increased to 7%. Dr. Harp stated that the increase is justified based on clinical comments to the Board.

Dr. Harp, stated that he is going to pull back from the 7% and provided a brief history of this issue during the development of regulations. When the Board started the regulatory process, mono-product buprenorphine could only be used for pregnant women. When naloxone intolerance was first addressed by the Legislative committee in 2017, it voted to recommend that only pregnant women be prescribed mono-product. The Emergency Regulations became effective and Board staff began to get a lot of communication from people who said the mono-product "saved my life."

The Board also heard from physicians who said that mono-product should be available. The Regulatory Advisory Panel (RAP) was reconvened and the experts on the RAP were split 50-50, with half believing that sensitivity to naloxone existed and half that did not. The RAP voted to recommend 3-5 % to the Legislative Committee. Even after doing a further search of the literature, Dr. Harp stated he could not find an estimate of naloxone intolerance in those taking buprenorphine.

Dr. Harp recalled that Dr. Aii asked at the May 2017 Legislative Committee meeting whether the number should be 3% or 5%. Dr. Harp responded that 3% should cover naloxone-intolerant patients. Dr. Harp referenced Dr. Manhapra, who said that more buprenorphine saves lives, less does not. Dr. Manhapra recommended that 15% of prescriptions for buprenorphine mono-product should be allowed.

Dr. Harp reiterated that he believes 7% is too high. In fact, the current 3% has resulted in less communication to the Board than anticipated. The Board can gauge the effect with 3% for a year and then perhaps consider a small increase if warranted. The data points the Board will need to see are the decrease in criminality associated with buprenorphine and the statistics for opioid overdose deaths. The Board has heard from physicians that if patients can't get the mono-product, they may go to the street to get heroin or fentanyl. Dr. Harp said leaving it at 3% and reviewing the data in a year would be a sound approach.

Dr. Conklin moved to reject the Legislative Committee's recommendation for the second bullet point.

The motion was seconded, and a discussion was called.

Dr. Tuck said the Legislative Committee had a 0-10% range and did not think the Committee was adamant about 7%.

Dr. Archer stated he doesn't believe a percentage is necessary.

Dr. O'Connor noted that the Board has a percentage that appears to be working.

Dr. Archer stated that if Dr. Harp can't find a percentage in the literature, where did the doctor that commented find his data?

Dr. Harp stated that Dr. Manhapra drew the percentage from national commercial insurance data, which is the best available. By that data set, in 2010, the percent of Subutex or mono-product prescriptions was 5.8%, and in 5 years it went up to 8.8%. Dr. Harp said it was difficult to understand the 3% increase in 5 years. The Board has decided on 3%, and that may well be sufficient.

Dr. Walker stated that people who can't get mono-product may go out into the street and die. He didn't see anything wrong with increasing it a few percent.

Dr. Toor stated his agreement with Dr. Walker.

The motion to increase the percentage was called; the vote was held ending in a 9-9 tie, so the motion failed. There will be no change regarding this point in the final regulations.

Recommendation point 3 page 167. Drug screens should be conducted initially and then randomly at the prescriber's discretion, at least once a year.

Dr. Allison-Bryan stated that this revision is entirely in line with CDC recommendations.

Dr. Edwards moved to approve the recommendation. The motion was seconded and carried.

Recommendation point 4, page 167. After the word "tramadol" in the regulations, add in parentheses "an atypical opioid."

Ms. Barrett stated that this is just adding a descriptive phrase. This is making no changes to the regulations.

Dr. Ali moved to accept the recommendation. The motion was seconded and carried.

Recommendation from the Advisory Board on Physician Assistants, Page 167 Number 2.

Dr. Allison-Bryan commented that this would save phone calls and reduce the risk of error by putting a cross check on the pharmacist.

Dr. Ali stated that pharmacists do call. For example, Sickle Cell is a condition when pharmacists will call.

Dr. Miller stated that his employer now requires prescriptions for all controlled substances to include a diagnosis.

Dr. Archer doesn't see anything wrong with having a physician put this on as communication to the pharmacist.

Dr. O'Connor stated that this appears to be a solution without a problem.

Ms. Yeatts stated that this would be an amendment to the regulations that will require prescribers to place a notation on prescriptions for opioids. It is not just guidance for good practice.

Dr. Archer recommended that the Board reject the recommendation of the Advisory Board.

Ms. Yeatts stated there needs to be a motion to adopt the final regulations with the amendments already discussed and approved.

Dr. Allison-Bryan made the motion, which was seconded and carried.

Licensing Report

Mr. Heaberlin noted the Board currently has approximately 69,000 licensees and registrants, which is an increase of about 6,000 individuals and six professions in the past five years.

Disciplinary Report:

Ms. Deschenes discussed security for Board members. She reviewed the process of obtaining security for disciplinary conferences and hearings.

Dr. Giammittorio recommended screening of everyone that comes into the hearing room

Dr. Brown stated that this is a conversation that should happen not just at the Board of Medicine. Some staff have had active shooter training. On what occasions is screening necessary? Do staff and Board members need to be screened? Screening doesn't take place at schools or colleges. What is going on in other state agencies and other state boards of medicine? Have there been incidents?

Dr. Ali stated that by the time respondents get to the Board, they have been beaten down. They are sometimes in bad condition, and this does raise the level of concern regarding the Board's safety.

Dr. Brown recommends a full discussion; the Board of Health Professions might be the place for input from all boards. In the meantime, Board staff should arrange rooms so that Board members can make a quick exit if need be. He believes that having someone do a safety assessment of the building would be a good idea with consideration for state of the art security.

4. **Appointment of the Nominating Committee**

All Board members interested in serving on the Nominating Committee, please contact Dr. Harp over the next week or so.

5. **Announcements** – Reminders Page: The next meeting date is June 14, 2018, and turn in your travel vouchers within 30 days.

6. **Adjournment**

ADJOURNMENT

Dr. O'Connor adjourned the meeting at 12:50 p.m.

Kevin O'Connor, MD
President, Chair

William L. Harp, MD
Executive Director

Alan Heaberlin
Acting Recording Secretary

Agenda Item: **Director's Report**

Staff Note: None.

Action: Informational presentation. No action required.

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**

Staff Note: All items for information only

Action: None.

Virginia Department of Health Professions
Cash Balance
As of April 30, 2018

	102- Medicine
Board Cash Balance as June 30, 2017	$ 10,051,272
YTD FY18 Revenue	5,828,252
Less: YTD FY18 Direct and Allocated Expenditures	6,655,372
Board Cash Balance as April 30, 2018	9,224,152

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,022,238.00	964,774.00	(57,464.00)	105.96%
4002402	Examination Fee	2,241.00	-	(2,241.00)	0.00%
4002406	License & Renewal Fee	4,715,017.00	5,959,129.00	1,244,112.00	79.12%
4002407	Dup. License Certificate Fee	7,035.00	3,375.00	(3,660.00)	208.44%
4002409	Board Endorsement - Out	11,285.00	49,820.00	38,535.00	22.65%
4002421	Monetary Penalty & Late Fees	68,366.00	94,179.00	25,813.00	72.59%
4002432	Misc. Fee (Bad Check Fee)	315.00	175.00	(140.00)	180.00%
	Total Fee Revenue	5,826,497.00	7,071,452.00	1,244,955.00	82.39%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,755.00	-	(1,755.00)	0.00%
	Total Sales of Prop. & Commodities	1,755.00	-	(1,755.00)	0.00%
	Total Revenue	5,828,252.00	7,071,452.00	1,243,200.00	82.42%
5011110	Employer Retirement Contrib.	137,484.36	174,066.00	36,581.64	78.98%
5011120	Fed Old-Age Ins- Sal St Emp	66,474.10	88,287.00	21,812.90	75.29%
5011130	Fed Old-Age Ins- Wage Earners	823.57	-	(823.57)	0.00%
5011140	Group Insurance	13,505.79	16,904.00	3,398.21	79.90%
5011150	Medical/Hospitalization Ins.	174,968.35	245,763.00	70,794.65	71.19%
5011160	Retiree Medical/Hospitalizatn	12,095.86	15,226.00	3,130.14	79.44%
5011170	Long term Disability Ins	6,118.09	8,517.00	2,398.91	71.83%
	Total Employee Benefits	411,470.12	548,763.00	137,292.88	74.98%
5011200	Salaries				
5011230	Salaries, Classified	994,553.37	1,290,330.00	295,776.63	77.08%
5011250	Salaries, Overtime	10,129.25	670.00	(9,459.25)	1511.83%
	Total Salaries	1,004,682.62	1,291,000.00	286,317.38	77.82%
5011300	Special Payments				
5011340	Specified Per Diem Payment	8,800.00	21,150.00	12,350.00	41.61%
5011380	Deferred Compnstn Match Pmts	4,785.40	9,298.00	4,512.60	51.47%
	Total Special Payments	13,585.40	30,448.00	16,862.60	44.62%
5011400	Wages				
5011410	Wages, General	10,765.54	-	(10,765.54)	0.00%
	Total Wages	10,765.54	-	(10,765.54)	0.00%
5011530	Short-trm Disability Benefits	28,387.28	-	(28,387.28)	0.00%
	Total Disability Benefits	28,387.28	-	(28,387.28)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	68.00	-	(68.00)	0.00%
5011660	Defined Contribution Match - Hy	652.25	-	(652.25)	0.00%
	Total Terminatn Personal Svce Costs	720.25	-	(720.25)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	1,469,611.21	1,870,211.00	400,599.79	78.58%
5012000	Contractual Svs				
5012100	Communication Services				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012110	Express Services	5,005.62	5,997.00	991.38	83.47%
5012130	Messenger Services	146.00	-	(146.00)	0.00%
5012140	Postal Services	36,761.42	66,802.00	30,040.58	55.03%
5012150	Printing Services	1,877.26	3,026.00	1,148.74	62.04%
5012160	Telecommunications Svcs (VITA)	6,334.94	10,500.00	4,165.06	60.33%
5012170	Telecomm. Svcs (Non-State)	945.00	-	(945.00)	0.00%
5012190	Inbound Freight Services	112.77	35.00	(77.77)	322.20%
	Total Communication Services	51,183.01	86,360.00	35,176.99	59.27%
5012200	Employee Development Services				
5012210	Organization Memberships	7,650.00	7,228.00	(422.00)	105.84%
5012240	Employee Trainng/Workshop/Conf	1,135.00	4,283.00	3,148.00	26.50%
5012250	Employee Tuition Reimbursement	-	752.00	752.00	0.00%
	Total Employee Development Services	8,785.00	12,263.00	3,478.00	71.64%
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	67,362.61	119,963.00	52,600.39	56.15%
5012440	Management Services	978.41	1,797.00	818.59	54.45%
5012460	Public Infrmtnl & Relatn Svcs	20.00	-	(20.00)	0.00%
5012470	Legal Services	2,847.00	5,579.00	2,732.00	51.03%
	Total Mgmnt and Informational Svcs	71,208.02	127,339.00	56,130.98	55.92%
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	134,893.14	189,795.00	54,901.86	71.07%
5012640	Food & Dietary Services	7,991.06	12,698.00	4,706.94	62.93%
5012650	Laundry and Linen Services	266.85	-	(266.85)	0.00%
5012660	Manual Labor Services	13,537.65	24,912.00	11,374.35	54.34%
5012670	Production Services	88,302.11	153,625.00	65,322.89	57.48%
5012680	Skilled Services	334,469.40	531,779.00	197,309.60	62.90%
	Total Support Services	579,460.21	912,809.00	333,348.79	63.48%
5012700	Technical Services				
5012780	VITA InT Int Cost Goods&Svs	372.41	-	(372.41)	0.00%
5012790	Computer Software Dvp Svs	1,375.00	-	(1,375.00)	0.00%
	Total Technical Services	1,747.41	-	(1,747.41)	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	15,918.95	25,626.00	9,707.05	62.12%
5012830	Travel, Public Carriers	933.10	4,170.00	3,236.90	22.38%
5012850	Travel, Subsistence & Lodging	8,145.85	21,524.00	13,378.15	37.85%
5012880	Trvl, Meal Reimb- Not Rprtble	3,734.00	7,407.00	3,673.00	50.41%
	Total Transportation Services	28,731.90	58,727.00	29,995.10	48.92%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Contractual Svs	741,115.55	1,201,501.00	460,385.45	61.68%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	9,725.94	14,609.00	4,883.06	66.57%
5013130	Stationery and Forms	-	3,614.00	3,614.00	0.00%
	Total Administrative Supplies	9,725.94	18,223.00	8,497.06	53.37%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%
	Total Manufctrng and Merch Supplies	-	94.00	94.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	3.46	-	(3.46)	0.00%
	Total Repair and Maint. Supplies	3.46	-	(3.46)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	431.33	528.00	96.67	81.69%
5013630	Food Service Supplies	114.56	1,129.00	1,014.44	10.15%
	Total Residential Supplies	545.89	1,657.00	1,111.11	32.94%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	166.00	166.00	0.00%
	Total Specific Use Supplies	-	166.00	166.00	0.00%
	Total Supplies And Materials	10,275.29	20,140.00	9,864.71	51.02%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	448.00	-	(448.00)	0.00%
	Total Awards, Contrib., and Claims	448.00	-	(448.00)	0.00%
	Total Transfer Payments	448.00	-	(448.00)	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	6,245.99	7,200.00	954.01	86.75%
5015350	Building Rentals	470.04	-	(470.04)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	106,148.08	150,699.00	44,550.92	70.44%
	Total Operating Lease Payments	112,864.11	157,999.00	45,134.89	71.43%
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	112,864.11	160,420.00	47,555.89	70.36%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2017 and Ending April 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022170	Other Computer Equipment	2,331.71	-	(2,331.71)	0.00%
	Total Computer Hrdware & Sftware	2,331.71	-	(2,331.71)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	96.00	829.00	733.00	11.58%
	Total Educational & Cultural Equip	96.00	829.00	733.00	11.58%
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%
5022620	Office Furniture	690.00	1,857.00	1,167.00	37.16%
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	1,545.65	3,249.00	1,703.35	47.57%
5022700	Specific Use Equipment				
5022710	Household Equipment	97.01	-	(97.01)	0.00%
	Total Specific Use Equipment	97.01	-	(97.01)	0.00%
	Total Equipment	4,070.37	4,078.00	7.63	99.81%
	Total Expenditures	2,338,384.53	3,256,350.00	917,965.47	71.81%
	Allocated Expenditures				
30100	Data Center	871,859.12	1,169,249.24	297,390.11	74.57%
30200	Human Resources	61,197.69	151,485.99	90,288.30	40.40%
30300	Finance	283,236.44	329,390.27	46,153.84	85.99%
30400	Director's Office	151,319.59	174,226.85	22,907.26	86.85%
30500	Enforcement	1,749,218.11	1,868,703.05	119,484.94	93.61%
30600	Administrative Proceedings	786,781.01	950,901.92	164,120.91	82.74%
30700	Impaired Practitioners	24,618.41	27,276.17	2,657.76	90.26%
30800	Attorney General	181,524.64	181,532.74	8.10	100.00%
30900	Board of Health Professions	79,326.01	98,974.10	19,648.09	80.15%
31100	Maintenance and Repairs	-	3,379.12	3,379.12	0.00%
31300	Emp. Recognition Program	948.18	2,435.73	1,487.55	38.93%
31400	Conference Center	46,396.97	47,116.09	719.12	98.47%
31500	Pgm Devlpmnt & Implmentn	80,560.95	98,098.78	17,537.83	82.12%
	Total Allocated Expenditures	4,316,987.11	5,102,770.04	785,782.93	84.60%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (827,119.64)	$ (1,287,668.04)	$ (460,548.40)	64.23%

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	1,944.00	1,984.25	1,758.00	1,947.00	1,869.50	1,982.75	1,763.25			19,316.25
102	Medicine	1,511.00	2024.75	1,765.55	1,829.48	1,774.48	1,515.54	1,915.04	1,988.94	2,084.25	2,292.25			18,701.28
103	Dentistry	567.83	595.33	579.50	448.75	439.95	376.99	452.50	447.00	534.41	388.00			4,830.26
104	Funeral Directors and Emba	149.50	156.75	137.00	139.00	106.25	83.75	146.75	83.00	112.25	153.50			1,267.75
105	Optometry	33.00	27.50	20.00	26.25	14.50	39.00	36.00	23.50	15.25	38.00			273.00
106	Veterinary Medicine	348.00	430.50	348.75	323.25	227.25	284.00	259.25	291.25	290.25	361.25			3,163.75
107	Pharmacy	987.90	1220.00	1,064.75	1,033.00	1,119.00	792.75	1,082.75	1,171.25	1,209.75	1,266.25			10,947.40
108	Psychology	80.25	176.75	106.25	89.75	56.00	64.50	126.75	85.00	61.25	55.00			901.50
109	Professional Counselors	149.50	209.25	167.75	164.25	149.25	183.50	168.50	135.25	178.25	173.25			1,678.75
110	Social Work	122.50	118.75	78.00	124.75	67.75	59.00	55.83	82.50	118.75	64.50			892.33
112	Cerified Nurse Aids (State	532.25	571.58	481.00	529.25	486.75	420.25	446.00	441.50	442.50	394.50			4,745.58
114	Nursing Home Administrator	71.50	121.25	122.25	102.75	127.75	148.50	181.25	139.5	118.75	103.25			1,236.75
115	Audiology and Speech Lang	16.00	5.50	6.50	21.00	2.75	4.75	4.25	10.00	16.50	7.00			94.25
116	Physical Therapy	17.00	29.50	54.00	16.75	28.75	63.25	114.75	61.00	55.00	51.50			491.50
	Total	6,370.48	8,037.91	6,864.05	6,792.23	6,584.68	5,793.78	6,936.62	6,829.19	7,219.91	7,111.50	-	-	68,540.350

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	359.15	351.25	326.75	481.00	462.75	457.50	486.75			4,155.65
102	Medicine	602.85	783.40	572.45	742.30	721.50	877.60	910.50	973.20	961.75	803.90			7,949.45
103	Dentistry	54.70	167.30	245.45	167.65	169.70	126.10	46.25	98.75	105.50	84.05			1,265.45
104	Funeral Directors and Emba	18.50	10.00	0.00	0.00	51.50	0.00	11.50	21.00	22.25	84.50			219.25
105	Optometry	33.00	20.75	29.00	83.50	3.50	13.75	2.50	7.50	67.00	6.50			267.00
106	Veterinary Medicine	23.75	40.00	37.50	54.75	19.50	98.50	42.75	27.00	42.00	55.25			441.00
107	Pharmacy	121.00	135.25	121.00	113.25	113.75	109.75	22.00	93.50	149.75	106.50			1,085.75
108	Psychology	1.50	63.50	6.00	0.00	0.00	6.50		0.00	40.50	35.50			153.50
109	Professional Counselors	36.00	52.50	23.00	8.50	0.00	46.75	25.50	64.00	32.25	80.50			369.00
110	Social Work	44.50	2.75	9.00	8.00	6.00	47.25	70.50	27.00	60.25	0.00			275.25
112	Cerified Nurse Aids (State	144.25	144.00	139.50	134.75	132.75	158.50	247.75	101.50	156.55	109.75			1,469.30
114	Nursing Home Administrator	20.25	21.75	0.00	10.00	21.25	14.15	7.25	60.75	66.75	42.25			264.40
115	Audiology and Speech Lang	0.00	0.00	0.00	0.00	0.00	2.00	9.50	5.75	5.00	1.00			23.25
116	Physical Therapy	0.00	26.00	25.50	29.00	14.75	2.00	37.75	21.00	6.00	0.00			162.00
	Total	1,521.80	1,950.45	1,534.15	1,710.85	1,605.45	1,829.60	1,914.75	1,963.70	2,173.05	1,896.45	0.00	0.00	18,100.25

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	66.50	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 Services 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	279.00	285.00	279.00	284.00	278.00	280.00	270.00			
102	Medicine	112.00	110.00	113.00	115.00	116.00	114.00	113.00	112.00	117.00	116.00			
103	Dentistry	15.00	16.00	16.00	17.00	17.00	16.00	15.00	16.00	16.00	16.00			
104	Funeral Directors and Emba	0.00	0.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00			
105	Optometry	0.00	0.00	1.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00			
106	Veterinary Medicine	2.00	2.00	2.00	2.00	2.00	1.00	1.00	1.00	1.00	1.00			
107	Pharmacy	21.00	18.00	18.00	17.00	17.00	16.00	17.00	17.00	17.00	17.00			
108	Psychology	2.00	2.00	2.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00			
109	Professional Counselors	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00			
110	Social Work	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.00	4.00	4.00			
112	Cerified Nurse Aids (State	6.00	5.00	6.00	5.00	5.00	5.00	5.00	5.00	6.00	7.00			
114	Nursing Home Administrator	0.00	0.00	0.00	0.00	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			
116	Physical Therapy	5.00	5.00	5.00	0.00	4.00	4.00	4.00	4.00	5.00	5.00			
	Total	458.00	446.00	456.00	448.00	459.00	448.00	452.00	445.00	454.00	444.00	-	-	-

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

Informing Patients about Cobalt Poisoning

House Bill 621 would require the Board of Medicine to adopt regulations requiring practitioners licensed by the Board who perform joint replacement surgery to inform their patients of the risk of cobalt poisoning, the symptoms of cobalt poisoning, and the steps patients should take if they begin to experience symptoms of cobalt poisoning. The bill was left in the House Committee on Health, Welfare and Institutions (HWI) and may be taken up in the 2019 General Assembly. However, the Chairman of HWI requested that practitioners be notified of these risks, symptoms and recommended steps.

Cobalt and Chromium Poisoning

□ A number of cases of cobalt and chromium poisoning have appeared in the literature related to metal-on-metal total hip replacement implants.

□ It is the Board's understanding is that metal-on-metal hip implants are seldom used in Virginia. Most of the manufacturers have taken them off the market.

□ In minute amounts, cobalt is an essential element for health in humans as a component of Vitamin B-12. Chromium, likewise, is an essential trace element. However, if cobalt and chromium rise above acceptable levels, they can have an impact on health.

□ Studies have shown that levels of cobalt and chromium rise in the first year or two post metal-on-metal implant, and then decline. It might be reasonable to check a cobalt or chromium level 18-24 months post-operatively if a metal-on-metal hip implant or hinged knee replacement is used. Checks thereafter would be based on the initial value and patient symptomatology. There is some thought that the levels may begin to rise again five years after a metal-on-metal implant which may be after a patient has left the care of the orthopedist and is being followed by his/her primary care provider. Therefore, primary care providers should also be attuned to the possibility of cobalt and chromium toxicity in a patient that has a metal-on-metal implant.

Education of Patients

The following points, at a minimum, are what should be shared with patients.

□ Risk of Cobalt and Chromium Poisoning

Although the risk is low, if you are an orthopedist anticipating implanting a metal-on-metal prosthesis, you should inform your patient of the possibility of cobalt and

chromium poisoning. It would also be good for primary care providers to share information about toxicity related to metal-on-metal implants with their patients who have such a prosthesis.

□ Symptoms of Cobalt and Chromium Poisoning

The patient should be told the signs and symptoms of cobalt and chromium poisoning. These can include persistent or worsening hip or groin pain, inflammation, swelling, evidence of tissue death, evidence of bone loss, painless masses, depression, and short term memory problems. Other correlations that have been made with cobalt and chromium poisoning are tinnitus, vertigo, deafness, blindness, optic neuropathy, convulsions, headaches, peripheral neuropathy, cardiomyopathy, hypothyroidism, polycythemia and carcinogenesis.

□ Instructions to Patients

Patients should be instructed to call their orthopedist or their primary care to be assessed if they believe they may be experiencing possible cobalt or chromium poisoning. Early medical intervention is especially important in patients with reduced renal function and those that have issues with their immune system.

Federation of Chiropractic Licensing Boards

EXECUTIVE OFFICES

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Jon Schwartzbauer, D.C.
Executive Director

May 26, 2018

The Honorable Ralph Northam
Governor, State of Virginia
State Capitol, 3rd Floor
Richmond, VA 23219

Dear Governor Northam,

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

Recently, the Federation of Chiropractic Licensing Boards (FCLB) held our 92nd Annual Congress in Dallas, TX. This annual educational conference attended by state and provincial regulators from the United States and Canada helps board members, staff, and representatives from the offices of the Attorneys General to identify emerging problems and solutions in healthcare regulation.

This year's educational program included presentations on these (and other) critical issues:
- The Opioid Epidemic
- Delegation and Conflict of Interest in Regulation
- Veterinary Chiropractic
- Addressing Legal Issues in Regulation
- Foundational Goals and Purpose of Regulation
- Licensure Exams and Services of the National Board of Chiropractic Examiners

Commendations are due to all who worked to make this conference such a strong success, but special recognition is extended to –
Dr. Nathaniel Tuck, Board Member

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

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

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

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

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

Sincerely,

Maggie Colucci, D.C.
President

CC: Mr. Mark Herring, Attorney General
Dr. Nathaniel Tuck, Board Member
Dr. Barbara Allison-Bryan, Board President
Dr. William Harp, Executive Director
FCLB Board of Directors

MC/krw

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

Staff Note: Please note Committee assignments and minutes of meetings since February 15, 2018.

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
Alvin Edwards, PhD
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
Jane Hickey, JD
Isaac Koziol, MD
Jacob Miller, DO
David Taminger, MD
Svinder Toor, MD
Martha Wingfield

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

BOARD BRIEFS COMMITTEE
William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE
Ray Tuck, Jr., DC - Secretary/Treasurer

BOARD OF HEALTH PROFESSIONS
Kevin O'Connor, MD

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

--- DRAFT UNAPPROVED --

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, April 13, 2018 | Department of Health Professions | Henrico, VA

CALL TO ORDER: The meeting convened at 8:33 AM.

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

MEMBERS PRESENT:
Kevin O'Connor, MD, President
Syed Salman Ali, MD
Jane Hickey, JD
Maxine Lee, MD
Nathaniel Tuck, Jr., DC, Vice-President

MEMBERS ABSENT:
Randy Clements, DPM
Lori Conklin, MD, Secretary-Treasurer
Alvin Edwards, MDiv, PhD

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
David Brown, DC, DHP Director
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
Gary Riddle, Indivior
W. Scott Johnson, JD, MSV
Richard Grossman, Vectre Corporation
Ryan LaMura, VHHA
James Pickral, Indivior

EMERGENCY EGRESS INSTRUCTIONS

Dr. Tuck provided the emergency egress instructions.

APPROVAL OF MINUTES OF DECEMBER 1, 2017

Dr. Tuck moved to approve the meeting minutes of December 1, 2017 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Harp requested that the agenda be amended to include consideration of changes to the FAQ's on the Prescribing of Buprenorphine for Addiction and the timeline for HB 793. Ms. Hickey moved to adopt the agenda as amended. The motion was seconded and carried unanimously.

PUBLIC COMMENT

Gary Riddle of Indivior addressed the Committee and provided a brief description of Sublocade, an injectable buprenorphine formulation that has been approved by the FDA for the treatment of opioid use disorder. He also asked the Committee to consider updating the FAQ's to address prescribing concerns of practitioners.

DHP DIRECTOR'S REPORT

Dr. Brown presented the agency's "to-do-list" from the 2018 Session of the General Assembly. It included:

Is there a need to regulate and certify community health workers? Dr. Allison-Bryan will be heading up the effort to answer this question.

Reporting of dispensing to the PMP by federally-funded clinics. Although the bill did not pass, DHP has been asked to study the current federal laws and regulations and make recommendations to the Clerk of the Senate.

What, if any, legal and technological approaches could capture overdoses in emergency departments and create a report for the practitioner that issued the prescription?

Should there be a regulation prohibiting the practice of "conversion therapy" in minors? DHP will address this by a joint effort of the Boards of Medicine, Nursing and the Behavioral Science.

HB 621 requires the Board of Medicine to adopt regulations to notify practitioners that perform joint replacement surgery to inform patients of the risk of cobalt poisoning. Although the bill did not pass, the Chair of Health, Education and Welfare asked the Board of Medicine to disseminate information about this issue to its licenses.

SB 721 requires practitioners to provide patients of the anticipated cost of procedures at least 3 days in advance of the scheduled date. The bill did not pass, but the Chair of Education and Health asked that the Board of Medicine bring to its licensees' attention the current law regarding transparency about costs.

Dr. Brown spoke about the revamping of space at DHP. He noted that the first phase, moving some of the agency's business practices to the first floor, was complete. The second phase of relocating some boards on the 3rd floor is in full swing. On the issue of building security, he said that Dr. Allison-Bryan and Lisa Hahn would be reviewing DHP's current procedures, as well as what other agencies and boards of medicine do.

Dr. Brown gave a recap of a recent opioid summit he attended at which the common theme was medication-assisted treatment (MAT). Stakeholders are seeking to expand the number of MAT providers who are waivered and able to prescribe buprenorphine. A workgroup will convene to discuss barriers, especially how to ensure those with waivers can feel comfortable integrating MAT into their practice.

Dr. O'Connor stated that only a 1/3 of those with waivers currently prescribe buprenorphine.

Dr. Conklin addressed the issue of reporting to the PMP. She said that currently there is no way for emergency physicians to input information about overdoses into the PMP. Dr. Brown responded that the overdose data may be available from VDH and perhaps could be migrated directly into the PMP.

Dr. Conklin remarked that the number one drug on the streets is mono-product buprenorphine. She said it might be wise to confer with specialist on how the mono-product issue can be addressed in the face of an increasing number of physicians writing the prescriptions.

PRESIDENT'S REPORT

Dr. O'Connor advised the members of a new process for reviewing applications and noted that the members of the Credentials Committee will need to be more involved in the licensing process.

He announced that the Committee of the Joint Boards of Medicine and Nursing will meeting on May 17, 2018 to discuss draft regulations for the implementation of HB 793 which provides for the autonomous practice of nurse practitioners.

Dr. O'Connor noted that he looks forward to working with Susan Jones, MD, child psychiatrist, on the Conversion Therapy workgroup. He added that he and several other Board members will be attending the Federation of State Medical Boards' Annual Meeting in Charlotte, NC. He will provide a report at the full Board meeting in June.

EXECUTIVE DIRECTOR'S REPORT

Revenue and Expenditures

Dr. Harp highlighted several direct and allocated expenditures, pointing out that the Board is 75% of the way through FY18 and is well within budget. He noted that for 2019-2020, 1 new FTE and 1 new P-14 have been requested to help achieve greater speed and accuracy in licensing and provide higher quality customer service.

Dr. Brown commented on the constraints the agency has in filling positions. Even though DHP operates with no general funds, there is still accountability to the General Assembly. However, over the last couple of years, DHP has been successful in obtaining full-time employee positions (FTE's). He said that DHP was successful in getting more staff for the Board of

Pharmacy to register physicians and patients involved with cannabidiol oil or THC-A oil. In the past several years, as DHP's employment level has grown, the majority of FTE's have gone to Enforcement and APD to help deal with the growing numbers of complex opioid cases.

Dr. Brown pointed out that the agency's reliance on contract/temporary employees has increased over the years. However, when these individuals gain valuable experience, they oftentimes move on to full-time jobs. He stated that he would continue to advocate for ways to create full-time positions, and that the Board of Medicine is on the list.

Enforcement, APD, HPMP Reports

Dr. Harp briefly reviewed the Enforcement and APD utilization reports and noted that the increase in investigative and case prep hours is due to the complexity of the cases. He said the number of participants in HPMP has increased to 117.

Dr. Brown informed the Committee that he is working with our HPMP vendor to raise awareness of the program's existence.

NEW BUSINESS

Regulatory Actions

Ms. Yeatts guided the Committee through the Report of the 2018 General Assembly session highlighting **HB 793 Nurse practitioners: practice agreements, HB 1251 CBD oil and THC-A oil: certification for use, dispensing, SB 632 Controlled substances: limits on prescriptions containing opioids, SB 983 Prescription Monitoring Program: adds controlled substances included in Schedule V and naloxone,** and **SB 882 Prescriptions refill: protocol.**

Ms. Yeatts informed the Board that after July 1, 2018 it will need to amend regulations in order to be consistent with **HB 1524 Health record retention: practitioners to maintain records for a minimum of six years.**

This report was for informational purposes only.

Chart of Regulatory Actions

Ms. Yeatts reviewed the status of pending regulatory matters.

This report was for informational purposes only.

Final Regulations of Licensure by Endorsement

Ms. Yeatts referred to the proposed regulations for licensure by endorsement in the packet.

She said that a public comment period was open from January 8, 2018 to March 9, 2018 as well as a public hearing conducted on February 15, 2018. No comment has been received.

Ms. Yeatts stated that Mr. Heaberlin has identified a potential issue with 18VAC85-20-141. (3) Licensure by endorsement, which says:

Verify that all licenses held in another United States jurisdiction or in Canada are in good standing, defined as not currently under investigation and if lapsed, eligible for renewal or reinstatement.

Mr. Heaberlin states that other jurisdictions may not divulge pending investigations.

Ms. Hickey asked whether the license application included a question that required the applicant to answer if they were under investigation.

Dr. O'Connor confirmed that there are questions addressing pending/investigations, and the applicant is required to provide that information.

Dr. Harp advised that in order to be eligible for this track, the applicant would have to have had no disciplinary actions in any state regardless of the time span.

Dr. Lee asked if a practitioner practicing in another country with an unrestricted license is eligible for licensure by endorsement.

Dr. O'Connor said that licensure by endorsement is for low-risk applicants, and that out-of-country practitioners would be eligible unless there were questionable actions on their record, then the application would go through the standard licensing process.

After discussion, the members agreed to amend this section as follows:

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

MOTION: Dr. Ali moved to adopt the proposed regulations with the stated amendment. The motion was seconded and carried unanimously.

Consideration of changes to FAQs for Prescribing Buprenorphine for Addiction

Dr. Harp reviewed the current regulations on the treatment with buprenorphine for addiction. To provide greater clarity, he proposed the following amendment to FAQ #1 – **Can I continue to prescribe mono-product for my patients that have a demonstrated intolerance to naloxone-containing products?**

The amended emergency regulations that became effective August 24, 2017 read as follows: *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.* So

3% of buprenorphine prescriptions for off-site administration can be for mono-product, and the rest must be for naloxone-containing products. The proposed change to FAQ #1 would read: The 3% restriction does not apply to injectable formulations of buprenorphine mono-product administered directly to patients in a waivered physician's office, a clinic staffed by a waivered provider, or in a federally licensed opioid treatment program, or to mono-product tablets administered directly to patients in federally licensed opioid treatment programs.

The Committee agreed that the proposed amendment would provide the needed clarification. Board staff will make the necessary changes and have the updated document posted immediately.

Timeline for HB 793

Ms. Yeatts informed the members that the Joint Boards of Medicine and Surgery had already met and discussed HB 793. A general notice outlining the plan for adoption of regulations will be circulated soon. On May 17th the Joint Boards, in conjunction with its Advisory Committee, will function as a Regulatory Advisory Panel to develop draft regulations. The draft regulations will be posted for public comment prior to their going to the Board of Nursing and the Board of Medicine for further review.

The plan is for Nursing to adopt the emergency regulations in July and the Board of Medicine to review for adoption in August. If there is not a consensus between the two Boards, there will be another opportunity to look at any variances and adjust the language.

These regulations must be approved by January 2019.

Dr. Brown stated that this process took up a lot of time and that Ms. Yeatts was called upon to review multiple drafts from the stakeholders. From the technical side, he doesn't think there are any obstacles to implementation.

ANNOUNCEMENTS

The next meeting of the Committee will be August 2, 2018 at 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 9:37 a.m.

Kevin O'Connor, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

DRAFT UNAPPROVED

ADVISORY BOARD ON GENETIC COUNSELING
MINUTES

June 4, 2018

The Advisory Board on Genetic Counseling met on Monday, June 4, 2018, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	John Quillin, PhD, MPH, MS, Chair Matthew Thomas, ScM, CGC Heather Creswick, MS, CGC Lori Swain, Vice-Chair, Citizen Member
MEMBER ABSENT:	Marilyn Foust, MD
STAFF PRESENT:	William L. Harp, MD, Executive Director Elaine Yeatts, DHP Senior Policy Analyst Alan Heaberlin, Deputy Executive Director Colanthia Morton Opher, Operations Manager Denise Mason, Licensing Specialist
GUESTS PRESENT:	Kristine Sidhu, MS-INOVA Fairfax Hospital

CALL TO ORDER

John Quillin called the meeting to order at 1:05 p.m.

EMERGENCY EGRESS PROCEDURES

Alan Heaberlin announced the Emergency Egress Instructions.

ROLL CALL

Denise Mason called roll, and a quorum was declared.

APPROVAL OF MINUTES FROM JANUARY 29, 2018

Heather Creswick moved to approve the minutes of January 29, 2018. The motion was seconded and carried.

ADOPTION OF AGENDA

Matt Thomas moved to approve the agenda with the addition of Public Comment. The motion was seconded and carried.

PUBLIC COMMENT

Kristine Sidhu, Perinatal Genetic Counselor, asked the Advisory Board to issue a temporary license until she takes the American Board of Genetic Counseling (ABGC) examination in August 2018. She provided her CV to the Advisory Board to indicate her qualifications as an experienced genetic counselor. She said that she had allowed her ABGC certification to lapse in 2015 and has recently been unable to obtain Active Candidate Status from ABGC. Active Candidate Status is a requirement in Virginia law for the Board of Medicine to issue a temporary license that would allow her to continue to practice until the examination date. She is concerned about access to genetic counseling services at her facility, saying that she has handled 250 cases since the beginning of this year. The Advisory Board suggested that Ms. Sidhu share with the ABGC all the documents and points that were discussed with the Advisory Board. As current law does not authorize the Board of Medicine to issue a temporary license, her appeal to the ABGC for reconsideration of Active Candidate Status may be more fruitful.

NEW BUSINESS

1. A Bill to Amend the Code of Virginia by amending §54. 1-2957.19

Elaine Yeatts discussed amending Section §54.1-2957.19 of the Code of Virginia. The amendments would allow the Board of Medicine to accept the education certified by predecessor organizations of the Accreditation Council of Genetic Counseling, and to clarify that a temporary license is good for 12 months unless the licensee fails the ABGC examination. Matt Thomas moved to request that the Board of Medicine approve the proposed language. His motion was seconded and carried.

2. Form B Employment Verification for Visa Applicants

John Quillin suggested that, in the case of an applicant on a Visa, it might be acceptable for a FORM B Employment Verification to be completed by a colleague, and not necessarily by the applicant's supervisor. After discussion, the members of the Advisory Board agreed.

ANNOUNCEMENTS

Alan Heaberlin informed the Advisory Board that there are currently 147 Genetic Counselors holding licenses with the Virginia Board of Medicine; 69 of 147 the licensed Genetic Counselors are out of state.

NEXT MEETING DATE

October 1, 2018 at 1:00 a.m.

ADJOURNMENT

The meeting was adjourned at 2:18 p.m.

_____
John Quillin, PhD, MPH, MS Chair

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

_____
Denise Mason, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON ATHLETIC TRAINING
MINUTES

June 7, 2018

The Advisory Board on Athletic Training met on Thursday, June 7, 2018, at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Sara Whiteside, AT, Chair Deborah B. Corbatto, AT, Vice-Chair Michael Puglia, AT Trilizsa Trent
MEMBERS ABSENT:	Jeffrey Roberts, MD
STAFF PRESENT:	William L. Harp, MD, Executive Director Colanthia Morton Opher, Board Administrator Denise Mason, Licensing Specialist
GUESTS PRESENT:	Scott Powers, VATA Becky Bowers-Lanier, VATA. Tanner, Howell, VUU Ryland Richardson, Bon Secours Health System

CALL TO ORDER

Sara Whiteside called the meeting to order at 10:06 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the Emergency Egress Instructions.

ROLL CALL

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

APPROVAL OF MINUTES OF FEBRUARY 1, 2018

Michael Puglia moved to amend the February minutes in regards to the discussion of dry needling. He said the minutes should acknowledge that dry needling is a topic that regulatory boards across the country are reviewing. Dry needling is an issue for multiple professions, and he wished to

understand both sides of the argument as to whether dry needling is acupuncture or not. Is dry needling protected under law or is it a therapeutic modality that can be used by athletic trainers, MD's and physical therapists with the proper education and training?
Mr. Puglia would like to have these comments added to the February minutes.

ADOPTION OF AGENDA

Sara Whiteside moved to amend the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. **Discussion regarding revising the definition of "Practice of Athletic Training- § 54. 1-2900**

Deborah Corbatto led a discussion regarding revising the definition of Practice of Athletic Training in § 54. 1-2900, pointing out that the language needed to be changed for it was outdated. She said that the practice of athletic training had evolved over the years and now includes a domain covering other occupational injuries and conditions.

Dr. Harp suggested the following language:

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

Deborah Corbatto moved to present this change to the Board of Medicine for approval. The motion was seconded and carried.

2. **Dry Needling by Athletic Trainers**

Elaine Yeatts started the discussion with the history of dry needling saying that it is not an entry level skill, that adoption of regulations would be required, and that such expansions of scope have been met with legal challenges in a number of states. The Advisory Board understood the issue and took no action.

3. Nurse Practitioner Law

Elaine Yeatts told the Advisory Board about the NP autonomous practice bill and how the emergency regulations are progressing.

4. Cannabidiol Oil and THC-A Oil

Elaine Yeatts provided a summary of the cannabis-based oils in Virginia, including the regulations and the new law this year.

ANNOUNCEMENTS

Colanthia Opher informed the Advisory Board that there are currently 1,541 Athletic Trainers licensed with the Board of Medicine. 251 are out of state.

Ms. Opher asked Mike Puglia and Deborah Corbatto about their appointments; they have both been reappointed.

NEXT MEETING DATE

October 4, 2018 at 10 a.m.

ADJOURNMENT

The meeting adjourned at 11:16 a.m.

Sara Whiteside, AT, Chair

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

Denise Mason, Licensing Specialist

Agenda Item: **Other Reports**

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

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

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

Virginia Department of Health Professions

DRAFT

Board of Health Professions
Practitioner Self-Referral Informal Conference - Procreate Fertility Center of Virginia, PLLC

January 23, 2018
12:00 p.m. - Hearing Room 2
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Yvonne Haynes, LCSW
By Phone	T. Braxton McKee, Kaufman & Canoles, PC
	Christian Perez, MD,
	Michaela Poizner, Baker Donaldson
	Ned Ashley, Pharmacy of America
DHP Staff	Elizabeth A. Carter, Ph.D., BHP Executive Director
	James Banning, Director, APD
	Laura L. Jackson, BHP Operations Manager
Observers	No observers signed-in

Call to Order

Agency Subordinate Ms. Haynes **Time** 12:05 p.m.

Review of Practitioner Self-Referral

Agency Subordinate Ms. Haynes

Discussion

After introductions, Ms. Haynes asked Mr. McKee to provide an overview of the opinion request. Mr. KcKee provided an overview and stated that he does not believe that this is a referral, based on Board opinions rendered in the past.

Ms. Haynes asked the manner in which Dr. Perez informs his patients as to where they can purchase the medication. Dr. Perez stated that his patients sign a consent form notifying them that they have freedom to order and purchase their medication from any pharmacy they choose. He stated that the medication is very specialized and that Pharmacy America understands how the medication should be used. Ms. Haynes asked the manner in which Dr. Perez educates his patients on the medication they will be taking. He stated that they are verbally advised and provided a form with the medication name, the exact dosage, and list of multiple pharmacies where the medication may be purchased. Ms. Haynes stated that this information answered her questions and no further information was needed.

Mr. Ashley stated that Pharmacy America provides patients with a direct line phone number where they are able to have their questions answered by representatives or the pharmacist on call. He also stated

that the drugs are not compounded and may be purchased from chain pharmacies such as CVS and Walgreens.

Ms. Poizner stated that the patient has freedom of choice as to where they purchase the medication and that a good patient-pharmacy connection is important.

Decision

Agency Subordinate Ms. Haynes

Discussion

With no additional information necessary, Mr. Banning stated that Ms. Haynes will make a recommendation of appropriate action, and the draft advisory opinion will be taken up for vote by the Full Board at its next scheduled meeting on February 27, 2018.

Adjourned

Adjourned 12:40 p.m.

Agency Subordinate Ms. Haynes

Signature: _____ Date: _____/_____/_____

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

Signature: _____ Date: _____/_____/_____

Board of Health Professions Full Board Meeting

February 27, 2018
10:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Lisette P. Carbajal, Citizen Member
	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
	Derrick Kendall, NHA, Board of Long-Term Care Administrators
	Trula E. Minton, MS, RN, Board of Nursing
	Martha S. Perry, MS, Citizen Member
	Maribel E. Ramos, Citizen Member
	Herb Stewart, PhD, Board of Psychology
	Jacquelyn Tyler, RN, Citizen Member
	Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
	James D. Watkins, DDS, Board of Dentistry
	James Wells, RPh, Citizen Member
Absent	Ryan Logan, RPh, Board of Pharmacy
	Junius Williams, Jr., MA, Board of Funeral Directors and Embalmers
	Vacant – Board of Medicine
DHP Staff	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Lisa Speller Davis, Board of Nursing, DHP
	Lisa R. Hahn, MPA, Chief Operating Officer DHP
	Jaime Hoyle, Executive Director Behavioral Sciences Boards
	Leslie Knachel, Executive Director for the Boards of Audiology & Speech Language Pathology, Optometry and Veterinary Medicine
	Diane Powers, Communications Director DHP
	Yetty Shobo, PhD, Deputy Executive Director BHP
	Peggy Wood, HPMP Program Manager, DHP
	Elaine Yeatts, Senior Policy Analyst DHP
OAG Representative	Charis Mitchell, Assistant Attorney General

Presenters	Janet Knisely, Ph.D., Administrative Director VAHPMP
	Neal Kauder, VisualResearch
	Kim Small, VisualResearch
Speakers	No speakers signed-in
Observers	Ryan LaMura, Virginia Hospital and Healthcare Association
Emergency Egress	Dr. Carter

Call to Order

Chair: Dr. Clayton-Jeter **Time** 10:08 a.m.

Quorum Established

Public Comment

Discussion

There was no public comment

Approval of Minutes

Presenter Dr. Clayton-Jeter

Discussion

The December 7, 2017 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Welcome

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the names of the new board members: Lisette Carbajal, Citizen Member and Maribel Ramos, Citizen Member. Reappointed board members: Mark Johnson, DVM, Board of Veterinary Medicine; Derrick Kendall, NHA, Board of Long Term Care; and Herb Stewart, PhD, Board of Psychology. All were welcomed and thanked for their commitment in serving the Commonwealth.

Directors Report

Presenter Lisa Hahn, Chief Operating Officer

Discussion

Ms. Hahn reported that Dr. Barbara Allison-Bryan has become the new Deputy Director for DHP, and Marvin Figueroa and Jeanna Boyle are the new Secretary of Health and Human Resources' Deputies. She also informed the members of her new position as the DHP Chief Operating Officer. She presented Prescription Monitoring Program (PMP) data revealing a number of positive trends in response to efforts to combat opioid abuse. For example, one of the charts showed that the total number of individuals receiving high dose of morphine declined by about 22% in a year period. Similarly, there was a 45%

decline in pain reliever prescription from quarter four of FY 2016 to quarter four of FY 2017. The slides presented are on the PMP website.

Members encouraged spreading the good PMP news. Ms. Powers informed them about some of the ways Communications is currently disseminating the information and the various media organizations that have published on the issue in the state. Ms. Hahn emphasized that Virginia's comprehensive approach in dealing with the opioid crisis is key to the successes achieved.

Ms. Hahn also informed attendees about the building renovations and expanded space soon to be available for DHP on two floors.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board of updates to regulations and General Assembly legislative actions relevant to DHP.

Health Practitioners Monitoring Program (HPMP)

Presenter Ms. Wood & Dr. Knisely

Discussion

Ms. Wood and Dr. Knisely presented information on how practitioners recruitment, intake and assessment processes, monitoring methods, participant statistics, and the latest activities to improve online accessibility.

Executive Directors Report

Presenter Dr. Carter

Board Budget

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

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

Sanction Reference Points(SRP) - Update

Mr. Kauder and Ms. Small presented on some of their recent work using SOLVER, a simulation big data software, to revise the sanction reference worksheets. New variables identified will be presented to the different Boards and affected Boards can decide whether to accept proposed revisions.

Lunch Break 12:05 p.m. – 12:20 p.m.

Practitioner Self-Referral

Presenter Ms. Haynes

Discussion

Ms. Haynes presented on the request from Procreate Fertility Center of Virginia, PLLC, regarding whether they can include a pharmacy in which one of the founders has interest in the list of pharmacies provided to clients. She recommended that after thorough research: pursuant to VAC 75-20-60 (E), and if the providers follow the procedures stated in their letter, as well as in the opinion provided to them, the providers will not make a referral to the pharmacy within the meaning of the Act.

On properly seconded motion by Mr. Jones, Ms. Hayne's recommendation was ratified. All member voted in favor, none opposed.

Regulatory Research Committee

Presenter Mr. Wells

Discussion

Mr. Wells updated the Board on the work of the Committee and the draft report that was approved in the meeting earlier in the morning. He shared that the seven criteria that will be assessed to make a decision and the committee will meet next on June 26, 2018.

Policy and Procedures Update

Presenter Dr. Carter

Discussion

Dr. Carter presented information on policies and procedures regarding BHP, specifically in relation to sunrise reviews. According to the Council for Licensure, Enforcement, and Regulation (CLEAR), only 14 states, including Virginia, have sunrise statutes. She informed the Board that the materials for those states have been provided to the Regulatory Research Board for identifying best practices that Virginia may adopt.

Healthcare Workforce Data Center

Presenter Dr. Shobo

Discussion

Dr. Shobo provided a PowerPoint presentation that she presented at the annual Southern Demographics Association meeting that utilized DHP HWDC data. She also advised the Board that the center is up to

date on all survey reports and posting of the workforce briefs and is in the process of preparing the reports for professions with December license renewals.

Board Reports

Presenter Dr. Clayton-Jeter

Board of Audiology & Speech Language Pathology

No report provided.

Board of Counseling

Dr. Doyle shared the board has started registering Mental Health Professionals and Peer Recovery experts.

Board of Dentistry

Dr. Watkins shared that the Board is revisiting having a minimum criteria for licensure because of recent changes regarding national examinations.

Board of Funeral Directors & Embalmers

Mr. Williams was not present. No report provided.

Board of Long Term Care Administrators

No report provided.

Board of Medicine

Board seat currently vacant. No report provided.

Board of Nursing

Ms. Minton presented information on the current legislation at the General Assembly regarding more autonomy for Nurse Practitioners. She also shared the BON is discussing the revisions in the Nurse Compact Licensure and also examining, based on data from the National Board, how Virginia's BON compares to other states' nursing boards with regards to efficiency, discipline, etc.

Board of Optometry

Dr. Clayton-Jeter presented data on optometrists: licensees, practitioners in the state, practitioners out of state, number of complaints, etc. She shared that the Board is reviewing licensing fees and also recently adopted emergency regulation for prescribing opioids.

Board of Pharmacy

Mr. Logan was not present. No report provided.

Board of Physical Therapy

Dr. Jones, Jr. discussed that the Board is reviewing the PT Compact Licensure and SRP revisions.

Board of Psychology

Dr. Stewart reported that the board is currently reviewing national examinations, continuing education, and requirements for doctoral programs, and accreditation. The board is also updating the standard of conduct with respect to scope of practice of psychologists. Additionally, the board has requested that its interdisciplinary workgroup examine the issue of conversion therapy to develop consistency. The board is also examining the issue of interstate practice using telehealth.

Board of Social Work

Ms. Haynes stated that there is legislation currently at the General Assembly on having separate licensure for Bachelor's in Social Work and Master's in Social Work for the non-clinical social work licensees. The board is also considering the length of time licensee applicants have to pass the national examination, number of attempts, etc. before they have to go back for supervision.

Board of Veterinary Medicine

Dr. Johnson reported that the board has noticed that there are more discipline cases and they are more complex. In addition, the board is currently doing continuing education audits.

New Business

Presenter Dr. Clayton-Jeter

Dr. Doyle presented to the Board that the Board of Counseling is considering recommending that DHP consider a legislative proposal for 2019 on criminal background checks for licensees of all boards.

Dr. Carter shared that BON is currently obtaining background checks because of the requirements of the Interstate Nursing Compact.

June 26, 2018 Next Full Board Meeting

Presenter Dr. Clayton-Jeter

Dr. Clayton-Jeter announced the next Full Board meeting date as June 26, 2018

Adjourned 1: 49 p.m.

Chair Helene Clayton-Jeter, OD

Signature: _____ Date: ____/____/____

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

Signature: _____ Date: ____/____/____

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
April 11, 2018

TIME AND PLACE:	The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:0 A.M., April 11, 2018 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
MEMBERS PRESENT:	Louise Hershkowitz, CRNA. MSHA; Chair Marie Gerardo, MS, RN, ANP-BC Joyce A. Hahn, PhD, RN. NEA-BC, FNAP Kenneth Walker, MD
MEMBERS ABSENT:	Lori Conklin, MD Kevin O'Connor, MD
ADVISORY COMMITTEE MEMBERS PRESENT:	Kevin E. Brigle, RN, NP Mark Coles, RN, BA, MSN, NP-C Wendy Dotson, CNM, MSN David A. Ellington, MD Sarah E. Hobgood, MD Stuart F. Mackler, MD Janet L. Setnor, CRNA
STAFF PRESENT:	Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing Huong Vu, Executive Assistant; Board of Nursing Sylvia Tamayo-Suijk, Discipline Team Coordinator; Board of Nursing
OTHERS PRESENT:	Erin Barrett, Assistant Attorney General; Board Counsel David Brown, DC; Director; Department of Health Professions Barbara Allison-Bryant, MD, Department of Health Professions Chief Deputy Elaine Yeatts, Senior Policy Analyst, Department of Health Professions William L. Harp, MD, Executive Director; Board of Medicine
IN THE AUDIENCE:	W. Scott Johnson, Medical Society of Virginia (MSV) Ralston King, Medical Society of Virginia (MSV) Richard Grossman, Virginia Council of Nurse Practitioners (VCNP) Sarah Heisler, Virginia Hospital and Healthcare Association (VHHA) Ryan LaMirra, Virginia Hospital and Healthcare Association (VHHA)
INTRODUCTIONS:	Committee members, Advisory Committee members and staff members introduced themselves.

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine Minutes
April 11, 2018

ESTABLISHMENT OF A QUORUM:

Ms. Hershkowitz called the meeting to order and established that a quorum was present.

ANNOUNCMENT: Ms. Hershkowitz noted the announcement list on the agenda.

REVIEW OF MINUTES: The minutes of February 7, 2018 Business Meeting and Formal Hearing were reviewed. Ms. Hershkowitz requested correction of the minutes regarding Kassie Schroth who is with the Virginia Association of Nurse Anesthetists (VANA), not the Medical Society of Virginia (MSV). Ms. Gerardo moved to accept all of the minutes with amendment. The motion was seconded and passed unanimously.

PUBLIC COMMENT: Ms. Hershkowitz asked that no comment about the HB793, Nurse Practitioner Bill, to be received today. She added that Committee will convene a special meeting regarding this bill on May 17, 2018 and there will be opportunity for public comment.

There was no public comment received.

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

- The General Assembly reconvened today to consider possible legislation to expand Medicaid. Many bills were amended and vetoed by the Governor
- DHP was asked to research if legislation is needed:
  - ❖ To regulate community health workers
  - ❖ To regulate outpatient treatment centers
  - ❖ To regulate administration of Naloxone in emergency room
  - ❖ To prohibit conversion therapy to minors

Dr. Brown added that a Workgroup of Board Representatives will be convene to discuss these matters.

- IT, Front Desk, and Business Administration staff have moved to the first floor successfully
- Dr. Brown, Dr. Allison-Bryant, DHP Chief Deputy, and Lisa Hahn, DHP Chief Operation Officer (COO), are studying the need for additional building security.

Ms. Hershkowitz asked if members have questions for Dr. Brown.

Dr. Mackler stated that he was asked by a friend, a psychiatrist, whether nurse practitioners were notified about changes in the laws. Dr. Harp said yes.

Ms. Dotson said that previously there were seminars on training people on addiction treatment. Will there be more training on prescribing for treatment

of addiction. Dr. Brown said there are trainings provided by the Virginia Department of Health (VDH). Additionally, he added that only 50% of people completing the training provide substance abuse disordered treatment.

Dr. Hobgood commented that doctors who take on that responsibility are afraid it will take over their clinical practice due to lack of treatment providers.

SAMHSA has a list of providers who are waivered to provide treatment.

OLD BUSINESS:

Regulatory Update:
Ms. Yeatts reviewed the chart of regulatory actions as provided in the handout noting that once the Prescribing Opioids regulations are approved by the Governor, the Emergency Regulations must be replaced within 18 months.

Report of 2018 General Assembly:
Ms. Yeatts reviewed the report as provided in the handout.

POLICY FORUM:

Virginia's Healthcare Workforce Data Center (HWDC) Nurse Practitioner Workforce: Composition by Specialty 2018 Report:
Drs. Carter and Shobo presented the most recent data for CRNAs, CNMs, and NPs noting that only half of the nurse practitioners responded to the survey at renewal. Dr. Carter noted that the findings indicate good employment prospect for all three specialties and asked if the Committee wishes to have this breakdown data included in the annual report going forward.

Ms. Gerardo moved to have the breakdown data into three specialties to be included in the annual report going forward. The motion was seconded and carried unanimously.

Ms. Hershkowitz thanked Drs. Carter and Shobo for their report and requested the Advisory Committee Members to encourage their professional association members to respond to survey when renewing.

RECESS: The Board recessed at 11:05 AM

RECONVENTION: The Board reconvened at 11:20 AM

NEW BUSINESS:

Board of Nursing Executive Director Report:
Ms. Douglas reported the following:

- Board staff continues to receive many questions from individuals, facilities, and hospitals regarding HB793.
- Board of Nursing will have an intern who will start on June 10, 2018 to assist Board staff on projects to include nurse practitioner data cleanup.
- There has been an increase in complaints for all professions since the implementation of the online complaint from but not all complaints result in violation of the laws and regulations.

IMPLEMENTATION OF HB793 – Autonomous practice for certain nurse practitioners

Ms. Yeatts provided a handout of tentative timeline for implementation of HB793 noting that the Governor signed the bill on April 4, 2018 so the emergency regulations must be in placed within 280 days from its enactment, which will be by January 9, 2019.

Ms. Yeatts reviewed topics for consideration in adoption of regulations and to amend Chapter 30 (NP Licensure) and 40 (Prescriptive Authority) and noting additional suggested topics such as:

- What does it mean to have an attestation to prove five years of full-time equivalent clinical experience?
- What are the requirements for attestation form?

Dr. Mackler suggested looking at other states that already have the regulations in place. Ms. Douglas said that staff plan to utilize the information from other states and from the NCSBN.

Ms. Yeatts commented that there are nine categories of nurse practitioners but this bill does not affect CRNAs and CNMs. Ms. Yeatts suggested that staff send out preliminary comment request to general public before the May 17, 2018 meeting. She added that staff can prepare draft regulations based on the comments received for Committee consideration on May 17. All agreed.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 12:47 P.M.

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

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
REGULATORY ADVISORY AD HOC COMMITTEE MEETING MINUTES
May 17, 2018

TIME AND PLACE:	The meeting of the Committee of the Joint Boards of Nursing and Medicine Regulatory Advisory Ad Hoc Committee was convened at 9:01 A.M., May 18, 2018 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
MEMBERS PRESENT:	Louise Hershkowitz, CRNA. MSHA; Chair Marie Gerardo, MS, RN, ANP-BC Joyce A. Hahn, PhD, RN. NEA-BC, FNAP Lori Conklin, MD Kevin O'Connor, MD
MEMBERS ABSENT:	Kenneth Walker, MD
ADVISORY COMMITTEE MEMBERS PRESENT:	Mark Coles, RN, BA, MSN, NP-C Wendy Dotson, CNM, MSN Stuart F. Mackler, MD Janet L. Setnor, CRNA
ADVISORY COMMITTEE MEMBERS ABSENT:	Kevin E. Brigle, RN, NP David Alan Ellington, MD Sarah E. Hobgood, MD Thorkozeni Lipato, MD
STAFF PRESENT:	Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing William L. Harp, MD, Executive Director, Board of Medicine Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director for Advanced Practice, Board of Nursing Stephanie Willinger, Deputy Executive Director for Licensing, Board of Nursing Sylvia Tamayo-Suijk, Discipline Team Coordinator, Board of Nursing
OTHERS PRESENT:	Charis Mitchell, Assistant Attorney General, Board Counsel David Brown, DC, Director, Department of Health Professions Barbara Allison-Bryant, MD, Chief Deputy, Department of Health Professions Elaine Yeatts, Senior Policy Analyst, Department of Health Professions Lisa Speller-Davis, BSN, RN, Policy Assistant, Board of Nursing
CALL TO ORDER:	Ms. Hershkowitz called the meeting to order at 9:01 A.M.
INTRODUCTIONS:	Committee members, Advisory Committee members and staff members introduced themselves.

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine Minutes
May 17, 2018

COMMENTS FROM THE DHP DIRECTOR:

Dr. Brown emphasized that having an understanding of the differences between the physician and nurse practitioner professions will aid in drafting and implementing HB 793 regulations.

PUBLIC COMMENT:

Ms. Herskowitz noted that due to the number of people wishing to make public comment, there would be a 30-minute limit imposed. Public comment was received from the following citizens regarding the draft regulations to implement HB793 (Chapter 776 of 2018 General Assembly) legislation which authorizes nurse practitioners who meet certain qualifications to practice without a practice agreement with a patient care team physician:

Carolyn Rutledge, PhD, FNP, Professor, Old Dominion University
Cynthia Fagan, MSN, RN, FNP-BC, Virginia Council of Nurse Practitioners, Government Relations
Shelly Smith, DNP, ANP, Clinical Assistant Professor & DNP Program Director, Virginia Commonwealth University
Andrea Knopp, Associate Professor, NP Program Coordinator, James Madison University School of Nursing
Rosie Taylor-Lewis, DNP, ANP-BC, GNP
Phyllis Everett, NP-C
Winifred Carson Smith, Esq., Counsel, Virginia Council for Nurse Practitioners
Kurtis Elward, MD, President, Medical Society of Virginia
Sam Bartle, MD, American Academy of Pediatrics
Scott Hickey, MD, Virginia College of Emergency Physicians
Hunter Jamerson, Esq., Counsel, Virginia Academy of Family Physicians
Lisa Shea Kennedy, MD, Family Physician
Jacqueline Fogarty, MD

REVIEW OF HB 793:

In order to comply with the second enactment on the bill requiring regulations to be in effect within 280 days, the Committee of the Joint Boards of Nursing and Medicine are meeting today to develop recommended amendments to nurse practitioner regulations to implement the provisions of HB 793. Ms. Yeatts' review of the provisions of HB 793 included the following:

- There are nine categories of licensed nurse practitioners seven of which are affected by this bill (certified registered nurse anesthetists and certified nurse midwives remain unaffected)
- The focus of the regulations will be on amendments to Virginia Code 54.1-2957, particularly (I) which focuses on the requirements for autonomous practice and (E) regarding licensure by endorsement

REVIEW OF TIMELINE AND TOPICS FOR CONSIDERATION:

Ms. Yeatts revised the tentative timeline for implementation of HB793 as follows:

04/11/18	Discussion of legislation and plan for promulgation of emergency regulations which must be effective by 1/9/19
05/17/18	Committee of the Joint Boards to receive public comment, consider draft regulations, and make recommendations (30-day Request for Public Comment on draft regulations posted on TownHall as soon as possible after drafting)
06/?/18	Additional meeting of Joint Boards if necessary to complete recommended regulations
07/17/18	Board of Nursing votes to adopt emergency regulations/NOIRA
08/03/18	Board of Medicine votes to adopt emergency regulations/NOIRA

Ms. Yeatts reviewed the following topics for consideration in adoption of regulations and to amend Chapter 30 (NP Licensure) and 40 (Prescriptive Authority):

- Equivalent of at least five years of full-time clinical experience
- Routinely practiced in a practice area included within the category for which NP was certified and licensed
- Requirements for attestation.
- Fee associated with submission of attestation and issuance of autonomous designation
- Acceptance of "other evidence" demonstrating that the applicant met the requirements
- Endorsement of experience in other states

REVIEW OF WRITTEN PUBLIC COMMENTS:

Ms. Yeatts noted that there was significant public comment with Nurse Practitioners expressing concern regarding the five-year attestation requirement being too burdensome. Other written comments included the need for establishing competencies which is not authorized by the code.

DISCUSSION:

Dr. Conklin expressed concern regarding quality of nurse practitioner online education and training.

Dr. O'Connor stated that the bill would expand access to citizens who are in need and stated that physician training is different from nurse practitioner training.

Ms. Gerardo stated that the nurse practitioner scope of practice is different from the physician scope of practice and suggested that physicians would benefit from becoming more familiar with how nurse practitioners are educated and trained.

Ms. Dotson emphasized that legislation does not do away with collaborative relationship between physicians and nurse practitioners. She reminded the Regulatory Ad Hoc Committee that the attestation will verify clinical experience not nurse practitioner competency and added that all nurse practitioner programs,

including online programs, are accredited and require comparable practical clinical experience.

Ms. Yeatts provided a handout of a staff working draft of the regulatory language to the RAP committee and members of the audience.

RECESS: The Committee recessed at 10:12 A.M.

RECONVENE: The Committee reconvened at 10:35 A.M.

DISCUSSION AND APPROVAL OF DRAFT REGULATIONS:

18VAC90-30-10

The definition for autonomous practice was added as follows:

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

18VAC90-30-20 - Delegation of authority

Dr. O'Connor suggested that a Joint Boards credentialing committee may need to be considered for review of applications.

18VAC90-30-20 – Fees

The range of $75-$100 for the one-time attestation application fee was presented. Ms. Yeatts reminded the RAP Committee that the Prescriptive Authority license is in the process of being subsumed into the NP license and eliminated. Replacing the biennial Prescriptive Authority license fee with this one-time attestation application fee would result in lower costs to licensees.

Ms. Gerardo stated that it was appropriate and not excessive or burdensome. Ms. Setnor stated that $100 seemed fair.

18VAC90-30-86 – Autonomous practice

Definition of full-time experience:

Ms. Yeatts stated that the language of 18VAC90-30-86(A)(1) & (2) requires that the number of direct care hours per year which would constitute full-time clinical experience be defined.

- Dr. Conklin stated that 40 hours per week was reasonable in light of the 32-80 hour range of physicians.

- Dr. Hahn was in favor of 32 hours per week in order to be inclusive of all nurse practitioners considered full-time by the employers.
- Ms. Setnor clarified that precepting students is considered "direct patient care" but that classroom teaching is not.
- Dr. Conklin noted that physicians complete 20,000 clinical hours during residency.
- Dr. Brown asked for an example of what constitutes a 32-hour work week.
- Ms. Hershkowitz questioned if full-time experience or breadth of clinical experience was most important.
- Mr. Coles stated that in the business world, full-time is sometimes considered 32 hours.
- Ms. Dotson stated that at the Veterans Administration, 1600 hours per year is considered full-time.

Dr. O'Connor moved to define full-time clinical experience as 1800 hours per year for a total of 9,000 hours over the course of a five-year period. The motion was seconded but died with a vote of 3 in favor and 5 opposed.

Ms. Gerardo moved to define full-time experience as 1600 hours per year for a total of 8,000 hours over a five-year period. The motion was seconded and carried with 6 in favor and 2 opposed.

Content of attestation:

Dr. Hahn moved to adopt the language in 18VAC90-30-86(B) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Multiple attestations if certified in more than one category:

Dr. O'Connor moved to adopt the language in 18VAC90-30-86(C) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Attestations for more certification in than one category:

Dr. O'Connor moved to adopt the language in 18VAC90-30-86(D) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Other evidence of meeting qualifications for autonomous practice:

The last sentence of 18VAC90-30-86(E) was amended to read:

The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inablility to obtain an attestation.

Dr. Meckler moved to adopt the language in 18VAC90-30-86(E) as presented by Ms. Yeatts and amended by the RAP Committee. The motion was seconded and carried unanimously.

License by Endorsement:

Ms. Gerardo moved to adopt the language in 18VAC90-30-86(F) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Requirements:

Dr. O'Connor moved to adopt the language in 18VAC90-30-86(G) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

The Committee reviewed editorial amendments to the following regulations:

- 18VAC90-30-110 Reinstatement of license
- 18VAC90-30-120 (A) & (C) Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives
- 18VAC90-40-90 Practice agreement requirements

Dr. Hahn moved to adopt the language in 18VAC90-30-110, 18VAC90-30-120, and 18VAC90-40-90 as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Dr. Hahn moved to present a draft with the adopted amendments to the Board of Medicine and to the Board of Nursing for review and approval. The motion was seconded and carried unanimously.

NEXT STEPS:

Ms. Yeatts will submit draft regulations for autonomous practice for nurse practitioners to TownHall and there will be a 30-day comment period. All comments received will be presented to the Board of Medicine and to the Board of Nursing. The Board of Nursing will consider the draft regulations on July 17, 2018, and the Board of Medicine will consider the draft regulations on August 3, 2018. The Boards plan to adopt emergency regulations by mid-December.

The Committee of the Joint Boards of Nursing and Medicine will draft a sample attestation for approval. The goal is to have the methodology for issuing the new licenses in place by early 2019.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 11:41 P.M.

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

Agenda Item: **Regulatory Actions**

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

Action: None.

Agenda Item: Regulatory Actions - Chart of Regulatory Actions

As of May 31, 2018

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] Proposed - *At Governor's Office for 22 days*
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	(E) Renewal fee reduction for limited licenses [Action 5000] Final - *Register Date: 4/2/18 Effective: 5/2/18*
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Licensure by endorsement [Action 4716] Final - *At Governor's Office for 22 days*
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Initial regulations [Action 4760] Final - *At Governor's Office for 22 days*
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Definitions of supervision and weight loss rules [Action 4943] Fast-Track - *At Governor's Office for 22 days*
[18 VAC 85 - 130]	Regulations Governing the Practice of Licensed Midwives	Practical experience under supervision [Action 4944] Fast-Track - *At Governor's Office for 22 days*

Notice of Periodic Review of Regulations

Request for Comment

Virginia Board of Medicine

The Virginia Board of Medicine is conducting a periodic review of the following regulations and is requesting comment on the current regulations:

Chapter	Board of Medicine
Chapter 15	Regulations Governing Delegation to an Agency Subordinate
Chapter 20	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic
Chapter 40	Regulations Governing the Practice of Respiratory Therapy
Chapter 50	Regulations Governing the Practice of Physician Assistants
Chapter 80	Regulations Governing the Practice of Occupational Therapy
Chapter 101	Regulations Governing the Practice of Radiologic Technology
Chapter 110	Regulations Governing the Practice of Licensed Acupuncturists
Chapter 120	Regulations Governing the Licensure of Athletic Trainers
Chapter 130	Regulations Governing the Practice of Licensed Midwives
Chapter 140	Regulations Governing the Practice of Polysomnographic Technologists
Chapter 150	Regulations Governing the Practice of Behavior Analysis

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

is clearly written and easily understandable.

Comment Begins: May 28, 2018 Comment Ends: June 27, 2018

If any member of the public would like to comment on these regulations, please comment on the Virginia Regulatory Townhall at: www.townhall.virginia.gov

Or send comments by the close of the comment period to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Comments may also be e-mailed to: elaine.yeatts@dhp.virginia.gov or faxed to: (804) 527-4434

Regulations may be viewed on-line at www.dhp.virginia.gov or copies will be sent upon request.

Notice of Request for Comment on DRAFT Regulations

Comment Period: May 22, 2018 to June 21, 2018

The Boards of Medicine and Nursing are seeking public comment on **Draft Regulations** to implement HB793 (Chapter 776 of 2018 General Assembly), legislation to authorize nurse practitioners who meet certain qualifications to practice without a practice agreement with a patient care team physician.

On May 17, 2018, the Committee of the Joint Boards of Nursing and Medicine and its Advisory Committee, serving as the Regulatory Advisory Panel, adopted recommended amendments to nurse practitioner regulations to implement the provisions of HB793.

The Board of Nursing will consider the draft regulations on July 17, 2018, and the Board of Medicine will consider the draft regulations on August 3, 2018. In order to comply with the second enactment on the bill requiring regulations to be in effective within 280 days, the Boards will be adopting emergency regulations.

Comment on the **Draft Regulations**, as recommended by the Regulatory Advisory Panel, may be posted in a Public Comment Forum on the Virginia Regulatory Townhall or send to: Elaine.yeatts@dhp.virginia.gov. Comments sent by mail should be directed to:

Elaine Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive
Henrico, VA 23233

View draft regulations by copying this address:

http://leg1.state.va.us/000/lst/r1259961.HTM

or View on the Boards' websites at:

https://www.dhp.virginia.gov/Default.htm

DRAFT REGULATIONS RECOMMENDED BY THE REGULATORY ADVISORY PANEL

FOR YOUR INFORMATION

BOARDS OF MEDICINE AND NURSING

Autonomous practice

Part I

General Provisions

18VAC90-30-10. Definitions.

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

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

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

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

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

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

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

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

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

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

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

certification, and whose certification of such persons by examination is accepted by the committee.

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

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

18VAC90-30-20. Delegation of authority.

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

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

18VAC90-30-50. Fees.

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

1. Application	$125

2. Biennial licensure renewal	$80
3. Late renewal	$25
4. Reinstatement of licensure	$150
5. Verification of licensure to another jurisdiction	$35
6. Duplicate license	$15
7. Duplicate wall certificate	$25
8. Return check charge	$35
9. Reinstatement of suspended or revoked license	$200
10. Autonomous practice attestation	$100

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

Biennial renewal	$60

18VAC90-30-85. Qualifications for licensure by endorsement.

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

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another U.S. jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;

2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and

3. Submit the required application and fee as prescribed in 18VAC90-30-50.

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

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

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

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

1. Five years of full-time clinical experience shall be defined as 1,600 hours per year for a total of 8,000 hours.

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

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

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

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

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

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

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

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

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

G. A nurse practitioner authorized to practice autonomously shall:

1. Only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-110. Reinstatement of license.

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

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

1. File the required application and reinstatement fee;

2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Provide evidence of current professional competency consisting of:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;

b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or

c. If applicable, current, unrestricted licensure or certification in another jurisdiction.

4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

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

1. Petition for reinstatement and pay the reinstatement fee;

2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia to include:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or

b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

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

Part III

Practice of Licensed Nurse Practitioners

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

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

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

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

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

1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;

2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and

3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:

a. In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;

b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and

c. Not in conflict with federal law or regulation.

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

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

Part III

Practice Requirements

18VAC90-40-90. Practice agreement.

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

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

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.

2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.

3. The signature of the patient care team physician who is practicing with the nurse practitioner or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

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

E. Exceptions.

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

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

Agenda Item: Legislative proposals

Staff Note:

The Advisory Board on Genetic Counseling noted these issues:

Years ago, the examination for genetic counselors was given by the American Board of Medical Genetics (ABMG). In 1993, the ABMG became part of the American Board of Medical Specialties and could no longer certify genetic counselors. To continue to be able to certify genetic counselors, a new organization, the American Board of Genetic Counseling (ABGC) was formed. All who had passed the ABMG examination were grandfathered into the ABGC.
In 2013, the ABGC split into 2 organizations—1) ABGC to administer exams, and 2) the Accreditation Council for Genetic Counseling (ACGC) to approve programs. The law and regulations require that an applicant have a master's degree from an ACGC-accredited school, but many polysomnographic technologists graduated before the ACGC was established.

The Advisory Board discussed revising Section 18VAC85-170-60 of the Regulations Governing Genetic Counseling due to a concern that the language regarding the "expiration of active candidate status" could be confusing. Mr. Thomas moved to strike the language "expiration of active candidate status" and replace it with "failure of the ABGC Board Certification Examination." The regulation would read, "An applicant for a temporary license shall provide documentation of having been granted active candidate status by the ABGC. Such license shall expire 12 months from issuance or upon expiration of active candidate status, failure of the ABGC Board Certification Examination, whichever comes first."
(After review of the statute, it was determined that a change in the Code is necessary, rather than an amendment to regulation.)

To address these issues, introduction of legislation to amend the Code of Virginia is recommended.

Included in agenda package:

Draft legislative proposal

Action: Adoption of draft legislative proposal

2019 Session of the General Assembly

Department of Health Professions

A BILL to amend the *Code of Virginia* by amending § 54.1-2957.19, relating to the accreditation of educational programs in genetic counseling.

Be it enacted by the General Assembly of Virginia:

That § 54.1-2957.19 of the *Code of Virginia* is amended and reenacted as follows:

§ 54.1-2957.19. Genetic counseling; regulation of the practice; license required; licensure; temporary license.

A. The Board shall adopt regulations governing the practice of genetic counseling, upon consultation with the Advisory Board on Genetic Counseling. The regulations shall (i) set forth the requirements for licensure to practice genetic counseling, (ii) provide for appropriate application and renewal fees, (iii) include requirements for licensure renewal and continuing education, (iv) be consistent with the American Board of Genetic Counseling's current job description for the profession and the standards of practice of the National Society of Genetic Counselors, and (v) allow for independent practice.

B. It shall be unlawful for a person to practice or hold himself out as practicing genetic counseling in the Commonwealth without a valid, unrevoked license issued by the Board. No unlicensed person may use in connection with his name or place of business the title "genetic counselor," "licensed genetic counselor," "gene counselor," "genetic consultant," or "genetic associate" or any words, letters, abbreviations, or insignia indicating or implying a person holds a genetic counseling license.

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.

D. The Board shall waive the requirements of a master's degree and American Board of Genetic Counseling or American Board of Medical Genetics certification for license applicants who (i) apply for licensure before December 31, 2018, or within 90 days of the effective date of the regulations promulgated by the Board pursuant to subsection A, whichever is later; (ii) comply with the Board's regulations relating to the National Society of Genetic Counselors Code of Ethics; (iii) have at least 20 years of documented work experience practicing genetic counseling; (iv) submit two letters of recommendation, one from a genetic counselor and another from a physician; and (v) have completed, within the last five years, 25 hours of continuing education approved by the National Society of Genetic Counselors or the American Board of Genetic Counseling.

E. The Board may grant a temporary license to an applicant who has been granted Active Candidate Status by the American Board of Genetic Counseling and has paid the temporary license fee. Temporary licenses shall be valid for a period of up to one year. ~~An applicant shall not be eligible for temporary license renewal upon expiration of Active Candidate Status as defined by the American Board of Genetic Counseling.~~ A temporary license shall expire twelve months from issuance or upon failure of the American Board of Genetic Counseling examination, whichever comes first. A person practicing genetic counseling under a temporary license shall be supervised by a licensed genetic counselor or physician.

Agenda Item: Legislative proposal

Staff Note:

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

Additionally, the inclusion of presidents of all professional societies in the reporting requirement is redundant of language found in § 54.1-2908, so it can be deleted in 2909.

54.1-2908 B. The president of any association, society, academy or organization shall report within 30 days to the Board of Medicine any disciplinary action taken against any of its members licensed under this chapter if such disciplinary action is a result of conduct involving intentional or negligent conduct that causes or is likely to cause injury to a patient or patients, professional ethics, professional incompetence, moral turpitude, drug addiction or alcohol abuse.

Included in agenda package:

Draft legislative proposal

Action: Adoption of draft legislative proposal

2019 Session of the General Assembly

Department of Health Professions

A BILL to amend the *Code of Virginia* by amending § 54.1-2909, relating to the reporting requirements for the Board of Medicine.

Be it enacted by the General Assembly of Virginia:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1986, c. 434, § 54-317.4:1; 1988, c. 765; 1998, c. 744; 2003, cc. 753, 762.)

Agenda Item: Legislative proposal

Staff Note:

The Advisory Board on Athletic Training has identified the need to clarify the definition of the "practice of athletic training" to fully reflect the scope of the professional activity. In addition to work with athletes at all levels of activity, athletic trainers also work with the military and in corporate settings on injuries and conditions resulting from occupational activity. The current definition allows for such practice but it should be more clearly stated.

Included in agenda package:

Draft legislative proposal

Action: Adoption of draft legislative proposal

2019 Session of the General Assembly

Department of Health Professions
Board of Medicine

A BILL to amend the *Code of Virginia* by amending § 54.1-2900, relating to the definition of the practice of athletic training.

Be it enacted by the General Assembly of Virginia:

That § 54.1-2900 of the *Code of Virginia* is amended and reenacted as follows:

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

"Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Board" means the Board of Medicine.

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

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

"Genetic counselor" means a person licensed by the Board to engage in the practice of genetic counseling.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal

injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of occupational therapy.

"Patient care team" means a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.

"Patient care team physician" means a physician who is actively licensed to practice medicine in the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic, ~~or~~ recreational or occupational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility ~~or a substantially similar injury or condition resulting from occupational activity~~ immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the patient's physician or under

the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines. "Practice of chiropractic" shall include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners.

"Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v) evaluating the patient's and family's responses to the medical condition or risk of recurrence and providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii) providing written documentation of medical, genetic, and counseling information for families and health care professionals.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

"Practice of occupational therapy" means the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal

shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of ionizing radiation to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory therapist.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i) performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive chemical compounds under the direction of an authorized user as specified by regulations of the Department of Health, or other procedures that contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment that emits ionizing radiation that is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

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

Staff Note: Every several years the Board reviews its Bylaws for currency; they begin on the next page.

Action: Discuss and vote to maintain the bylaws as written or to make amendments.

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: **Appointment of Committee to Determine CME for 2019-2020**

Staff Note: In 2016, the General Assembly passed HB 829 which authorized the DHP Director to provide information from the PMP to the Board of Medicine about prescribers who meet a certain threshold for prescribing covered substances for the purpose of requiring relevant continuing education. The threshold shall be determined by the Board of Medicine in consultation with the PMP. This law made it possible for the Board to fulfill the requirement found in Section 54.1-2912.1(C) of the Code of Virginia, which appears on the next page. Also included are the minutes from the October 2016 meeting of the Ad Hoc committee on Controlled Substances Continuing Education.

Action: Dr. O'Connor will appoint 2 or 3 Board members who wish to volunteer their time for this effort. The committee will need to meet in the fall of 2018, such that prescribers licensed by the Board of Medicine can be notified by January 1, 2019.

§ 54.1-2912.1. (Effective until July 1, 2022) Continued competency and office-based anesthesia requirements.

A. The Board shall prescribe by regulation such requirements as may be necessary to ensure continued practitioner competence, which may include continuing education, testing, or any other requirement.

B. In promulgating such regulations, the Board shall consider (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

C. The Board shall require prescribers identified by the Director of the Department of Health Professions pursuant to subdivision C 10 of § 54.1-2523 to complete two hours of continuing education in each biennium on topics related to pain management, the responsible prescribing of covered substances as defined in § 54.1-2519, and the diagnosis and management of addiction. Prescribers required to complete continuing education pursuant to this subsection shall be notified of such requirement no later than January 1 of each odd-numbered year.

D. The Board may approve persons who provide or accredit such programs in order to accomplish the purposes of this section.

E. Pursuant to § 54.1-2400 and its authority to establish the qualifications for registration, certification, or licensure that are necessary to ensure competence and integrity to engage in the regulated practice, the Board shall promulgate regulations governing the practice of medicine related to the administration of anesthesia in physicians' offices.

---DRAFT UNAPPROVED---

Ad Hoc Committee on Controlled Substances Continuing Education

Friday, October 28, 2016 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting was called to order by Lori Conklin, MD at 1 PM.

MEMBERS PRESENT: Lori Conklin, MD, Committee Chair, Board of Medicine
Barbara Allison-Bryan, MD, President, Board of Medicine
David Taminger, MD, Board of Medicine
Ralph Orr, Prescription Monitoring Program
Stephanie Willinger, Board of Nursing
William Harp, MD, Executive Director, Board of Medicine

MEMBERS ABSENT: None

OTHERS PRESENT: None

EMERGENCY EGRESS INSTRUCTIONS

Dr. Conklin provided egress instructions in case of an alarm or emergency.

ROLL CALL

The roll was called and a quorum declared.

ADOPTION OF THE AGENDA

David Taminger moved that the agenda be accepted; it was seconded and passed.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. **Review of the statute authorizing the Board to require continuing education**

   Dr. Conklin reviewed the law with the Committee.

2. **Review of FSMB document on states requiring controlled substances continuing education**

   Dr. Conklin led the discussion regarding the FSMB map of states and the table of states and their respective requirements. It was noted that 32 states and the District of Columbia did not require

continuing education on proper prescribing of controlled substances, and 18 states do. The hours required ranged from 1 hour every 2 years to 20 hours every 2 years.

3. **Recommendations from the Prescription Monitoring Program**

Ralph Orr presented PMP data for the Committee's consideration and made the recommendation for "baseline continuing medical education for all current active Board of Medicine licensees with a Virginia address." He added that more specific criteria could be considered for future biennia given that that an anticipated upgrade to the PMP system will support greater research capability. He also displayed VAAWARE and its resources for professionals.

4. **Suggestions for parameters from Board of Medicine staff**

These were reviewed and discussed by the Committee.

5. **Discussion and recommendations to the Board for the next biennium**

After a full discussion of all options, Dr. Allison-Bryan moved that the Committee recommend to the Board it require licensees with prescriptive authority to obtain 2 hours of continuing education on pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction in the next biennium. The motion was seconded and passed. Dr. Harp said the recommendation will be presented to the Executive Committee on December 2, 2016.

Adjournment

There being no further business, Dr. Conklin announced adjournment.

Lori Conklin, MD
Chair

William L. Harp, M.D.
Executive Director

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.

Agenda Item: **Hearing Etiquette**

Staff Note: Whether you've been on the Board for a number of years or have been recently appointed, it's always good to have a refresher on how to conduct informal conferences and formal hearings. Jennifer Deschenes and Erin Barrett will provide some pointers that should be helpful to all Board members.

Action: None anticipated.

Agenda Item: **Proposed 2019 Board Meeting Dates**

Staff Note: For your review.

Action: Motion to accept or recommend alternate dates.

Virginia Board of Medicine
PROPOSED 2019 Board Meeting Dates

Full Board Meetings

February 14-16, 2019	DHP/Richmond, VA	Board Rooms TBA
June 13-15, 2019	DHP/Richmond, VA	Board Rooms TBA
October 17-19, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 5, 2019	DHP/Richmond, VA	Board Rooms TBA
August 2, 2019	DHP/Richmond, VA	Board Rooms TBA
December 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 18, 2019	DHP/Richmond, VA	Board Rooms TBA
May 17, 2019	DHP/Richmond, VA	Board Rooms TBA
September 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Credentials Committee Meetings

January 9, 2019	February 20, 2019	March 13, 2019
April 17, 2019	May 29, 2019	June 26, 2019
July 24, 2019	August 21, 2019	September 25, 2019
October 23, 2019	November 13, 2019	December (TBA), 2019

Times for the Credentials Committee meetings - TBA

Advisory Board on:

Behavioral Analysts			10:00 a.m.
January 21	May 20	September 30	
Genetic Counseling			1:00 p.m.
January 21	May 20	September 30	
Occupational Therapy			10:00 a.m.
January 22	May 21	October 1	
Respiratory Care			1:00 p.m.
January 22	May 21	October 1	
Acupuncture			10:00 a.m.
January 23	May 22	October 2	
Radiological Technology			1:00 p.m.
January 23	May 22	October 2	
Athletic Training			10:00 a.m.
January 24	May 23	October 3	
Physician Assistants			1:00 p.m.
January 24	May 23	October 3	
Midwifery			10:00 a.m.
January 25	May 24	October 4	
Polysomnographic Technology			1:00 p.m.
January 25	May 24	October 4	

Joint Boards of Medicine and Nursing

TBA

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

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

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

Next Meeting Date of the Full Board is

October 18-20, 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

July 9, 2018

Asian Tiger Mosquitoes and the Zika Virus

Only YOU can help prevent Asian tiger mosquitoes and the Zika Virus!

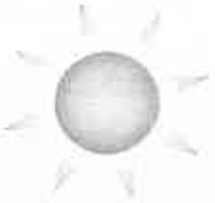
Zika virus may potentially be transmitted by the Asian tiger mosquito which is the most common nuisance mosquito in Virginia.

Asian tiger mosquitoes breed (lay their eggs) only in containers of water and do not come from ponds, puddles, ditches, or swamps.

Elimination of artificial containers of water on your property is the main method of Asian tiger mosquito prevention.

Without removing container habitats, the effect of any control effort (such as spraying the neighborhood by truck mounted fogger) would be short lived.

Asian tiger mosquitoes bite during the day.



Wear long sleeves, pants and socks, or cover exposed skin with insect. repellent.

Empty or discard any water-collecting containers such as buckets, wheelbarrows or old tires weekly.

Containers that cannot be dumped: watering troughs, ornamental ponds, or unmaintained swimming pools should be treated with larvicide dunks monthly during warm months.

Information provided by the Virginia Department of Health Professions via the Virginia Department of Health

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

TIP, TOSS AND COVER

Once a week

Tip Containers—drain standing water from garbage cans, house gutters, downspout extenders, pool covers, coolers, toys, flower pots or any other containers where sprinklers or rainwater has collected

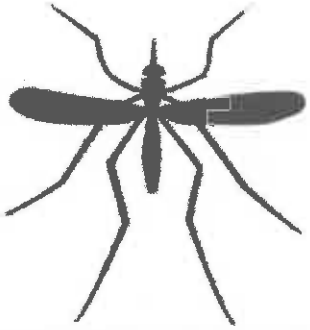
Toss—discard old tires, drums, bottles, cans, pots and pans, broken appliances and other items outside that aren't being used

Empty and scrub—birdbaths and pets' water bowls at least once or twice a week

Protect—boats and vehicles from rain with tarps that don't accumulate water

Once a month

Maintain—apply a larvicide to standing water that cannot be emptied or drained. Larvicides can be found at garden centers and hardware stores



Cover

Cover your skin using:

Clothing—cover up when you're outside! Wear long, loose and light-colored clothing, and shoes, and socks.

Repellent—apply mosquito repellent to bare skin and clothing. Always use repellents according to the label. Use mosquito netting to protect children younger than 2 months.

Stop Asian tiger mosquitoes from multiplying around your home or business

Information provided by the Virginia Department of Health Professions via the Virginia Department of Health

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment