

October 27, 2023
Board Room 2
10:00 a.m.

Agenda
Virginia Board of Health Professions
Full Board Meeting

Call to Order – James Wells, RPH, Board Chair

Page 1

- Welcome
- Mission Statement
- Emergency Egress Procedures
- Introductions

Ordering of Agenda – Mr. Wells

Public Comment – Mr. Wells

The Board will receive all public comment related to agenda items at this time.
The Board will not receive comment on any regulatory process for which a public comment period has closed.

Approval of Minutes – Mr. Wells

Pages 2-4

March 29, 2022 – Full Board Meeting (pages 2-4)

Director’s Report – Arne Owens, Director

Policy Analyst’s Report – Erin Barrett

Pages 4-10

- Policy review for electronic participation amendment (pages 5-10)

Reports – Mr. Wells

Pages 11-194

- Staff – Leslie Knachel
 - Powers and Duties of the Board of Health Professions (pages 11-12)
 - Biennial Report (pages 13-176)
 - Strategic Plan (pages 177-194)
- Healthcare Workforce Data Center – Yetty Shobo
- Enforcement Division – Pam Twombly
- Communications Division – Diane Powers
- Right Help Right Now – Jaime Hoyle
- Finance Division – Chris Moore
- Administrative Proceedings Division – James Banning
- Board Counsel – Laura Booberg
- President – Mr. Wells

New Business – Mr. Wells

Officer Elections (pages 195-196)

Next Meeting – Mr. Wells/Ms. Knachel

Meeting Adjournment – Mr. Wells

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

Call to Order

The March 29, 2022, Virginia Board of Health Professions meeting was called to order at 10:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Presiding Officer

James Wells, RPh

Members Present

Sahil Chaudhary, 1st Vice Chair, Citizen Member
Brenda L. Stokes, MD, 2nd Vice Chair, Board of Medicine
Barry Alvarez, LMFT, Board of Counseling
Sheila E. Battle, MHS, Citizen Member
A. Tucker Gleason, PhD, Board of Nursing
Michael Hayter, LCSW, CSAC, SAP, Board of Social Work
Kenneth Hickey, MD, Board of Funeral Directors & Embalmers
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
Steve Karras, DVM, Board of Veterinary Medicine
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Sarah Melton, PHARM.D, Board of Pharmacy
Martha S. Rackets, PhD, Citizen Member
Susan Wallace, PhD, Board of Psychology

Members Absent

Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member
Helene D. Clayton-Jeter, OD, Board Chair, Board of Optometry
Mitchel Davis, NHA, Board of Long-Term Care Administrators
Margaret Lemaster, RDH, Board of Dentistry

Staff Present

Leslie L. Knachel, Executive Director
David E. Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst DHP
Erin Barrett, Senior Policy Analyst DHP
Charis Mitchell, Assistant Attorney General, Board Counsel
Laura Jackson, Board Administrator
Laura Paasch, Licensing & Operations Administrative Specialist

Public Present

W. Scott Johnson
Ben Trayham

Establishment of Quorum

With fourteen board members out of eighteen present, a quorum was established.

Mission Statement

Mr. Wells read the Department of Health Professions' mission statement.

Ordering of Agenda

Mr. Wells opened the floor to any changes to the agenda. Hearing none, the agenda was accepted as presented.

Public Comment

There were no requests to provide public comment.

Approval of Minutes

Mr. Wells opened the floor to any additions or corrections regarding the draft minutes from the Full Board Meeting on December 2, 2021. Hearing none, the minutes were approved as presented.

Agency Director's Report

Dr. Brown advised the Board that Dr. Allison-Bryan retired on March 1st. He spoke about the decline in COVID-19 numbers; therefore, the agency will start its "new normal" on April 4, 2022. He indicated that conference center and additional security upgrades will be occurring in the near future.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

Policy Analyst's Report

Ms. Yeatts' provided updates on the 2022 General Assembly & Regulatory Actions.

Ms. Knachel presented the amendments to Guidance Document 75-4 Bylaws that were presented at the December 2, 2021, board meeting.

Dr. Jones made a motion to accept the changes to Guidance Document 75-4 Bylaws as presented. The motion was seconded by Dr. Stokes. The motion carried unanimously.

Discussion Items

Format for Individual Board Reports

Ms. Knachel gave an update on the format for the individual board reports at Board of Health Professions' meetings. The consensus of the board members is that the Board Executives will provide a brief summary of board actions to be reported. Information on

board statistics will not be included in the reports. The minutes will reflect the information provided in each report.

Board Counsel Report

Ms. Mitchell had no information to report to the Board.

Board Chair Report

Mr. Wells thanked Dr. Jones and Dr. Rackets for their years of service on the Board of Health Professions and to the Commonwealth.

Staff Reports

Ms. Knachel reported that the next meeting is scheduled for September 27, 2022. The meeting will include reports from the Enforcement and Finance Divisions and officer elections.

New Business

No new business was reported.

Next Meeting

The next full board meeting is scheduled for Tuesday, September 27, 2022.

Adjournment

Hearing no objections, Mr. Wells adjourned the meeting at 11:07 a.m.

Agenda Item: Adoption of revised policy on meetings held with electronic participation pursuant to statutory changes

Included in your agenda package:

- Proposed revised electronic participation policy;
- Virginia Code § 2.2-3708.3

Action needed:

- Motion to revise policy on meetings held with electronic participation as presented.

Virginia Department of Health Professions

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

Policy:

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with [Virginia Code § 2.2-3708.3](#).

Procedures:

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:
 - a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
 - b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
 - c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
 - d. the member is unable to attend to the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

Draft

§ 2.2-3708.3. (Effective September 1, 2022) Meetings held through electronic communication means; situations other than declared states of emergency

A. Public bodies are encouraged to (i) provide public access, both in person and through electronic communication means, to public meetings and (ii) provide avenues for public comment at public meetings when public comment is customarily received, which may include public comments made in person or by electronic communication means or other methods.

B. Individual members of a public body may use remote participation instead of attending a public meeting in person if, in advance of the public meeting, the public body has adopted a policy as described in subsection D and the member notifies the public body chair that:

1. The member has a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
2. A medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
3. The member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
4. The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. However, the member may not use remote participation due to personal matters more than two meetings per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public and may be identified in the minutes by a general description. If participation is approved pursuant to subdivision 1 or 2, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to a (i) temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 3, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to the distance between the member's principal residence and the meeting location. If participation is approved pursuant to subdivision 4, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such

disapproval shall be recorded in the minutes with specificity.

C. With the exception of local governing bodies, local school boards, planning commissions, architectural review boards, zoning appeals boards, and boards with the authority to deny, revoke, or suspend a professional or occupational license, any public body may hold all-virtual public meetings, provided that the public body follows the other requirements in this chapter for meetings, the public body has adopted a policy as described in subsection D, and:

1. An indication of whether the meeting will be an in-person or all-virtual public meeting is included in the required meeting notice along with a statement notifying the public that the method by which a public body chooses to meet shall not be changed unless the public body provides a new meeting notice in accordance with the provisions of § 2.2-3707;
2. Public access to the all-virtual public meeting is provided via electronic communication means;
3. The electronic communication means used allows the public to hear all members of the public body participating in the all-virtual public meeting and, when audio-visual technology is available, to see the members of the public body as well;
4. A phone number or other live contact information is provided to alert the public body if the audio or video transmission of the meeting provided by the public body fails, the public body monitors such designated means of communication during the meeting, and the public body takes a recess until public access is restored if the transmission fails for the public;
5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of a public body for a meeting is made available to the public in electronic format at the same time that such materials are provided to members of the public body;
6. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at those public meetings when public comment is customarily received;
7. No more than two members of the public body are together in any one remote location unless that remote location is open to the public to physically access it;
8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public resumes before the public body votes to certify the closed meeting as required by subsection D of § 2.2-3712;
9. The public body does not convene an all-virtual public meeting (i) more than two times per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting; and
10. Minutes of all-virtual public meetings held by electronic communication means are taken as required by § 2.2-3707 and include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held. If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such disapproval shall be recorded in the minutes with specificity.

D. Before a public body uses all-virtual public meetings as described in subsection C or allows members to use remote participation as described in subsection B, the public body shall first

adopt a policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. The policy shall:

1. Describe the circumstances under which an all-virtual public meeting and remote participation will be allowed and the process the public body will use for making requests to use remote participation, approving or denying such requests, and creating a record of such requests; and
2. Fix the number of times remote participation for personal matters or all-virtual public meetings can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.

Any public body that creates a committee, subcommittee, or other entity however designated of the public body to perform delegated functions of the public body or to advise the public body may also adopt a policy on behalf of its committee, subcommittee, or other entity that shall apply to the committee, subcommittee, or other entity's use of individual remote participation and all-virtual public meetings.

2022, c. [597](#).

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

From the Code of Virginia

§ 54.1-2510. Powers and duties of Board of Health Professions.

The Board of Health Professions shall have the following powers and duties:

1. To evaluate the need for coordination among the health regulatory boards and their staffs and report its findings and recommendations to the Director and the boards;
2. To evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions of this title, to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation;
3. To review and comment on the budget for the Department;
4. To provide a means of citizen access to the Department;
5. To provide a means of publicizing the policies and programs of the Department in order to educate the public and elicit public support for Department activities;
6. To monitor the policies and activities of the Department, serve as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and have access to departmental information;
7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
8. To make bylaws for the government of the Board of Health Professions and the proper fulfillment of its duties under this chapter;
9. To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board;
10. To review and comment, as it deems appropriate, on all regulations promulgated or proposed for issuance by the health regulatory boards under the auspices of the Department. At least one member of the relevant board shall be invited to be present during any comments by the Board on proposed board regulations;
11. To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual boards to ensure the protection of the public and the fair and equitable treatment of health professionals;

12. To examine scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;

13. To receive, review, and forward to the appropriate health regulatory board any departmental investigative reports relating to complaints of violations by practitioners of Chapter 24.1 (§ 54.1-2410 et seq.) of this subtitle;

14. To determine compliance with and violations of and grant exceptions to the prohibitions set forth in Chapter 24.1 of this subtitle; and

15. To take appropriate actions against entities, other than practitioners, for violations of Chapter 24.1 of this subtitle.



Virginia Department of
Health Professions
2021 - 2022 Biennial Report

FROM JULY 1, 2020 TO JUNE 30, 2022

Table Of Contents

About DHP	3
Director's Message	4
Executive Office	5
Support Divisions	6
Licensure	7
Introduction of Boards & Programs	8
Explanation of Key Performance Measures	9
Key Performance Measures	10
Audiology & Speech-Language Pathology	12
Counseling	15
Dentistry	22
Funeral Directors & Embalmers	27
Health Professions	32
Long-Term Care Administrators	34
Medicine	39
Nursing	48
Optometry	56
Pharmacy	60

Physical Therapy	69
Psychology	73
Social Work	79
Veterinary Medicine	84
Health Practitioners' Monitoring Program	88
Prescription Monitoring Program	90
Healthcare Workforce Data Center	94

Appendices

■ Appendix A - Licenses	97
■ Appendix B - Complaints Against Licensees	107
■ Appendix C - Violations	116
■ Appendix D - Sanctions	126
■ Appendix E - Categories	139
■ Appendix F - Confidential Consent Agreements	162
■ Appendix G - Disciplinary Staff	163
■ Appendix H - Financial Overview	164

Our Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.



Our Vision

Competent professionals providing healthcare services within the boundaries of their standards of practice to an informed public.

Department of Health Professions

The Virginia Department of Health Professions (DHP) is the umbrella agency for the 13 health regulatory boards and the Board of Health Professions that together license and regulate more than 510,000 healthcare practitioners across 62 professions. Health regulatory boards also regulate facilities and programs such as pharmacies, funeral establishments, veterinary establishments, and nursing education and pharmacy technician training programs.

Boards

- ☛ Audiology & Speech Language Pathology
- ☛ Counseling
- ☛ Dentistry
- ☛ Funeral Directors & Embalmers
- ☛ Health Professions
- ☛ Long-Term Care Administrators
- ☛ Medicine
- ☛ Nursing
- ☛ Optometry
- ☛ Pharmacy

- ☛ Physical Therapy
- ☛ Psychology
- ☛ Social Work
- ☛ Veterinary Medicine

Programs

- ☛ Health Practitioners' Monitoring Program
- ☛ Prescription Monitoring Program
- ☛ Healthcare Workforce Data Center

Director's Message



David E. Brown, D.C.
Director

The mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

The work underlying this mission is challenging and complex. The Department of Health Professions consists of 13 licensing boards that regulate 62 health professions, as well as pharmacy, veterinary, funeral, and dental facilities. We issue over 510,000 licenses and permits, investigate complaints against licensees, and inspect pharmacies, funeral homes, dental facilities, veterinary establishments, nursing education and pharmacy technician programs.

Our Boards and Advisory Boards rely on 187 gubernatorial appointees to make disciplinary and licensure decisions, set policy, recommend law, and enact regulations. In FY 2021- FY 2022, we received over 13,799 complaints against licensees, opened 16,310 investigations, took disciplinary action against more than 5,000 health professionals, and suspended or revoked 727 licenses. Compared with the last biennium, the number of investigations increased by more than 3,000 cases, a growth of over 28%. The majority of cases, overall, involved standard of case issues, but over 3,400 related to the inability to safely practice, drug-related patient care and inappropriate prescribing. I call to your attention the robust data contained in the appendices.

The Department of Health Professions is a non-general fund agency, relying only on licensing fees, which are among the lowest in the nation.

In addition to our licensing boards, the Department is home to the Board of Health Professions, the Healthcare Workforce Data Center, the Prescription Monitoring Program, and the Health Practitioners' Monitoring Program. The Board of Health Professions advises the Agency Director, the Secretary of Health and Human Resources, the Governor, and the General Assembly on matters

relating to the regulation of healthcare providers. The Healthcare Workforce Data Center conducts relicensure surveys of selected professions, providing the Commonwealth with valuable supply-side data to help meet the growing healthcare needs of Virginians. The Prescription Monitoring Program operates a 24/7 database of prescriptions, a resource for physicians and other prescribers in their care of patients and a key tool to prevent misuse or diversion of prescription medications. The Health Practitioners' Monitoring Program provides ongoing monitoring services to qualified healthcare practitioners to assist in the recovery process to allow for a safe return to practice.

The Department of Health Professions actively collaborates with other agencies and stakeholders on a variety of important healthcare issues, such as telemedicine standards and interstate licensing compacts. Our Boards, along with the Prescription Monitoring Program, have been integral to Virginia's efforts to combat the crisis in opioid addiction.

We hope this report will give you valuable insight into the important role that our health regulatory boards' play in Virginia's healthcare system, as we strive to make sure that regulation keeps pace with the evolving healthcare landscape.

A handwritten signature in black ink, appearing to read "D. E. Brown".



Lisa R. Hahn

Chief Operating Officer

The Chief Operating Officer oversees all administrative support functions at the Department of Health Professions, including Budget, Accounting, Procurement, Audit, Training, Emergency Management, Human Resources, Information Technology & Business Services. She also works to ensure efficient agency operations and collaboration among the Boards, Programs, Enforcement, Administrative Proceedings Division and Administration needed to support the primary and programmatic activities of the department.



Diane Powers

Director of Communications

The Director of Communications supports the mission of DHP by supplying accurate and timely information to the public through the management of conventional media relations as well as the use of social media. She assists in the development of both internal and external communication materials.



Erin Barrett

Senior Policy Analyst

The Senior Policy Analyst works with the 13 health regulatory boards and relevant committees and advisory boards on the development of regulations, legislation, and guidance documents. During the General Assembly, the Policy Analyst prepares legislative action summaries for all bills relating to health professions and tracks legislation for the Department.



Administrative Proceedings Division

James L. Banning, Director

The Administrative Proceedings Division is responsible for the preparation, processing, and prosecution of disciplinary and applicant cases for the health regulatory boards of the department. The specific responsibilities of APD include providing professional legal support and administering the agency's adjudication function by preparing cases for prosecution, presenting cases at informal conferences and hearings, negotiating settlements and filing motions. APD also manages the reporting of all final disciplinary dispositions to the National Practitioner Databank.



Technology & Business Services Division

Robert Jenkins, Director

The Technology and Business Services Division is responsible for implementing and supporting agency mission critical automated systems, web sites, related computerized applications, and technology operations and production services for the agency. This division is also responsible for supporting the development and implementation of agency-wide initiatives. This department also supports front desk operations and assists with records management.



Enforcement Division

Michelle Schmitz, Director

The Enforcement Division enforces the statutes and regulations pertaining to the Department of Health Profession's 13 health regulatory boards. Enforcement personnel receive and assess complaints, investigate complaints, inspect designated facilities, conduct background checks and conduct reinstatement investigations.



Finance Division

Chris Moore, Director

The Finance Division is responsible for all financial transactions, establishing budgets, conducting financial analysis, ensure internal controls are met, and forecasting to establish DHP's regulatory fee structure.

Licensure

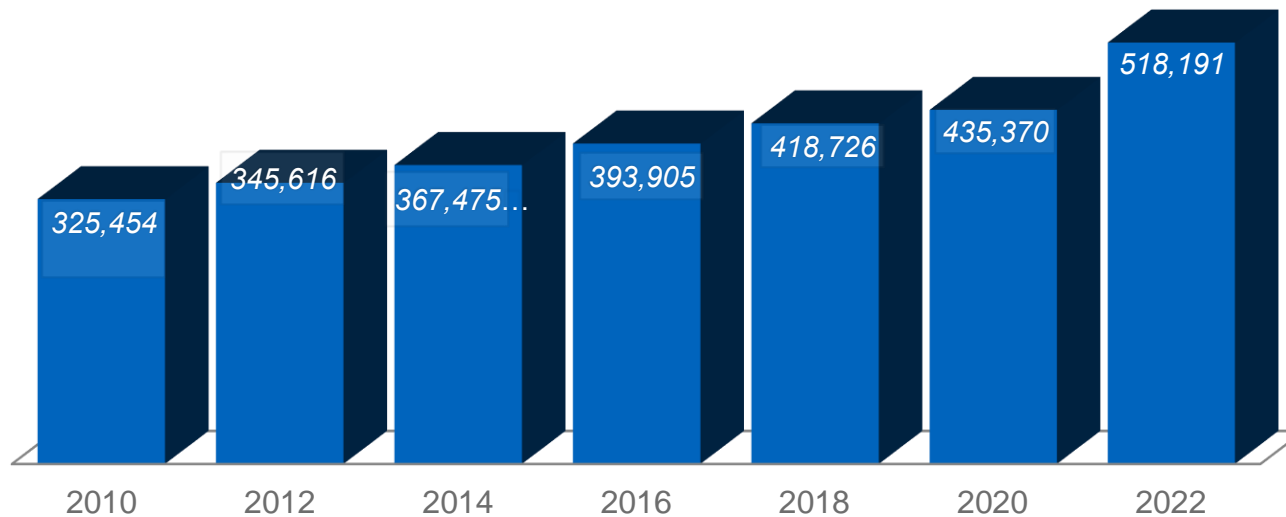
As evident in the graph below, DHP as a whole continues to experience growth in the number of licensees authorized to render healthcare as measured by the number of individuals holding a license on June 30, 2022, the end of the biennium. The increase over the previous biennium is approximately 19%.

The growth in the number of practitioners is believed to be based on the demand for healthcare services and the number of individuals choosing careers in healthcare delivery, as well as the addition of fourteen new professions.



Licensure Count

as of June 30 of the indicated year



The following information highlights the primary issues, accomplishments, and revenue and expenditures for this biennium for each of the 13 regulatory boards and the Board of Health Professions, as well as three programs (Prescription Monitoring, Health Practitioners' Monitoring, and Healthcare Workforce Data Center). For more information on board and programmatic subjects, links are provided on the agency's website: <https://www.dhp.virginia.gov/>.

DHP is a special fund agency that receives the money necessary to operate largely through fees charged to those licensed or certified through the health regulatory boards. The *Code of Virginia* requires, with one exception, that each of the 13 health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses. The only regulated health profession whose costs are not paid entirely by registration fees is Certified Nurse Aides (CNA's) under the Board of Nursing. Nurse Aides are regulated pursuant to a federal mandate, and the federal government provides some funding for their regulation.



In order to uphold its mission relating to discipline, the Department of Health Professions (DHP) continually assesses and reports on performance. Key Performance Measures (KPMs) offer a concise, balanced, and data-based method to measure disciplinary case processing. Three measures enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload, and Time to Disposition.

Two additional KPMs are used to aid management in assessing its performance in the area of licensure. *Applicant Satisfaction* and *Initial Applications Processed within 30 Days* assist management in fulfilling its mission regarding timeliness and good customer service as it relates to licensure processing.

Variation of percentages within boards that handle a small number of cases tends to be greater.

Clearance Rate: The number of closed cases as a percentage of the number of received cases during the same time period. A 100% clearance rate means that the agency is closing the same number of cases as it receives. DHP's goal was to achieve a 100% clearance rate of allegations of misconduct through the end of FY 2022.

Age of Pending Caseload: The percent of patient care cases open longer than 415 business days. This measure tracks the backlog of patient care cases to aid management in providing specific closure targets. The goal was to reduce the percentage of open patient care cases older than 415 days to no more than 20% by the end of FY 2022.

Time to Disposition: The percent of patient care cases closed within 415 days during the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal was to resolve 90% of cases related to patient care within 415 business days by the end of FY 2022.

Applicant Satisfaction: Calculated using the results of surveys sent to each initial applicant. The number of positive responses is compared to the total number of responses to calculate the percentage of positive responses.

Initial Applications Processed within 30 Days: The percentage of all applications processed within 30 days of being marked complete from an electronic checklist tracking system. This measure assesses the timely completion of the licensing process, assuring that, once all paperwork is submitted, applicants are promptly issued their license to enter the workforce.

Board	FY	Clearance rate	Age of pending caseload	Time to disposition	Applicant satisfaction	Initial applications	Total Licences
Audiology	FY 21	320%	43%	58%	73%	100%	5,114
	FY 22	89%	22%	27%	86%	99%	5,894
Counseling	FY 21	84%	17%	85%	93%	99%	31,769
	FY 22	113%	12%	91%	94%	100%	37,436
Dentistry	FY 21	114%	35%	89%	90%	100%	14,768
	FY 22	115%	19%	84%	61%	100%	15,238
Funeral Directors & Embalmers	FY 21	71%	23%	67%	97%	100%	3,114
	FY 22	93%	17%	64%	89%	99%	3,182
Long-term Care Administrators	FY 21	95%	45%	55%	100%	100%	2,152
	FY 22	137%	35%	53%	94%	99%	2,146
Medicine	FY 21	89%	17%	94%	84%	100%	76,642
	FY 22	93%	14%	96%	76%	100%	82,857
Nursing	FY 21	87%	34%	65%	90%	99%	222,172
	FY 22	127%	31%	78%	87%	99%	227,327
Optometry	FY 21	130%	32%	52%	100%	100%	1,757
	FY 22	104%	10%	90%	100%	100%	1,773
Pharmacy	FY 21	98%	11%	88%	98%	100%	67,600
	FY 22	102%	9%	88%	91%	100%	99,376

Board	FY	Clearance rate	Age of pending caseload	Time to disposition	Applicant satisfaction	Initial applications	Total Licences
Physical Therapy	FY 21	78%	42%	59%	94%	100%	13,960
	FY 22	119%	28%	64%	95%	100%	15,009
Psychology	FY 21	65%	33%	66%	94%	98%	5,486
	FY 22	79%	46%	61%	96%	100%	6,167
Social Work	FY 21	114%	54%	92%	89%	97%	11,302
	FY 22	61%	32%	100%	82%	99%	13,138
Veterinary Medicine	FY 21	106%	44%	39%	93%	100%	8,442
	FY 22	158%	26%	71%	93%	100%	8,648

Agency	FY 21	93%	29%	79%	91%	100%	464,278
	FY 22	111%	24%	84%	86%	100%	518,191

Who We Are

The Virginia Board of Audiology and Speech-Language Pathology consists of a 7-member Board, as well as administrative, enforcement, licensing, and support staff.

What We Do

The following professions are regulated by the Board of Audiology and Speech-Language Pathology.

- Audiologist
- Speech-Language Pathologist
- School Speech-Language Pathologist



EXECUTIVE DIRECTOR

Leslie L. Knachel, MPH

Board Members

Melissa A. McNichol, Au.D., CCC-A Chair Audiologist 1st Term, Expires June 30, 2022 Charlottesville, VA	Erin G. Piker, Au.D., Ph.D., CCC-A Vice Chair Audiologist 1st Term, Expires June 30, 2022 Harrisonburg, VA
Corliss V. Booker, Ph.D., APRN, FNP-BC Citizen Member 2nd Term, Expires June 30, 2023 Chester, VA	Alison Ruth King, Ph.D., CCC-SLP Speech-Language Pathologist 1st Term, Expires June 30, 2022 Amelia, VA
Kyttra L. Burge Citizen Member 2nd Term, Expires June 30, 2023 Manassas, VA	Angela W. Moss, MA, CCC-SLP Speech-Language Pathologist 2nd Term, Expires June 30, 2022 Henrico, VA
Bradley W. Kesser, M.D. Otolaryngologist Member 2nd Term Expires June 30, 2024 Charlottesville, VA	

Revenue:

\$922,435

Expenditures:

\$783,120

Total Licenses as of June 30, 2022:

5,894

Innovations and Advancements

During the biennium, the Board of Audiology and Speech-Language Pathology (BASLP) successfully transitioned to virtual meetings during the pandemic and back to in-person meetings when the Governor's emergency orders ended. The board office remained fully functional throughout the pandemic with staff working remotely.

The Department of Health Professions' Healthcare Workforce Data Center (HWDC) works to improve the data collection and measurement of Virginia's healthcare workforce through the regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes. Surveys of the audiology and speech-language professions were deployed during the 2021 and 2022 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Transitioning to license applications that are submitted via online processes;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;

- Continuing to encourage online renewals;
- Transitioning to paperless filing systems to enhance teleworking efforts and reducing paper usage; and
- Utilizing emails to notify licensees of important information.

In response to a petition for rulemaking related to speech-language pathology assistants, the Board convened a Regulatory Advisory Panel (RAP) composed of interested parties from the public and private sectors. The RAP reviewed the request and recommended that board staff develop a guidance document with the discussed information for the full Board's adoption consideration and not promulgate regulations. The Board opted the guidance document in lieu of a proceeding with a regulatory action.

The Audiology and Speech-Language Pathology Interstate Compact continues to introduce to state legislatures. Enactment by 10 states is the baseline requirement to activate the compact. At the end of the biennium, 23 states had signed onto the interstate compact. To date, the Compact has not been introduced in the Virginia legislature. The Board has opted not to move forward with the process to introduce legislation to join due to a lack of funding information. In the absence of adequate external funding, the Compact's member boards would be responsible for funding the Compact's Commission office to include staffing, database management and office space. The Board continues to monitor the progress of the compact.

The Board continues to monitor the development of a national certification for speech-language pathology assistants (SLPAs). Currently, the Board does not have authority to license, register or certify SLPAs. However, the Code of Virginia authorizes the Board to identify qualifications to practice as an assistant under the supervision and direction of a licensed speech-language pathologist.

(continued on the following page)

Innovations and Advancements - continued

The Board continued with its outreach efforts by providing presentations to speech-language pathology graduate students highlighting the roles and responsibilities of the Board and the licensing, regulating, and disciplining processes.

The number of complaint cases received by the Board remains relatively stable. The Board continues to review the disciplinary process for efficiency improvements.

Regulatory / Legislative Actions

One periodic review was conducted: In 2021, the Board completed a periodic review of 18VAC30-21, Regulations Governing the Practice of Audiology and Speech-Language Pathology.

One regulatory action was finalized: Amendments regarding required fees for returned checks or dishonored credit card payments became final on October 15, 2020.

One regulatory action is in progress but not yet finalized: The Board initiated a fast-track regulatory action following its periodic review of 18VAC30-21. The amendments reorganize and clarify provisions for ease of understanding and compliance, eliminate unnecessary provisions and requirements, add a pathway for licensure in audiology, among other changes.

Legislative: There were no legislative actions in the 2021 Session of the General Assembly that directly affected the Board.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided

that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Additional issues: The Board has issued or revised the following Guidance

Documents: 30-4: Supervision of speech-language assistants (adoption effective March 8, 2022, pursuant to petition for rulemaking)

30-6: Board definition of active practice (reaffirmed February 9, 2021)

30-8 Speech-language pathology practice and the need for licensure (revision effective February 9, 2021)

30-11: Guidelines for processing applications (reaffirmed February 9, 2021)

Challenges and Solutions

One of the challenges facing this profession is the ability to provide speech-language pathology services, especially to underserved areas of the state. The public school divisions are federally mandated to provide special education services, which often include treatment by a speech-language pathologist. Public school divisions across the state are having difficulty providing speech-language pathology services due to a lack of available practitioners. The Board's adoption of a tele-practice guidance document during the previous biennium was particularly helpful to practitioners during the pandemic. In addition, the adoption of a guidance document on the use and supervision of speech-language pathology assistants has helped supplement the practitioner shortages experienced across the state. The Board continues to monitor the use of tele-practice and the use of assistants to determine if action is needed to further protect the public.

Who We Are

The Virginia Board of Counseling consists of a 12-member Board, as well as administrative, enforcement, licensing, and support staff.

What We Do

The following professions are regulated by the Board of Counseling:

- Professional Counselors
- Marriage and Family Therapists
- Certified Substance Abuse Counselors



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Revenue:

\$4,199,150

Expenditures:

\$3,159,688

Total Licenses as of June 30, 2022:

37,436

Board Members

Johnston Brendel, Ed.D., LPC, LMFT Chairperson Williamsburg, VA 2nd Term Expires 6/30/2023	Danielle Hunt, LPC Vice Chairperson Richmond, VA 2nd Term Expires 6/30/2023
Angela Charlton, Ph.D., LPC Ashburn, VA 1st Term Ends 6/30/23	Gerard Lawson, Ph.D., LPC, LSATP Blacksburg, VA 1st Term Ends 6/30/2024
Bev-Freda L. Jackson, Ph.D., MA, Citizen Member Arlington, VA 2nd Term Expires 6/30/2024	Natalie Franklin, LPC, LMFT Newport News, VA 2st Term Ends 6/30/2024
Benjamin Allison, Citizen Member Forest, VA 1st Term Ends 6/30/2026	Tiffinee Yancey, Ph.D., LPC Suffolk, VA 2nd Term Ends 06/30/2025
Barry Alvarez, LMFT Falls Church, VA 2nd Term Ends 6/30/2025	Matthew Scott, LMFT Lynchburg, VA 1st Term Ends 6/30/2026
Maria Stransky, LPC, CSAC, CSOTP Richmond, VA 2nd Term Ends 6/30/2025	Terry R. Tinsley, PhD, LPC, LMFT, CSOTP Gainesville, VA 2nd Term Expires 6/30/2026

Innovations & Advancements

Advisory Board on Art Therapy

During FY2020, the Governor appointed the members of the Advisory Board on Art Therapy. Because of Covid19, their first meetings were virtual, and they established bylaws and officers, and began the process of promulgating regulations to license Art Therapists and Art Therapy Associates.

Mobility and Portability

The Board also focused on mobility and portability. Specifically, the Board heard from Daniel Logdon, the Council on State Governments. Mr. Logdon answered questions regarding Counseling Compact that would allow for those who are licensed to engage in multistate practice and to allow for a seamless pathway to move from state to state to offer services. The Board indicated a desire to be part of the Compact from the beginning, but ultimately decided to wait until the Compact formed a Commission and developed rules. However, in FY2021, the Board voted to support the Compact and any legislation the Virginia Counselor's Association introduced during the General Assembly.

Supervisor Registry

Staff updated the Supervisor Registry so it would indicate which type or residency the Board has approved the supervisor to supervise.

Virginia Health Care Work Force Data Center (HWDC) Studies

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include HCWF indicators as well as more detailed information pertaining to the professions. The HWDC surveys LPCs every year during renewal, and produced reports on the profession for July 2020 and July 2021.

Education Pre-Review

The Board changed its regulations to allow applicants who had not attended an accredited school to have the Board review their applications to determine if their degree or coursework met the requirements for licensure. This service has been very well received and helpful to applicants.

Collaboration with Stakeholders

As a reflection of continued collaboration with stakeholders and sister agencies, DMAS and DBHDS presented to the Board on MultiSystemic Therapy & Functional Family Therapy. The Board stated that the two programs appear to be appropriate to the role of QMHP-Cs within a collaborated practice. The Code of Virginia defines a QMHP as working collaboratively, and these programs fit that definition. The Board wanted to ensure that QMHP-Cs were not providing assessments or functioning as therapists, and that DMAS would develop differential rates based on education of the QMHP-C. Setting the rate does not prohibit bachelor's level QMHP-Cs to participate, but would encourage master level QMHP-Cs to participate.

Telecounseling

The Board recognized the importance of telecounseling and formed an Adhoc Committee to consider developing a Telehealth Guidance Document and potential regulations that address the training and delivery of telehealth services. The Board hired Dr. Stretch as an expert consultant in telemental health. Dr. Stretch made recommendations to the Board's guidance document and regulations. Dr. Stretch provided an overview of telebehavioral health definitions, issues and risks. Dr. Stretch provided a brief overview of the current movement of telehealth and regulatory trends from other states. Board members stated that they would like to see the

(continued on the following page)

Innovations and Advancements - continued

Board create regulations or guidance that is broad and malleable enough and does not confine the Board to the ever-changing technology. The Board ultimately updated its Guidance Document on this issue and provided a link on the website to Dr. Stretch's presentation.

Board Efficiency

The Board has also worked diligently to obtain a reputation for efficiency and timeliness. Even as the number of applications and licensees continues to rise significantly, staff consistently reviews completed applications within 30 days, meeting the agency performance standards. Additionally, staff returns all phone calls and emails within 24 hours, in spite of the fact that the number of phone calls and emails have more than tripled during this period. Customer service remains a high priority; the Board consistently receives high approval satisfaction scores. These efforts have improved staff morale and the community perception of the Board.

Likewise, the Board's efforts to reduce costs and improve efficiencies by going green continue to reap rewards. The ability to scan case files and allow board members to conduct probable cause reviews remotely, as well as staff implementing system organization, has eliminated the backlog of discipline cases. These initiatives shortened review times and reduced mailing and printing costs. The Board has also moved to electronic renewal notices and license verifications, and no longer prints agenda packets for Board members or the public, but, instead, posts this information on the website. These efforts have reduced costs and freed staff time. When the Governor issued a State of Emergency in response to COVID19, these efforts helped the Board to continue working and to allow staff to work remotely. Likewise these efforts, forced the Board to make these changes on the licensing side. The Board began scanning all mail and applications as received so that all licensure

files are online. Now all staff can access these files, update statuses, and respond to email and phone requests and work remotely. Additionally, the Board began accepting all supplemental documentation via email and fax. These initiatives moved the Board forward as well as protecting the health and safety of the staff during the pandemic. Furthermore, with all licensing and discipline capabilities electronic, the Board of Counseling is one of the few boards that is fully in compliance with the Continuity of Operations Plan. The Board also adopted the DHP policy for holding electronic meetings.

Beyond the initiatives related to COVID19, the Board had also continued its efforts to decrease its dependence on paper and increase its use of technology. Now the Board,

- Prints a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encourages other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aids applicants by obtaining license verification from other states via online processes;
- Has transitioned to license applications that are submitted via online processes; and,
- Continues with online renewals.

Staff reported on new technology that will be coming to the behavioral health boards, in addition to an update of our licensing system. The behavioral health boards anticipate a BOT that will help decrease the time the staff spends sending emails. The BOT will automatically reply to applicants and automatically send approval emails.

(continued on the next page)

Innovations and Advancements - continued

Outreach

The Board continues to pursue opportunities to educate students, residents, licensees, and employers regarding licensure requirements and application processes. Staff monitors the Board's website closely and posts timely updates on the announcements section. The Board sends blast emails detailing important information, such as regulation changes. Staff developed licensure process handbooks for many of the license types to aide in the licensure process, FAQs, and developed an online application handbook for the QMHPs and RPRSs. Staff ensures all of this inform remains available and easily accessible on the website. Additionally, staff encourages Individuals contacting the Board office for information to review the website for the most current information on Board activities.

Staff also prioritizes outreach efforts that include presentations to students and licensees. Staff provides these presentations virtually and in person which has led to the development and strengthening of collegial relationships with stakeholders and applicants. Dr. Brendel recorded a Board Conversation and a Supervisor Summit for the Virginia Counselor Association. Additional outreach efforts include presentations to:

- Northern Virginia Licensed Professional Counselors
- Virginia Commonwealth University's Counselor Education Program
- Virginia Association of Community Services Boards
- Virginia Association of Community Based Providers
- George Mason University
- Norfolk State University

Staff and Board members also attend national conferences in an effort to ensure Virginia has a place at the table and remains aware of national trends.

Specifically, conferences attended include:

- NBCC State Counseling Board Conference
- American Association of State Counseling Boards

- Ms. Lang represented the Board on the Regulatory Excellence Committee, which focused on endorsement requirements.

- Association of Marital and Family Therapy Regulatory Board Conference

Regulatory / Legislative Actions

Four regulatory actions were finalized: Amendments to 18VAC115-20, 18VAC115-30, 18VAC115-40, 18VAC115-50, 18VAC115-60, 18VAC115-70, and 18VAC115-80 regarding required fees for returned checks or dishonored credit card payments became final on October 15, 2020.

Fast-track amendments to implement registration of persons who are in training to become qualified mental health professional-adult or qualified mental health professional-child became final on October 29, 2020.

Final regulations resulting from a periodic review of 18VAC115-40, Regulations Governing the Certification of Rehabilitation Providers, became effective on September 29, 2021. The amendments clarified language and made standards of practice and renewal requirements consistent to other certified and registered professions. The changes additionally added grounds for disciplinary actions found in all other chapters of the Board of Counseling but were missing from 18VAC115-40.

The Board adopted a fast-track regulatory action regarding the clarification of practice as a certified substance abuse counselor ("CSAC") or as a person under supervision to be certified as a CSAC. The regulations became effective on February 17, 2022.

(continued on the next page)

Regulatory / Legislative Actions – continued

Two regulatory actions were in progress but not yet finalized: The Board adopted amendments resulting from periodic reviews of 18VAC115-20, 18VAC115-50, and 18VAC115-60 as final regulations on September 16, 2022. Those final regulations are in the process of Executive Branch Review. The amendments add pathways for licensure by endorsement and clarify and modernize outdated provisions.

Pursuant to Chapter 301 of the 2020 Acts of Assembly, the Board adopted regulations to license art therapists as a newly regulated profession. A notice of intended regulatory action was adopted by the Board on November 6, 2020 and proposed regulations were adopted by the Board on November 5, 2021. The proposed regulations are undergoing Executive Branch review.

Legislative: There were no legislative actions in the 2021 Session of the General Assembly that directly affected the Board.

Chapter 275 of the 2022 Acts of Assembly permitted practitioners of professions regulated by the Board who are licensed in another United States jurisdiction to provide behavioral health services to a patient located in the Commonwealth when such practice is for the purpose of providing continuity of care through the use of telemedicine services and the practitioner has previously established a practitioner-patient relationship with the patient. A practitioner may provide such telemedicine services for up to one year.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed

hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Chapter 509 of the 2022 Acts of Assembly added licensed professional counselors to the list of eligible providers who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

Additional issues: The Board has issued or revised the following Guidance Documents:

115-1.2: Bylaws for the Advisory Board on Art Therapy (adoption effective January 8, 2021)

115-1.4: Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision (revision effective July 7, 2022)

115-1.9: Certification Approved by the Board for Certification as a Substance Abuse Counselor (reaffirmed July 7, 2022)

115-2: Impact of Criminal Convictions, Impairment, and Past History on Licensure, Certification, or Registration (revision effective July 7, 2022)

115-4.1: Evidence of Clinical Practice for Licensure by Endorsement (reaffirmed July 7, 2022)

115-4.11: Board Guidance on Use of Confidential Consent Agreements (revision effective July 7, 2022)

115-4.3: Direct Client Hours in an Internship (reaffirmed February 5, 2021)

115-7: Supervised experience for delivery of clinical services for professional counselor license (revision effective October 30, 2020)

115-8: Approved Degrees in Human Services and Related Fields for QMHP Registration (revision effective October 14, 2021)

Challenges and Solutions

The Board continued to contend with the challenges related to Covid 19. The Board held virtual meetings and hearings, which in many ways allowed for greater public attendance and participation, it was also easier for board members and staff to attend meetings, and it saved the Board money on travel expenses.

Additionally, the Administration allowed the Board to grant waivers, and during FY2021, the Board would allow students who were unable to complete a 600 hour internship to make up a deficiency of 100 hour during their supervised experience. This change in policy was also included in the periodic review. Additionally, the Administration allowed the Board the ability to waive the endorsement provision requiring applicants to submit a certified copy of application materials. The Governor also gave the Board authority to issue temporary licenses. From April to September 2020, the Board issued 685 of these licenses with a one-day turn-around.

The biggest challenge facing the Board remains the growing number of applicants and licensees, in comparison to the limited number of full-time staff. During FY2021, the Board typically received 500 applications per month. The Board repeated their concern over the staffing structure at meetings throughout the biennium. With the addition of the QMHPs and the RPRs, and in the future, the addition of Art Therapists, once considered a small board, the Board of Counseling will be the fourth largest board at DHP. The growing number of applications could threaten the hard-earned improvements with response time as limited staff continue to try to process the increasing volume of applications within 30 days. The Administration continues to try to address the staffing issues and granted an additional full-time person in FY2020 and two additional P-14s. These efforts eliminated our dependence on contract employees and helped to stabilize the Board. However, additional staffs remains a constant need.

Additionally, as the applications grow, the number of licensees, certificants, and registrants grows, and with that, the number of complaints and discipline cases. Counseling had a 14.7% increase in cases received (this does not include CE audit cases and credentials appeals that go to an IFC). They also increased their cases closed by 42.5%.

The Board continues to face challenges regarding QMHPs. It is apparent by the types of disciplinary files reviewed that there is a need for additional training and education. The Board's mission is to protect the public and the Board feels that the review of the coursework needed to be more restrictive to ensure that applicants have the minimum education and training in order to provide services to the most vulnerable population. Staff suggested that the Board may want to initiate additional training requirements prior to providing services, or a required ethics training prior to registration to try to prevent future disciplinary issues. The Board continues to see applicants that are registering for QMHP-C and QMHP-A without registering for the QMHP-Trainee registration when employed at a DBHDS licensed facility. Staff continues to try to educate applicants and supervisors on the registration requirement. Additionally applicants continue to request that the Board accept sociology and criminal justice degrees.

The Board anticipates more complaints regarding boundary issues, and will do its best to increase outreach efforts to educate licensees, certificants, and registrants on the standards of practice. The Board is dedicated to a continuous effort to always challenge the status quo and seek efficiencies and innovative solutions to streamline processes. The Board chairs and staff have encouraged Board engagement and have challenged them to continue to take an aggressive approach to completing probable cause reviews. During FY2021, the administration approved the Board's request to hire disciplinary reviewer, who will alleviate the burden on the Board, and help ensure efficient and timely reviews of the increasing number of cases.

Additional Issues

The Board considered the following Petitions for Rulemaking:

- To amend the 18VAC115-60-50(5) of the Regulations Governing the Practice of Licensed Substance Abuse Treatment Providers to waive the examination requirements for Licensed Clinical Social Workers. The Board voted not to initiate rulemaking.
- To amend regulations to clarify that CSACs and CSAC-A's are not independent practitioners and must practice under supervision. The Board voted not to initiate Rulemaking but to have the Regulatory Committee develop Guidance on the topic.
- To amend the endorsement section to change the 24 of the last 60 months of post-licensure active practice to allow licensees to bypass the education and experience requirements. The Board voted not to initiate rulemaking.
- Request to amend the regulations regarding the education requirements for LSATP by endorsement applicants be reduced to 36 hours if all of the education was in addiction counseling. The Board voted not to initiate rulemaking.
- Request to amend the regulations to allow all face-to-face client contact hours in a graduate internship in excess of 240 to count towards the 2,000 total in the residency. The Board discussed the petitioner's request and decided it would include amendments to the internship and residency requirements in the adoption of final regulations relating to its periodic review. The amendments will specify the proportional hours that could be counted as face-to-face. However, in practice, those hours are already being applied to a residency.

Who We Are

The Virginia Board of Dentistry consists of a 10-member Board, as well as administrative, enforcement, licensing, and support staff.

What We Do

We regulate Dentist, Dental Hygienist, Dental Assistant II, Dental and Dental Hygienist Faculty, Dental and Dental Hygienist Temporary Permit, Restricted Volunteer, Dentist-Temporary Resident, Dentist Volunteer, Oral/Maxillofacial Surgeon, Cosmetic Procedure Certification, Mobile Dental Facility / Portable Dental Operation Registration, Moderate Sedation Permit, and Deep Sedation/General Anesthesia Permit.



EXECUTIVE DIRECTOR

Jamie Sacksteder

Revenue:

\$ 4,357,015

Expenditures:

\$ 5,337,219

Total Licenses as of June 30, 2022:

15,238

Board Members

Bryant, Nathaniel C., DDS President 2nd term expires on 6/30/2024 Chesapeake	McLennan, Emelia H., RDH 1st term expires 6/30/2026 Virginia Beach
Dawson, Jamiah, DDS Secretary 2nd term expires on 6/30/2025 Newport News	Butt, Sidra, DDS 1st term expires on 6/30/2025 Midlothian
Chaudhry, Sultan E., DDS 1st term expires on 6/30/2024 Falls Church	Hendricksen, Alf, DDS 1st term expires 6/30/2025 Lynchburg
Lemaster, Margaret F., RDH 1st term ends 6/30/2024 Chesapeake	Martinez de Andino, J. Michael, Esq 1st term expires on 6/30/2023 Richmond
Zapatero, Dagoberto G., DDS Unexpired term expires 6/30/2023 Virginia Beach	Bigleow, William C., DDS 1st term expires 6/30/2026 Verona

Innovations and Advancements

Removal of Barriers for Licensure

Application requirements were reviewed for legislative and regulatory requirements. Several barriers were removed to make licensure more efficient for dentists and dental hygienists. Applications were revised July 2022. Other applications will also be reviewed with the same scrutiny to ensure any unnecessary barriers are removed.

Paperless License

In January 2023, the Board will cease mailing hard copy licenses, certifications, permits, and registrations. For those who renew their licensure, certification, permit or registration, a permanent hard copy will be issued that contains no expiration date. For those who are approved for initial licensure, certification, permit or registration, a permanent hard copy will be issued that contains no expiration date. Verification of current licensure can be found on “license lookup” on the website.

One Clinical Examination for Licensees

The Board was accepting 5 different clinical exams. In March of 2021, the Board made a decision to only accept the ADEX exam for both Dentist and Dental Hygienist applicants, beginning January 1, 2023. It was discovered, through extensive research, that other clinical exams were not equivalent. The Board making the decision of one licensure examination will ensure there is clinical equivalency. The ADEX exam is accepted by 98% of states for dental applicants, only two states do not accept the ADEX exam and that is because they have their own state examination. The ADEX exam is accepted in 97% of states for dental hygiene. Therefore the ADEX exam is very portable.

Practice of Dental Assistants

In response to recommendations made by a Regulatory Advisory Panel, the Board initiated rulemaking to make entry into this profession more accessible

to students and to ensure greater consistency in the training received to ensure competency. The proposed regulations add a new section to establish requirements for the staffing and management of DAII programs. The number of hours of didactic education are reduced and content and equipment requirements for the didactic courses and for laboratory training have been added. Moreover, a regulatory amendment has been proposed to require dental assistants to be certified in infection control procedures. The purpose of this action is to mitigate the chances of infections occurring in dental practices by ensuring consistency in basic training and a level of competency that protects patients.

Guidance on Practitioner Death

The Board sees several cases and complaints based upon what happens when a dentist dies, in regards to notification and patient records. Since it is the mission of the Board to protect the public, a guidance document was created to consolidate what the laws and regulations require, in hopes of helping family members or businesses that are faced with this unexpected event.

CE Audit Providers

The Board has begun the process of reviewing and choosing between two Continuing Education Audit Providers. Both potential providers are free to the Board and free to licensees. The Audit Providers make money if the licensees choose to upgrade their level, which is not required. The CE Audit providers will provide a database where the Board will be able to quickly and easily audit licensees' continuing education, and licensees will have easy access to obtain continuing education and track their continuing education.

(continued on next page)

Innovations and Advancements - continued

Jurisprudence Continuing Education

The majority of discipline cases are involving dentists who do not adequately understand the laws and regulations that surround the practice of dentistry, including sedation. The Board has submitted a NOIRA to ensure a part of a dentist's continuing education includes jurisprudence and licensees who have a sedation permit will also take sedation jurisprudence. This action will assist with protecting the health and safety of the public while educating the licensee in the laws and regulations.

Regulatory / Legislative Actions

Four periodic reviews were conducted: Periodic reviews of 18VAC60-15, Regulations Governing the Disciplinary Process in Dentistry, 18VAC60-21, Regulations Governing the Practice of Dentistry, 18VAC60-25, Regulations Governing the Practice of Dental Hygiene, and 18VAC60-30, Regulations Governing the Practice of Dental Assistants, were completed in 2022.

Four regulatory actions were finalized:

Amendments related to changes in the renewal schedule to for 18VAC60-21, 18VAC60-25, and 18VAC60-30 became effective on August 19, 2020.

Amendments to 18VAC60-21, 18VAC60-25, and 18VAC60-30 regarding required fees for returned checks or dishonored credit card payments became final on October 15, 2020.

The Board amended regulations related to administration of sedation or anesthesia in dental offices for greater consistency and clarity in requirements, depending on the level of sedation and risk to the patient, and for closer alignment with the American Dental Association Guidelines for the Use of Sedation and General Anesthesia. The Board incorporated guidelines and best practices for sedation and anesthesia, such as the use of a three-person team in the operating room during administration of moderate sedation when appropriate for patient safety. The regulations became effective on March 17, 2021.

Regulations were amended to reiterate a statutory requirement that prescriptions for controlled substances containing an opioid must be electronic and to provide for a one year waiver from the requirement under certain circumstances. The regulation became effective on February 2, 2022.

Six regulatory actions were in progress but not yet finalized:

Regulatory actions were initiated related to continuing education requirements for jurisprudence and expansion of required refresher courses for reinstatement of a license. Final regulations for training in infection control for dental assistants were adopted by the Board on June 10, 2022. Proposed regulations for training and supervision of digital scan technicians were submitted for Executive Branch review on May 19, 2022. Fast-track regulations to correct oversights from the 2015 reorganization of 18VAC60-20 into 18VAC60-15, 18VAC60-21, 18VAC60-25, and 18VAC60-30 were undergoing Executive Branch review at the end of the biennium, as well as proposed amendments to an existing restriction on advertising dental specialties.

(continued on next page)

Regulatory / Legislative Actions - continued

Legislative: There were no legislative actions in the 2021 Session of the General Assembly that directly affected the Board.

Chapter 145 of the 2022 Acts of Assembly allowed the Board to grant, without examination, a faculty license to teach dentistry in an accredited dental program to an applicant who is a graduate of a dental program in a foreign country when the dean or program director of an accredited dental program in the United States grants a certification letter confirming that the applicant has clinical competency and clinical experience to meet the credentialing standards of the accredited dental school. Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met.

The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank.

The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Additional issues: The Board has issued or revised the following Guidance Documents:

- 60-5: Auditing for Continuing Education and Sanctioning (revision effective August 5, 2021)
- 60-6: Closing of a Dental Practice on Death of a Dentist (adoption effective November 11, 2021)
- 60-7: Chart on Delegable Duties to Dental Assistants (revision effective February 3, 2022)
- 60-8: Educational Requirements for Dental Assistants II (revision effective November 11, 2021)
- 60-10: Guidance on Sanctioning for Advertising Violations (revision effective August 5, 2021)
- 60-14: Bylaws of the Board (revision effective May 13, 2021)
- 60-17: Policy on Recovery of Disciplinary Costs (revision effective February 2, 2022)
- 60-18: Dental Laboratory Work Order (revision effective August 5, 2021)
- 60-19: Dental Laboratory Subcontractor Work Order (revision effective August 5, 2021)
- 60-20: Radiation Certification (reaffirmed September 10, 2021)
- 60-22: Policy on Sanctioning for Failure to Comply with Insurance and Billing Practices (revision effective August 5, 2021)
- 60-24: Guidance for Dental Practices (revision effective November 11, 2021)
- 60-25: Dental Clinical Competency Examination for Licensure (revision effective May 12, 2022)
- 60-26: Dental Hygiene Clinical Competency Examination (revision effective May 12, 2022)
- 60-27: Guidance on Sedation Inspections and Permits (adoption effective February 3, 2022)

Challenges and Solutions

The Board had a lot of feedback and concern throughout 2020 and 2021 regarding dentists ordering home sleep studies and diagnosing sleep apnea. The Board held a Regulatory-Legislative Committee Meeting February 18, 2022 with a panel of experts to review the topic. The Board also worked with the Board of Medicine to make an informed decision. There was a majority opinion that sleep apnea should only be diagnosed by a medical doctor and that a home sleep study results would need to be interpreted by a medical doctor, therefore, a dentist should not be ordering home sleep tests or diagnosing sleep apnea. It was found that a dentist working in conjunction of a medical doctor was appropriate. The doctor could ask for a dentist to create an oral appliance to assist with sleep apnea. Diagnosing sleep apnea and ordering home sleep studies were found to be outside the scope of a dentist.

Who We Are

The Virginia Board of Funeral Directors and Embalmers consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Funeral Directors and Embalmers regulates the practice of funeral services by promulgating rules governing practice, licensing funeral directors, embalmers, funeral service licensees, interns, establishments, and crematories, and taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, JD

Board Members

Jason Graves, FSL President 1st Term expires June 30, 2023 Chesapeake, VA	S. Jonathan Hines, FSL 1st Term expires June 30, 2026 Staunton, VA
Joseph Michael Williams, FSL Vice-President 1st Term expires June 30, 2024 Mechanicsville, VA	Mia F. Mimms, FSL, JD 2nd Term expires June 30, 2024 Richmond, VA
Lacyn Barton, FSL Secretary-Treasurer 1st Term expires June 30, 2025 Sandston, VA	Blair Nelsen, FSL 2nd Term expires June 30, 2023 Richmond, VA
Steven Clemons, MS, CPA 1st Term expires June 30, 2026 Salem, VA	Joseph Frank Walton, FSL 2nd Term expires June 30, 2023 Virginia Beach, VA
Muhammad Hanif Citizen Member 2nd Term expires June 30, 2025 Midlothian, VA	

Revenue:

\$ 1,469,630

Expenditures:

\$ 1,330,864

Total Licenses as of June 30, 2022:

3,182

Innovations and Advancements

During the 2020-2022 biennium, the Board of Funeral Directors and Embalmers (Board) confronted the challenges of the COVID-19 public health emergency, expanded the use of electronic processes for licensing applications, drafted and implemented regulations for the licensure of funeral directors and embalmers as separate license types, completed the periodic review of the Board's regulations, engaged collaboratively at the national and state levels, and collected data regarding the funeral service provider workforce.

As a result of the COVID-19 public health emergency that first emerged in March 2020, the Board undertook a number of measures in 2020 and 2021 to continue operations efficiently and effectively, to support applicants and licensees during a challenging time period, and to safeguard the health and safety of Board and staff members.

The Board transitioned to electronic processing of licensure applications and inspections, resulting in a number of benefits for applicants, licensees, and Board staff. The use of online applications, scanned documents, and electronic license files streamlined the process for applicants and facilitated the availability and ease of remote work for Board staff. The electronic processing of facility inspections provided for more timely and more efficient communication between facilities and the Board, as well as more timely and efficient review of deficiency responses.

The Board convened business meetings, regulatory advisory panels, committee meetings, and disciplinary hearings using the WebEx virtual meeting platform through June 2021.

In addition to providing a means to minimize health risks to Board members, staff, participants, and the public, the use of the virtual hearing platform resulted in a number of unexpected benefits. Board members incurred less travel time and lower travel expenses, which had a positive impact on the Board's budget. Members of the public participated in or observed Board meetings and hearings at a significantly higher level than in previous years. Virtual platforms enhanced training opportunities for Board members and staff, who attended a number of virtual education sessions offered by national board organizations, including the International Conference of Funeral Service Examining Boards.

The COVID-19 public health emergency and resulting fatalities had a significant impact on funeral service providers, highlighting the need for expanded and continuous interagency collaboration and information-sharing among a complex network of emergency management and public health agencies. Board staff participated in state-level workgroup activities, including the Mass Fatality Task Force convened by the Office of the Chief Medical Examiner (OCME). Board staff provided support to the coordinated efforts of state agencies and provider associations, sharing information and communicating with licensees, and connecting individuals and agencies to available resources.

On July 1, 2020, legislation became effective that directed the Board to promulgate regulations for the licensure of funeral directors and embalmers (Chapter 943 of the 2020 Acts of Assembly). The Board convened two regulatory advisory panel (RAP) meetings in August and September 2020 to receive recommendations from stakeholders regarding the relevant educational, experience, and examination requirements for the issuance of separate license types.

Regulatory / Legislative Actions

Four regulatory actions were finalized: Emergency regulations implementing Chapter 943 of the 2020 Acts of Assembly, which required the Board to issue separate licenses for funeral service licensees, funeral directors, and embalmers, became effective January 5, 2021. Amendments to 18VAC65-20, Regulations of the Board of Funeral Directors and Embalmers, 18VAC65-30, Regulations for Preneed Funeral Planning, and 18VAC65-40, Regulations for the Funeral Service Intern Program, resulting from the Board's 2018 periodic review became effective on March 3, 2021. Changes to 18VAC65-20 clarified provisions and strengthened rules for surface transportation and removal and the issuance and maintenance of courtesy cards. Changes to 18VAC65-30 ensured greater protections for the public in disclosures of information about what is included in preneed funeral service contracts, retention of documentation, and notifications required if a funeral home closes or changes ownership. Changes to 18VAC65-40 reduced the number of hours of training for funeral interns and modified provisions related to the registration of and receipt of late reports from supervisors.

Pursuant to Chapter 170 of the 2022 Acts of Assembly, the Board amended regulations related to preneed funeral planning to reflect changes in required continuing education. The changes became effective on September 28, 2022.

Two regulatory actions are in progress but not yet finalized: Fast-track changes to 18VAC65-20 regarding retention of continuing education documentation were undergoing Executive Branch review at the end of the biennium. Final regulations implementing required changes to types of licenses issued by the Board pursuant to Chapter 943 of the 2020 Acts of Assembly were undergoing Executive Branch review at the end of the biennium.

Legislative: Chapter 216 of the 2021 Acts of Assembly declared emergency priority for personal protection equipment and immunization for funeral service licensees and funeral service employees in any case in which the Board of Health or Commissioner of Health has made an emergency order or regulation for the purpose of suppressing nuisances dangerous to the public health or a communicable, contagious, or infectious disease or other danger to the public life and health.

In October 2020, the Board adopted Emergency Regulations to effectuate the provisions of the Code. The Emergency Regulations became effective January 4, 2021.

As a result of the legislation and emergency regulations, the Board implemented a new application and licensure process for individual funeral director and embalmer licensees and a new registration process for funeral director and embalmer interns. The Board issued its first separate licenses in February 2021. Permanent regulations to replace the emergency regulations were pending Executive review at the end of the biennium.

In October 2018, the Board initiated the periodic review the clarity, accuracy, and necessity of the Board's regulations. The multi-year regulatory process involved stakeholder input at numerous stages regarding amendments to the Board's regulations for funeral practice, preneed contracts, and the funeral internship program. The periodic review of the Board's regulations was finalized during this biennium with amendments to Chapter 20 (Funeral Practice) and to Chapter 30 (Preneed Contracts) effective March 3, 2021, and amendments to Chapter 40 (Funeral Internship Program) effective March 2, 2022.

(continued on next page)

Regulatory / Legislative Actions - continued

The Board continued to engage in collaborative efforts at the state and national levels. The Board participated in ongoing dialogue with state agency partners, including the Office of the Chief Medical Examiner (OCME) and the Division of Vital Records at the Department of Health. The COVID-19 crisis highlighted the need for coordination of state and local, public and private efforts in preparing for and responding to mass fatalities, particularly for funeral home providers storing and processing larger than normal numbers of fatalities.

Continued engagement at the national level has opened doors to the sharing of ideas and resources and has enhanced the Board's ability to fulfill its mission. Board members and staff are actively involved with the International Conference of Funeral Service Examining Boards (Conference), serving as presenters, committee members, and training participants whenever the opportunities arise. In 2020, Board member Blair H. Nelsen, FSL, was elected to serve for a second term on the Conference's Board of Directors and was subsequently elected to the positions of Vice President (2020-2021) and President (2021-2022). The Board's Deputy Executive Director, Kelley Palmatier, served on the Conference's Model Practice Act Advisory Committee.

Finally, the Board continued efforts to collect workforce survey data on funeral service providers in Virginia through the Healthcare Workforce Data Center, compiling a total of six years' worth of data by 2022. The importance of these data collection efforts was highlighted during the COVID-19 public health emergency, as the data provided insight into the potential short-term and long-term impact(s) of COVID-19 on the funeral provider workforce.

Chapter 191 of the 2022 Acts of Assembly directed the Board to convene a workgroup of relevant stakeholders to determine (i) the regulatory and statutory changes needed to legalize, implement, and regulate the process of alkaline hydrolysis in the Commonwealth; (ii) necessary qualifications to enable a person to engage in the practice of alkaline hydrolysis; (iii) proper standards for the operation of a facility containing a pressure vessel for alkaline hydrolysis; and (iv) proper requirements for licensure as an owner or operator of such a facility. The workgroup was directed to consider necessary environmental precautions and safety measures necessary to ensure proper regulation, implementation, and inspection of the alkaline hydrolysis process and potential facilities. The results of the study were due to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions on or before November 1, 2022.

Chapter 170 of the 2022 Acts of Assembly provided that continuing education courses for funeral service licensees, funeral directors, and embalmers shall include one hour of compliance with laws and regulations governing the profession or one hour of preneed funeral arrangements per year, provided that one hour of continuing education regarding preneed funeral arrangements is completed every three years.

Chapters 18 and 641 of the 2022 Acts of Assembly eliminated language related to the adjustment of the face value of preneed contracts and the specified rate of interest earned for contracts funded by life insurance. The legislation provided that the face amount of any life insurance policy issued to fund a preneed funeral contract shall not be decreased over the life of the life insurance policy except for life insurance policies that have lapsed due to the nonpayment of premiums or have gone to a non-forfeiture option that lowers the face amount as allowed for in the provisions of the policy.

(continued on next page)

Regulatory / Legislative Actions - continued

Additional issues: The Board has issued or revised the following Guidance Documents:

- 65-3: Processing Applications for Licensure (reaffirmed March 18, 2021)
- 65-7: Guidance for Education and Pathology Coursework for Licensure as a Funeral Director (adoption effective March 18, 2021)
- 65-10: Bylaws of the Board (revision effective September 16, 2021)
- 65-11: Inspection Guidance Document (revision effective March 18, 2021)
- 65-12: Confidential Consent Agreements (revision effective December 9, 2021)
- 65-16: Auditing for Continuing Competency Requirements (reaffirmed December 9, 2021)
- 65-19: Identification of Funeral Service Interns (reaffirmed December 9, 2021)
- 65-20: Participation in Virginia Department of Treasury Unclaimed Property Audit (adoption effective December 9, 2021)

Challenges and Solutions

One issue that emerged as a result of the COVID-19 pandemic related to access to personal protective equipment (PPE) for funeral service providers as front-line responders. During the early stages of the public health emergency, funeral service providers were called upon to transport and handle decedent remains at a higher-than-normal level and were faced with certain unknowns regarding the level of contagion and possible impact of

exposure to the virus. Despite the important role played by funeral service providers in responding to a significant number of fatalities, these providers often were not included on priority lists for access to PPE supplies. The Mass Fatality Task Force convened by the OCME in 2020 and early 2021 provided a state-level forum for funeral service providers to raise their concerns in this and other areas. As a result of the dialogue between local and state emergency management agencies, public health agencies, and provider associations, funeral service providers received increased access to limited PPE supplies at the local level. In addition, in response to issues identified by the Task Force, the Board worked with agencies and providers to communicate resource links to licensees and assisted in the collection of additional survey data from funeral establishments regarding local storage and refrigeration capacity.

During the 2021 General Assembly session, the role of funeral service providers during public health emergencies and the need for prioritized status was more formally recognized in the Code. Chapter 216 of the 2021 Acts of Assembly created emergency priority for PPE and immunizations for funeral service licensees and funeral service employees where a public health emergency has been declared.

Despite the challenges posed by the COVID-19 public health emergency, there were a number of lessons learned and solutions developed that will enhance the overall response to public health emergencies in the future, particularly for funeral service providers in mass fatality events.

Who We Are

An eighteen member board with representatives from each of the 13 health regulatory boards and five citizen members. One of the chief responsibilities of the board is to advise the Department of Health Professions (DHP) Director, the Secretary of Health and Human Resources, the Governor, and the General Assembly on matters relating to the regulation of health care providers.



EXECUTIVE DIRECTOR

Leslie Knachel

Board Members

What We Do

The Board advises the Governor, General Assembly, and DHP Director on matters concerning the need for and determination of the appropriate level of regulation of currently regulated or unregulated health care professions and occupations.

<p>ASLP Alison R. King, PhD, CCC-SLP ASLP Board 1st Term: 2022 BHP 1st Term: 2022</p>	<p>SOCIAL WORK Vacant</p>	<p>MEDICINE Vacant</p>	<p>CITIZEN MEMBER James Wells, RPh Chairman of the Board BHP 2nd Term Beginning: 2015 BHP 2nd Term Ending: 2023</p>
<p>PHYSICAL THERAPY Vacant</p>	<p>FUNERAL DIRECTORS & EMBALMERS Vacant</p>	<p>CITIZEN MEMBER Martha S. Rackets, PhD BHP 2nd Term Beginning: 2018 BHP 2nd Term Ending: 2022</p>	<p>PHARMACY Sarah Melton, PHARMD Pharmacy Board 1st Term: 2024 BHP 1st Term: 2024</p>
<p>COUNSELING Barry Alvarez, LMFT Counseling Board 2nd Term: 2025 BHP 1st Term: 2025</p>	<p>VETERINARY MEDICINE Steve Karras, DVM Vet Med Board 2nd Term: 2024 BHP 2nd Term Ending: 2024</p>	<p>NURSING Ann "Tucker" Gleason, PhD Nursing Board 1st Term: 2024 BHP 1st Term: 2024</p>	<p>CITIZEN MEMBER Sheila Battle, MHS BHP 1st Term: 2025 BHP 1st Term Ending: 2025</p>
<p>PSYCHOLOGY Susan Wallace, PhD Psychology Board 2nd Term: 2023 BHP 1st Term: 2023</p>	<p>LONG-TERM CARE ADMINISTRATORS Mitchell Davis, NHA Long-Term Care Board: 2nd Term: 2023 BHP 1st Term: 2023</p>	<p>CITIZEN MEMBER Sahil Chaudhary 1st Vice Chair BHP 1st Term Beginning: 2018 BHP 1st Term Ending: 2022</p>	
<p>DENTISTRY Margaret "Meg" Lemaster, RDH Dentistry Board 1st Term: 2024 BHP 1st Term: 2024</p>	<p>CITIZEN MEMBER Carmina Batista, MSN, FNP-BC, BC-ADM BHP 1st Term Beginning: 2020 BHP 1st Term Ending: 2024</p>	<p>OPTOMETRY Vacant</p>	

Innovations and Advancements

During the biennium, the Board of Health Professions successfully transitioned to virtual meetings during the pandemic and back to in-person meetings when the Governor's emergency orders ended. The board office remained fully functional throughout the pandemic with staff working remotely.

Section 54.1-2510 of the *Code of Virginia* authorizes the Board of Health Professions (BHP) to advise on a wide array of issues related to the regulation of health professions and occupations and agency operations. Additionally, §54.1-2410 *et seq.* specifies the Board's powers and duties pertaining to the *Practitioner Self-Referral Act*. During the 2021-2022 biennium, the Board did not conduct any research projects related to evaluating the need for state occupational regulation.

BHP issued a Practitioner Self-Referral advisory opinion during the biennium to Peninsula Vascular Center. All opinions are accessible on the [Board of Health Professions - Practitioner Self-Referral](#) webpage.

In 2021, the Board of Health Professions was assigned a new Executive Director to oversee the day-to-day functions of the Board. The data analytical functions are no longer being performed within the Board of Health Professions' unit.

Regulatory / Legislative Actions

Regulatory: The Board initiated no regulatory actions during the biennium.

Legislative: There were no legislative actions in the 2021 or 2022 Sessions of the General Assembly that directly affected the Board.

Additional issues: The Board has issued or revised the following Guidance Documents:

75-4: Bylaws of the Board of Health Professions (revision effective May 26, 2022)

Challenges and Solutions

The social and economic impact of health professions on the Commonwealth's well-being cannot be overstated. Increasingly throughout the biennium, state policy and planning leaders and various workgroups have sought insights relevant to access to care, health employment, and similar issues by leveraging agency and board data. The Board of Health Professions is available to aid workgroups as assigned.

Who We Are

The Virginia Board of Long-Term Care Administrators consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Board of Long-Term Care Administrators regulates the practice of nursing home and assisted living facility administrators by promulgating rules governing practice, licensing administrators, preceptors, and administrators-in-training, and taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, JD

Revenue:

\$ 1,206,660

Expenditures:

\$ 970,327

Total Licenses as of June 30, 2022:

2,146

Board Members

Jenny Inker, PhD, MBA, ALFA, Chair Assisted Living Facility Administrator Member 2nd Term expires June 30, 2024 Williamsburg, VA	Ashley Jackson, MBA, NHA Nursing Home Administrator Member 2nd Term expires June 30, 2024 Chesapeake, VA
Lisa Kirby, NHA, Vice-Chair Nursing Home Administrator Member 1st Term expires June 30, 2025 Suffolk, VA	Ann L. Williams, Ed.D. Resident or a family member of a nursing home or assisted living facility or a family member or guardian of a resident of a nursing home or assisted living facility. 1st Term expires June 30, 2024 Richmond, VA
Martha H. Hunt, ALFA Assisted Living Facility Administrator Member 2nd Term expires June 30, 2023 Smithfield, VA	Pamela Dukes, MBA Profession concerned with the elderly Member 1st Term expires June 30, 2025 Fincastle, VA
Mitchell P. Davis, NHA Nursing Home Administrator Member 2nd Term expires June 30, 2023 Salem, VA	Kimberly R. Brathwaite, ALFA Assisted Living Facility Administrator Member 1st term expires June 30, 2025 Fairfax, VA
Ali Faruk, MPA Profession concerned with the elderly Member 1st Term expires June 30, 2023 Richmond, VA	

Innovations and Advancements

During the 2020-2022 biennium, the Board of Long-Term Care Administrators (Board) confronted the challenges of the COVID-19 public health emergency, collaborated with stakeholders at the state and national levels, expanded electronic and virtual processes for licensing and disciplinary cases, continued efforts to improve training for prospective administrators, and collected and shared data on the administrator workforce.

With the emergence of the COVID-19 virus as a public health epidemic in March 2020, the Board engaged in efforts to address the impact on long-term care facilities. The Board continued its mission to ensure the safe practice of administrators through efficiently processing licensing applications and disciplinary complaints, collaborating with agencies and organizations engaged on the front-lines, reducing the administrative burden on licensees for renewal, and facilitating the ability of preceptors to supervise the ongoing training of their administrators-in-training (AITs) through remote interaction.

Despite the challenges posed by the pandemic and efforts to stem transition of the virus, the Board continued its core operations with little or no interruption. The Board transitioned to electronic processing of licensure applications, resulting in a number of benefits for applicants and for Board staff. The elimination of paper files and documentation streamlined and expedited the process for applicants while facilitating remote work for Board staff. The Board further continued its efforts to expand the electronic processing, review, and closure of disciplinary complaints and investigations, resulting in an overall reduction in open cases.

Further, the Board convened business meetings and disciplinary hearings using the WebEx virtual meeting platform. In addition to providing a means to minimize health risks to Board members, staff, participants and the public,

the use of the virtual hearing platform had distinct advantages. Board members incurred less travel time and lower travel expenses, which had a positive impact on the Board's budget. Members of the public had the opportunity to participate in or to observe Board meetings and hearings at a significantly higher level than in previous years. Virtual platforms enhanced training opportunities, not only for Board members and staff, but also provided the Board the ability to provide additional information to licensees through calls and webinars hosted by provider associations.

The COVID-19 public health emergency had a disproportionate impact on long-term care facilities with vulnerable resident populations, highlighting the need for expanded and continuous interagency collaboration and information-sharing in a complex long-term care landscape. Board staff participated in state-level workgroup activities, including the Governor's Long-Term Care Task Force, as well as a number of workgroups and committees related to workforce and staffing shortages. Board staff provided support to the coordinated efforts of state agencies and provider associations, sharing information and data, and connecting individuals and agencies to available resources.

During the 2021 renewal cycle, the Board implemented a number of measures to lessen the administrative burden on licensees working as front-line healthcare providers. The Board reduced overall continuing education (CE) hour requirements by half for the renewal of nursing home and assisted living facility administrator licenses. The Board further enabled licensees to obtain CE hours through any means allowed by the regulations – whether in-person or online courses, or through independent study. The Board expanded the type of CE courses that were considered to be “in-person” by expanding the definition to include live, remote courses offered by teleconference or webinar, where participants had the opportunity to interact with the presenter(s).

(continued on next page)

Innovations and Advancements - continued

The COVID-19 public health emergency impacted training for AITs. Due to access restrictions imposed on non-employees of nursing homes and assisted living facilities, some AITs lost access to either their training facilities or their preceptors, resulting in an interruption of their AIT program. To facilitate continued training and routine access for this second set of AITs in particular, the Board allowed AITs to engage in remote interaction with their preceptors. That is, to fulfill the “routine presence” requirement during the pandemic, the Board permitted a preceptor to communicate remotely via video technology with an AIT who was physically present at a training facility.

Although the response to the COVID-19 emergency was a central focus of the biennium, the accessibility and quality of training for AITs and prospective administrators in the field continued to be at the forefront of the Board’s regulatory efforts. After receiving and reviewing a number of recommendations from interested stakeholders through a regulatory advisory panel (RAP), the Board initiated a Notice of Intended Regulatory Action in December 2019 to amend the AIT program regulations. As the proposed amendments moved through the regulatory process in 2020 and 2021, the Board again convened members of the RAP to fine tune recommendations related to the education and training requirements for prospective Assisted Living Facility AITs, as well as requirements for assisted living facilities as training sites. The Board adopted final regulations from the recommendations of the RAP in June 2022. As of the end of the biennium, the regulations remained under Executive review.

Finally, the Board continued to collect robust survey data on the administrator workforce in Virginia. The Board first began collecting workforce data from

both nursing home and assisted living facility administrators in 2013. Access to workforce survey data proved useful during the COVID-19 public health emergency. The data provided a means for understanding the impact of COVID-19 on an aging administrator workforce, and facilitated the identification of future workforce needs to address potential shortages. Workforce data was shared with a number of committees and task forces studying workforce issues in the long-term care setting, including the Joint Commission on Health Care.

Regulatory / Legislative Actions

One regulatory action was finalized: The Board promulgated regulations related to delegation of cases to an agency subordinate in a new chapter, 18VAC95-15. These regulations had previously been included in 18VAC95-20, which relates only to nursing home administrators. The action became effective on April 16, 2021.

One regulatory action was in progress but not yet finalized: The Board convened a regulatory advisory panel to review and make suggestions regarding changes to the administrator-in-training regulations affecting both nursing home administrators and assisted living facility administrators. The resulting regulatory changes to 18VAC95-20, Regulations Governing the Practice of Nursing Home Administrators, and 18VAC95-30, Regulations Governing the Practice of Assisted Living Facility Administrators, were adopted as a final action by the Board on June 30, 2022 and were under Executive Branch review at the end of the biennium.

Legislative: There were no legislative actions in the 2021 Session of the General Assembly that directly affected the Board.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out

of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Additional issues: The Board has issued or revised the following Guidance Documents:

- 95-2: Board Procedures for Auditing Continuing Education (reaffirmed December 23, 2021)
- 95-4 (Board Policy on Confidential Consent Agreements (reaffirmed December 23, 2021)
- 95-8: Bylaws of the Board of Long-Term Care Administrators (revision effective November 12, 2020)
- 95-11: Disposition of Cases for Practicing on an Expired License (reaffirmed September 1, 2022)
- 95-12: Processing Applications for Licensure: Examination, Endorsement, and Reinstatement (revision effective December 23, 2021)
- 95-13: Guidance on Completion of Continuing Education (revision effective December 23, 2021)

(continued on next page)

Challenges and Solutions

Growing and maintaining an administrator workforce is critical to ensuring that there will be a sufficient population of caregivers to support the growing aging population. Even prior to the COVID-19 pandemic, workforce survey data highlighted a number of concerning trends for the administrator workforce: the “graying” or aging of the licensee population; and the potential for turnover in the administrator workforce due to retirement in the next two, ten, and twenty years.

In 2022, the annual survey data of nursing home and assisted living facility administrators collected by the Healthcare Workforce Data Center (HWDC) revealed the following:

Nursing Home Administrators (NHAs)

- The median age of NHA survey respondents was 50, with almost one in four (24%) aged 60 and over
- 9% of NHAs indicated their expectation to retire within 2 years; 31% of NHAs indicated their expectation to retire within 10 years
- 91% of NHAs indicated they were satisfied with their profession

Assisted Living Facility Administrators (ALFAs)

- The median age of ALFA survey respondents was 51, with one in four (26%) aged 60 or over
- 7% of ALFAs indicated their expectation to retire within 2 years; 31% of ALFAs indicated their expectation to retire within 10 years
- 94% of ALFAs indicated they were satisfied with their profession

When compared to pre-pandemic survey data, retirement expectations and overall job satisfaction have shifted among licensees. For example, from 2019 to 2022, ten

year retirement expectations for ALFAs increased from 26% to 31%. In 2022, 91% of NHA survey respondents indicated they were satisfied with their profession (55% very satisfied), compared to 94% in 2019 (66% very satisfied).

When looking at larger workforce concerns, for both professions, half of the workforce will retire in the next 20 years (by 2042). This wave of retirements will coincide with a projected increase in the Virginia population of individuals age 65 and older who may need access to long-term care services (from 12% of the population in 2010 to an estimated 18% of the population in 2040). (Source: *Weldon Cooper Center for Public Service, Observed and Projected Population Proportion at 65+ for the U.S. and the States, 2010-2040 (Dec. 2018)*)

As one step to addressing workforce concerns in the assisted living area, the Board initiated regulatory amendments in late 2019 to create an additional pathway to assisted living administrator licensure for individuals with certain work and supervisory experience in a health care setting. The proposed amendments recognize that, for individuals who do not otherwise meet the entry-level requirement for college credit hours, on-the-job supervisory experience in a health care setting can serve as a relevant, alternate qualification for the training and licensure of safe and competent administrators. The amendments were pending Executive review at the end of the biennium.

Who We Are

The Virginia Board of Medicine consists of an 18-member Board, eleven professional Advisory Boards, as well as administrative, enforcement, licensing, and support staff.

What We Do

We license and regulate Doctors of Medicine, Osteopathic Medicine, Podiatry, Chiropractic and numerous other Allied professions.



EXECUTIVE DIRECTOR

William L. Harp, MD

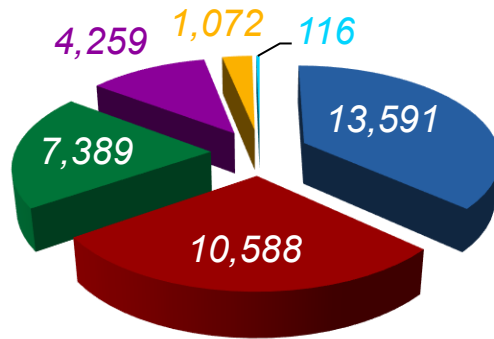
Revenue: **\$18,818,720** Expenditures: **\$17,413,585**

Total Licenses as of June 30, 2022:
82,857

Board Members

Peter J. Apel, MD 1st Term Expires June 2026 District: 6 - Roanoke	Krishna P. Madiraju, MD 1st Term Expires June 2026 District: 10 – Ashburn	Manjit Dhillon, MD 2nd Term Expires June 2024 District: 4 – Chester	Pradeep Pradhan, MD 1st Term Expires June 2025 District 5 – Danville	Madge Ellis, MD 1st Term Expires June 2024 District: 9 - Salem	Joel Silverman, MD 1st Term Expires June 2023 District: 7 - Richmond
Oliver Kim 1st Term Expires June 2025 Citizen Member - Alexandria	John R. Clements, DPM 1st Term Expires June 2026 Podiatrist – Roanoke	Jacob W. Miller, DO 1st Term Expires June 2024 Osteopath – Virginia Beach	Hazem A. Elariny, MD 1st Term Expires June 2026 District: 8 – McLean	Jennifer Rathmann, DC 1st Term Expires June 2025 Chiropractor - Blacksburg	William Hutchens, MD 1st Term Expires June 2026 District: 11 – Great Falls
David Archer, MD 2nd Term Expires June 2024 District: 2 - Norfolk	L. Blanton Marchese, President 1st Term Expires June 2025 Citizen Member – N. Chesterfield	Alvin Edwards, PhD 2nd Term Expires June 2023 Citizen Member - Charlottesville	Karen Ransone, MD 1st Term Expires June 2024 District 1 – Cobbs Creek	Jane Hickey, JD 2nd Term Expires June 2023 Citizen Member – Richmond	Ryan P. Williams, MD 1st Term Expires June 2023 District: 3 – Suffolk

* The summary of information that follows is the information required to be reported by doctors of Medicine, Osteopathy, and Podiatry by Virginia Code §54.1-2910.1. The data in physicians' profiles is not comprehensively verified by the Board of Medicine, and therefore the Board does not accept responsibility for the accuracy of the self-reported information. Some data provided only represents a portion of the population of licensees and should not be used as a complete summary of the Board of Medicine's licensees.



Years In Practice

- 0-10 years
- 11-20 years
- 21-30 years
- 31-40 years
- 41-50 years
- 51+ years

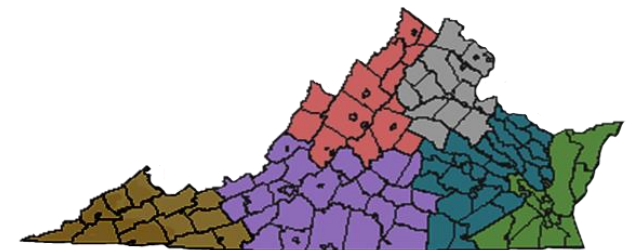
The graph to the left shows the distribution of the number of years of each reporting physician in active, clinical practice as specified by regulations of the Board.

Total Average Years In Practice: 16.96 Years

Geographic Distribution of Reporting Physicians

The chart to the right shows the geographic distribution of the practice locations of reporting physicians. This does not represent the total population of licensed and reporting physicians. This may not include every practice location of reporting physicians.

- Central: 4,122
- Northern: 7,184
- Southern: 2,345
- Southwest: 540
- Tidewater: 4,379
- Valley: 2,542
- Out of State: 11,303

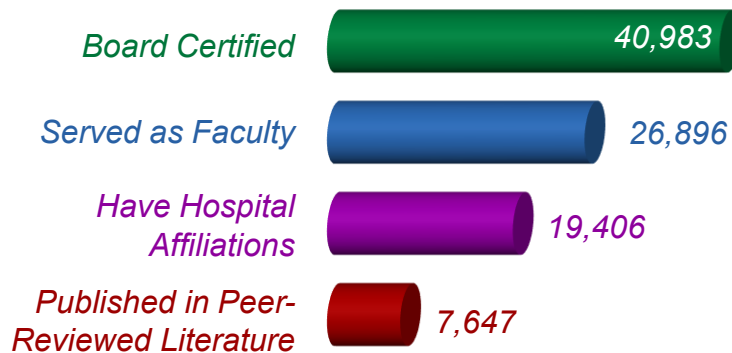


* The summary of information that follows is the information required to be reported by doctors of Medicine, Osteopathy, and Podiatry by Virginia Code §54.1-2910.1. The data in physicians' profiles is not comprehensively verified by the Board of Medicine, and therefore the Board does not accept responsibility for the accuracy of the self-reported information. Some data provided only represents a portion of the population of licensees and should not be used as a complete summary of the Board of Medicine's licensees.

The chart to the right shows the number of physicians reporting:

- ☹ By category (medicine, osteopathy, and/or podiatry)
- ☹ Access to translation services
- ☹ Participation in Medicaid
- ☹ Any felony convictions from any point in time
- ☹ Medical malpractice settlements greater than \$10,000 within the most recent 10 year period (2010-2020)
- ☹ Any disciplinary action that resulted in a suspension or revocation of privileges, or termination of employment at any point in time.

By Category		37,567 <i>Medicine</i>	3,950 <i>Osteopathy</i>	522 <i>Podiatry</i>
Translation Service Access	17,604	Felony Convictions		60
Medicaid Participation	19,331	Medical malpractice Settlements >\$10,000		2184
		Disciplinary action resulting in suspension, revocation, or termination		790



The graph to the left shows the number of physicians reporting:

- ☹ Board certifications as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the American Board of Multiple Specialties in Podiatry, or the Council on Podiatric Medical Education of the American Podiatric Medical Association
- ☹ Serving as faculty to schools of medicine, osteopathy, and podiatry
- ☹ Any hospital affiliations
- ☹ Publications in peer-reviewed literature within the most recent 5 year period (2015-2020)

Innovations and Advancements

In keeping with the Department of Health Professions' initiative to go paperless, the Board placed multiple notifications in its newsletter, Board Briefs, that the last hard copy licenses would be those issued for the 2020 and 2021 renewal cycles. Additionally, the Board has moved from hard copy renewal notices to email notices.

July 1, 2020 was the date by which all prescriptions containing an opioid were to be transmitted to a pharmacy electronically. The law included that a waiver for 1 year could be granted for economic hardship, technological limitations beyond the licensee's control, or other exceptional circumstances. To accommodate these requests, Board staff worked with Technology Business Services to develop an online, fillable request form for return to a designated Board email box. 2,542 waivers have been granted through this process.

The 2020 General Assembly instructed the Board to investigate the interest that Virginia's contiguous states might have in developing reciprocal licensing agreements for physicians, physician assistants and nurse practitioners. The licensing boards in North Carolina, Tennessee, Kentucky, West Virginia, Maryland and the District of Columbia were contacted. Only Maryland and the District of Columbia demonstrated interest. Meetings with Maryland and the District are ongoing and have been fruitful. It may be possible for the 3 jurisdictions to initiate reciprocal licensing at the beginning of 2023.

The Board's experience with licensing during the declared emergency led it to consider more permanent possibilities for streamlining the licensing process for all professions. The Credentials Committee carefully considered changes

to expedite the process for applicants and at the same time meet the Board's mission to protect the public. The required documents for each profession were reviewed and determined to no longer be necessary, necessary but not required to be primary-sourced, or still required to be primary-sourced. The Full Board approved the suggested changes in late 2021.

In 2022 Board staff worked with Technology Business Services and outside vendors to leverage technology in the licensing process. Manual responses to applicants during the licensing process were labor-intensive; adding automaticity in these communications was seen to be of great benefit to the Board's Licensing Section and applicants alike. Now BOT letters are sent to an applicant upon receipt of the application, then each time documents are marked as received on the checklist, and when the license has been issued. The Board looks forward to expanding the use of BOT communications to other processes amenable to this approach.

Regulatory / Legislative Actions

Thirteen periodic reviews were conducted: In 2022, the Board initiated periodic reviews of the following regulatory chapters: 18VAC85-15, Regulations Governing Delegation to an Agency Subordinate; 18VAC85-20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic; 18VAC85-40, Regulations Governing the Practice of Respiratory Therapists; 18VAC85-50, Regulations Governing the Practice of Physician Assistants; 18VAC85-80, Regulations for Licensure of Occupational Therapists; 18VAC85-101, Regulations Governing the Licensure of Radiologic Technology; 18VAC85-110, Regulations Governing the Practice of Licensed Acupuncturists; 18VAC85-120, Regulations Governing the Licensure of Athletic Trainers; 18VAC85-130, Regulations Governing the Practice of Licensed Midwives; 18VAC85-140, Regulations Governing the Practice of Polysomnographic Technologists; 18VAC85-150, Regulations Governing the Practice of Behavior Analysis; 18VAC85-160, Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists; and 18VAC85-170, Regulations Governing the Practice of Genetic Counselors.

Seven regulatory actions were finalized: Amendments to 18VAC85-20, 18VAC85-50, and 18VAC85-101 instituting changes to the endorsement process to allow for use of an expedited licensure process for medical doctors, doctors of osteopathy, doctors of podiatry, doctors of chiropractic, physician assistants, and occupational therapists became final on April 1, 2022. Amendments to 18VAC85-20 which prohibited the use of conversion therapy on minors became final on February 2, 2022. 18VAC85-21, Regulations Governing the Prescribing of Opioids and Buprenorphine, were amended to permit a one-time waiver of electronic prescribing requirements. That amendment became effective on June 9, 2021. Amendments to 18VAC85-50, Regulations Governing the Practice of Physician Assistants,

regarding practice with a patient care team physician became final on March 16, 2021. Additional amendments to 18VAC85-50 which conformed regulations to 2021 legislation related to patient care team physicians became final on September 15, 2021.

Amendments to 18VAC85-110, Regulations Governing the Practice of Licensed Acupuncturists, which updated names for accrediting bodies became final on March 18, 2022. Changes to 18VAC85-160, Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists, conforming the regulations to changes made by the 2021 Session of the General Assembly became final on September 1, 2021.

Three regulatory actions were in progress but not yet finalized: Amendments to 18VAC85-80 to implement the Occupational Therapy Interjurisdictional Compact were under Executive Branch review at the end of the biennium. Amendments to 18VAC85-150 to conform requirements for licensure of behavior analysts to language in the Code of Virginia were under Executive Branch review at the end of the biennium. Fast-track regulatory amendments to allow certified surgical technologists to voluntarily select inactive status and apply for reinstatement were under Executive Branch review at the end of the biennium, along with changes in the same chapter to regulations governing the licensure of surgical assistants consistent with a licensed profession.

Legislative:

Chapter 1 of the 2021 Acts of Assembly reduced the years that a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement from five years to two years. The legislation contained a sunset clause which activated on July 1, 2022.

(continued on next page)

Regulatory / Legislative Actions – continued

Chapter 25 of the 2021 Acts of Assembly expanded civil immunity for licensed health care professionals to include practitioners serving as members of or consultants for entities that function primarily to address issues related to career fatigue and wellness in licensed health care professionals.

Chapter 157 of the 2021 Acts of Assembly provided that clinical nurse specialists be required to be licensed by the Boards of Medicine and Nursing to practice as a nurse practitioner and practice pursuant to a practice agreement between the clinical nurse specialist and a licensed physician and in a manner consistent with the standards of care for the profession and applicable law and regulations.

Chapter 211 of the 2021 Acts of Assembly required any healthcare provider in the Commonwealth that administers immunizations to participate in the Virginia Immunization Information System (“VIIS”) and report patient immunization history and information to VIIS.

Chapter 396 of the 2021 Acts of Assembly allowed certified nurse midwives who have practiced for at least two years to enter into a practice agreement and allowed a certified nurse midwife who has practiced at least 1,000 hours to practice without a practice agreement.

Chapter 71 of the 2022 Acts of Assembly required the Board to certify any applicant as a surgical technologist who has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, and registers with the Board by December 31, 2022.

Chapter 184 of the 2022 Acts of Assembly authorized licensed Nurse Practitioners to declare death and determine cause of death.

Chapter 197 of the 2022 Acts of Assembly permitted a nurse practitioner licensed in the category of clinical nurse specialist who does not prescribe controlled substances to practice without a written practice agreement.

Chapter 275 of the 2022 Acts of Assembly permitted practitioners of professions regulated by the Board who are licensed in another United States jurisdiction to provide behavioral health services to a patient located in the Commonwealth when such practice is for the purpose of providing continuity of care through the use of telemedicine services and the practitioner has previously established a practitioner-patient relationship with the patient. A practitioner may provide such telemedicine services for up to one year.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner’s out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

(continued on next page)

Regulatory / Legislative Actions - continued

Chapter 563 of the 2022 Acts of Assembly eliminated the authority of a physician on a patient care team to require a nurse practitioner on a patient care team to be covered by a professional liability insurance policy and the requirement that a nurse practitioner practicing without a practice agreement obtain and maintain coverage by or be named insured on a professional liability insurance policy.

Chapter 617 of the 2022 Acts of Assembly expanded immunity for health care providers responding to a disaster declared as a local emergency, state of emergency, or public health emergency.

Chapter 667 of the 2022 Acts of Assembly allowed a physician to serve as a patient care team physician on a patient care team with up to 10 nurse practitioners licensed in the category of psychiatric-mental health nurse practitioner, as opposed to a team with no more than six nurse practitioners.

Chapter 720 of the 2022 Acts of Assembly allowed a practitioner of a profession regulated by the Board of Medicine who is licensed in another state or the District of Columbia and who is in good standing with the applicable regulatory agency in that state or the District of Columbia to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth under certain circumstances. The legislation also granted the Boards of Medicine and Nursing the authority to waive the requirement for submission of a fee for renewal or reinstatement of a license to practice medicine or osteopathic medicine or as a physician assistant or nurse practitioner in certain circumstances. The legislation additionally permitted the Boards to waive any requirement of submission of evidence that a

practitioner whose license was allowed to lapse for failure to meet professional activity requirements has satisfied such requirements and is prepared to resume practice in a competent manner provided that the practitioner held a valid, unrestricted, and active license within the four-year period immediately prior to the application for renewal or reinstatement of such license.

Additional issues: The Board has issued or revised the following Guidance Documents:

85-5: Guidance on Questions Concerning Medical Records (reaffirmed February 17, 2022)

85-9: Policy on USMLE Step Attempts (revision effective August 4, 2022)

85-10: Disclosures by Licensed Midwives for High-Risk Pregnancies (revision effective August 19, 2021)

85-12: Telemedicine (revision effective August 19, 2021)

85-14: Continuing Competency Violations (reaffirmed April 9, 2021)

85-17: Supervisory Responsibilities of an Occupational Therapist (revision effective August 18, 2022)

Challenges and Solutions

During the declared emergency, the challenge of ensuring that the Commonwealth had enough healthcare providers was partially solved by providing waivers that streamlined the initial licensing process for MD's, DO's, PA's, DPM's and RT's (respiratory therapists). RT's were truly in short supply in hospitals, which were depending greatly on newly licensed traveling RT's and newly graduated RT students. The Board also waived the fee and continuing education requirement for reactivation or reinstatement for any MD, DO, PA, DPM and RT that had held a Virginia license in the last 4 years.

The Virginia Interfaith Center for Public Policy brought the issue of implicit bias in healthcare to the Board's attention. The response of the Board was to make resources on implicit bias available to all licensees through its newsletter, Board Briefs. It also voted to forward legislation that would authorize the Board to require 2 hours of continuing education on a designated topic for the biennial renewal of one's license. It was anticipated that the first 2 hours required would be on implicit bias.

Out of concern for physician stress, burnout, depression and suicide, the Medical Society of Virginia approached the Board about the anxiety that physicians face in answering questions on license applications about mental health. Further, the issue of being reported to the Board for seeking mental health treatment was raised. The Board's response was 2-fold. It published an item in its newsletter regarding the Board's stance on applicants and licensees seeking mental health treatment. Secondly, the Credentials Committee considered the wording of the current question on mental health.

It did recommend some minor changes. The next steps are to ensure, as much as possible, that there will be uniformity with the other boards in DHP and also that the Office of the Attorney General approves the new wording to be compliant with the Americans with Disabilities Act.

The 2021 General Assembly elevated the regulation of Surgical Technologists from registration to certification; the former was voluntary, and the latter mandatory. With new professions, the word about the new licensure requirement generally doesn't get out to those affected. This was noticed towards the end of 2021. For surgical technologists that were trained on the job and eligible for licensure through "grandfathering", the window would close on 12/31/21. The Board brought this to the attention of the Virginia Hospital and Healthcare Association and the state association for surgical technologists. The state association was able to find a patron for a bill to extend the opportunity to "grandfather" to the end of 2022. As there were hundreds of surgical technologist applications in the pipeline, the Board modified its licensing process to achieve greater speed and efficiency.

Legislation from the 2022 General Assembly authorized various healthcare facilities to hire out-of-state healthcare professionals that were properly licensed in another state to work in Virginia without a license for 90 days. It was anticipated that facilities would most likely hire professionals that are regulated by the Board of Medicine. Board staff worked with Technology Business Services to develop a fillable, online form that a healthcare facility would return directly to a designated email box at the Board.

Other Issues

The Board of Medicine addressed 4 petitions for rule-making this biennium.

1) The Virginia Society of Radiologic Technology submitted a petition that would require current certification with the American Registry of Radiologic Technologists for renewal of one's license. The Board of Medicine referred this matter to the Advisory Board on Radiologic Technology, where it has been tabled for some time. 2) A behavior analyst petitioned the Board to conform the regulations to the law. At the time of the original regulations were developed, the Behavior Analyst Certification Board was the only recognized certifying body. The Qualified Behavior Analyst Board was started around the time the regulations were being promulgated. The petitioner saw the newer board as fitting the statute but not the more restrictive regulation. The Advisory Board on Behavior Analysis voted to recommend that the Board of Medicine support a Notice of Intended Regulatory Action on this matter, which it did. 3) A citizen submitted a petition to prohibit healthcare practitioners from refusing to treat patients that were not vaccinated for COVID-19 or did not wish to wear a mask during a healthcare visit. The Board took no action on this petition. 4) A behavior analyst submitted a petition to ban the use of conversion therapy, electroshock therapy, and graduated electronic decelerators. The Board voted to take no action as conversion therapy was already banned in the law and regulations, and that any treatment or treatment with any device is a standard of care issue.

The Board considered a request from the Virginia Society of Eye Surgeons and Physicians and the Virginia Ambulatory Surgery Association to form a work group to determine the standard of care for physician office eye surgeries. The Board declined to do so, stating that there was 1 standard of

care. A psychiatrist requested that the Board develop a guidance document on the use of benzodiazepines. The Board declined to do so, stating that the use of any medication is considered a standard of care issue.

The Occupational Therapy profession, along with the Council of State Governments, developed an interstate licensing compact. The 2021 General Assembly made Virginia the first state to join. This is the Board of Medicine's first licensing compact. The Board again reviewed the Interstate Medical Licensure Compact in 2022 and continued its stance that the Licensure by Endorsement pathway was more advantageous to applicants and the Board.

Board members and Board staff participated in a number of joint meetings with other entities. Board of Pharmacy on the Statewide Pharmacy Protocols for pharmacists initiating treatment for certain conditions; Board of Optometry TPA Formulary Committee on medication for ptosis; Board of Optometry Regulatory Advisory Panel on Laser Surgery; Joint Commission on Health Care for its study on the Interstate Medical Licensure Compact.

The Board Briefs carried articles on "Perinatal and Other Depression in Women", "Human Trafficking", "The Board's Perspective on Mental Health Treatment", "Implicit Bias", "Beware of Scammers" and more.

Who We Are

The Virginia Board of Nursing consists of a 14-member Board, a 5-member Massage Therapy Advisory Board, as well as administrative, licensing, discipline, education, and support staff.

What We Do

We regulate Nurses (RN and LPN), Nurse Practitioners including Nurse Anesthetists and Nurse Midwives, Nurse Aides, Advanced Certified Nurse Aides, Clinical Nurse Specialists, Medication Aides and Massage Therapists. We also regulate Prescriptive Authority for Nurse Practitioners. The Board also approves and regulates in-state education programs for Nurses (RN and LPN), Nurse Aides, and Medication Aides.



EXECUTIVE DIRECTOR

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

Nursing
 Revenue: \$25,167,554
 Expenditures: \$24,982,572

Certified Nurse Aides
 Revenue: \$2,739,912
 Expenditures: \$3,735,983

Nursing Scholarship
 Expenditures:
 \$162,000

Total Licenses as of June 30, 2022:

227,327

Board Members

Brandon A. Jones, MSN, RN, CEN, NEA-BC President Roanoke Unexpired term ending 6/30/2023	Laurie Buchwald, RNC, MSN, WHNP, FNP Radford 1st term expires 6/30/2025	Dixie L. McElfresh, LPN Richmond 1st term expires 6/30/2023	Carol A. Cartte, RN, BSN Glen Allen 1st term expires 6/30/2026	Jennifer Phelps, BS, LPN, QMHP-A, CSAC Lynchburg 2nd term expires 6/30/2021
Cynthia M. Swineford, MSN, RN, CNE First Vice President Disputanta 2nd term expires 6/30/2025	Ann T. Gleason, PhD, Citizen Member Zion Crossroads 1st term expires 6/30/2024	Mark Monson, Citizen Member Fairfax 2nd term expires 6/30/2022	Meenakshi Shah, BA, RN Roanoke 1st term expires 6/30/2024	James L. Hermansen-Parker, MSN, RN, PCCN-K Norfolk 1st term expires 6/30/2023
Felisa Smith, PhD, MSA, RN, CNE Second Vice President Portsmouth 1st term expires 6/30/2023	Yvette Dorsey, DNP, RN Richmond 1st term expires 6/30/2024	Margaret Joan Friedenber, Citizen Member Richmond 2nd term expires 6/30/2025	Helen M. Parke, DNP, FNP-BC Concord 1st term expires 6/30/2026	

Innovations and Advancements

The pandemic accelerated the pace of change and need for revision of processes particularly related to operations, licensing and education matters. The Board has built on best practices and lessons learned promoting these for the benefit of public protection thereby maximizing contemporary regulatory processes in order to positively impact the workforce and the professions the Board regulates. These efforts included the following activities:

- Established an electronic mail process by scanning hardcopy supporting documents that are mailed to DHP and managing them as 'virtual' (electronic) file folders
- Implemented use of AI technology to include a 'virtual licensing specialist' who now manages the electronic mail process, scanning documents submitted, renaming and placing in electronic file folders. This results in information being placed into staff review queues quicker allowing employees to focus on more value-added and critical activities necessary for application review. Additional Robotic Process Automation piloting is underway.
- Board correspondence to applicants and application updates were converted to electronic processes resulting in improvement of notification times and reduction in mail and copy costs
- Verification, license renewal and issuance processes now paperless for all professions.
- Documents and processes were adjusted as a result of the licensure of a new Category of Nurse Practitioner – Clinical Nurse Specialist, jointly regulated with the Board of Medicine
- The Criminal Background Check (CBC) Unit now serving three boards and multiple professions was successful in converting receipt of hard copy criminal background check report processes to a secure electronic process which not only decreased review timeframes but facilitated remote access to these results. This was accomplished in collaboration with another state agency.
- The CBC Unit now proactively obtains and reviews public conviction records, providing them to the licensing unit resulting in a reduction of review time for licensing specialists.
- Maximized use of digital case management tools for initial review of disciplinary case files for remote employees.
- Conversion of "paper and pencil" examination for nurse aides to a computer adaptive test accessible online at locations of applicant's choice.
- Converted through an external contract the nurse aide online application process to a new system that provides for application updates, communication of test results and Board communication within one secure portal.
- Established a new pathway for testing and deeming eligible for certification temporary nurse aides working in long term care facilities in order to address critical staff shortages
- Continued virtual Board meetings and discipline administrative proceedings while Executive Orders in place

Regulatory / Legislative Actions

Two periodic reviews were conducted: In 2022, the Board initiated periodic reviews of 18VAC90-19, Regulations Governing the Practice of Nursing, and 18VAC90-21, Regulations for Medication Administration Training and Immunization Protocol.

Eleven regulatory actions were finalized:

Amendments to 18VAC90-30, Regulations Governing the Licensure of Nurse Practitioners, and 18VAC90-40, Regulations for Prescriptive Authority for Nurse Practitioners, to set qualifications for authorization of nurse practitioners to practice autonomously became effective on July 22, 2020.

Amendments to 18VAC90-50, Regulations Governing the Licensure of Massage Therapists, conforming requirements for licensure to changes in the Code of Virginia enacted by the 2020 General Assembly became effective on September 30, 2020.

Amendments to 18VAC90-19, Regulations Governing the Practice of Nursing, which were made in response to a petition for rulemaking to allow graduates of foreign nursing programs applying for licensure to use “RN Applicant” on nametags, became final on October 15, 2020. Amendments to 18VAC90-19 allowing registration of clinical nurse specialists in response to a petition for rulemaking became final on March 3, 2021. Amendments to 18VAC90-19 repealing registration of clinical nurse specialists pursuant to Chapter 157 of the 2021 Acts of Assembly became final on November 10, 2021. Amendments to 18VAC90-19 and 18VAC90-30 prohibited nurses and nurse practitioners from performing conversion therapy on minors, which became final on February 2, 2022. Changes to 18VAC90-26, Regulations for

Nurse Aide Education Programs, resulting from a 2019 periodic review became final on May 12, 2021. Amendments to 18VAC90-27, Regulations Governing Nursing Education Programs, which permitted use of simulation in clinical education became final on February 2, 2022. 18VAC90-30, Regulations Governing the Licensure of Nurse Practitioners, and 18VAC90-40, Regulations for Prescriptive Authority for Nurse Practitioners, were amended pursuant to legislation from the 2021 General Assembly reducing practice requirements for autonomous practice of nurse practitioners from five to two years. That change became final on November 10, 2021. Additionally, both chapters were amended to categorize clinical nurse specialists as nurse practitioners pursuant to legislation, which actions were final on April 1, 2022. Amendments to 18VAC90-40 to permit one-time waivers of electronic prescribing of opioids became final on February 2, 2022.

Two regulatory actions were in progress but not yet finalized:

Amendments to 18VAC90-26, Regulations for Nurse Aide Education Programs, in response to a petition for rulemaking were still under Executive Branch review at the end of the biennium. Creation of 18VAC90-70 and licensure of a new category of practitioner pursuant to Chapter 200 of the 2021 Acts of Assembly, licensed certified midwives, was still under Executive Branch review at the end of the biennium.

Legislative: Chapter 1 of the 2021 Acts of Assembly reduced the years that a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement from five years to two years. The legislation contained a sunset clause which activated on July 1, 2022.

(continued on next page)

Regulatory / Legislative Actions – continued

Chapter 25 of the 2021 Acts of Assembly expanded civil immunity for licensed health care professionals to include practitioners serving as members of or consultants for entities that function primarily to address issues related to career fatigue and wellness in licensed health care professionals.

Chapter 157 of the 2021 Acts of Assembly provided that clinical nurse specialists be required to be licensed by the Boards of Medicine and Nursing to practice as a nurse practitioner and practice pursuant to a practice agreement between the clinical nurse specialist and a licensed physician and in a manner consistent with the standards of care for the profession and applicable law and regulations.

Chapter 238 of the 2021 Acts of Assembly expanded eligibility for the Nurse Loan Repayment Program to include certified nurse aides who meet criteria determined by the State Board of Health.

Chapter 396 of the 2021 Acts of Assembly allowed certified nurse midwives who have practiced for at least two years to enter into a practice agreement and allowed a certified nurse midwife who has practiced at least 1,000 hours to practice without a practice agreement.

Chapter 138 of the 2021 Acts of Assembly allowed registered nurses and licensed practical nurses practicing at an opioid treatment program pharmacy to perform the duties of a pharmacy technician, provided that all take-home medication doses are verified for accuracy by a pharmacist prior to dispensing.

Chapter 184 of the 2022 Acts of Assembly authorized licensed nurse practitioners to declare death and determine cause of death.

Chapter 197 of the 2022 Acts of Assembly permitted a nurse practitioner licensed in the category of clinical nurse specialist who does not prescribe controlled substances to practice without a written practice agreement.

Chapter 198 of the 2022 Acts of Assembly authorized licensed practical nurses to pronounce the death of a patient in hospice, provided that certain conditions are met.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Chapter 563 of the 2022 Acts of Assembly eliminated the authority of a physician on a patient care team to require a nurse practitioner on a patient care team to be covered by a professional liability insurance policy and the requirement that a nurse practitioner practicing without a practice agreement obtain and maintain coverage by or be named insured on a professional liability insurance policy.

(continued on next page)

Regulatory / Legislative Actions – continued

Chapter 667 of the 2022 Acts of Assembly allowed a physician to serve as a patient care team physician on a patient care team with up to 10 nurse practitioners licensed in the category of psychiatric-mental health nurse practitioner, as opposed to a team with no more than six nurse practitioners.

Chapter 677 of the 2022 Acts of Assembly authorized the Board to prescribe minimum standards and approve curricula for educational programs preparing persons for registration as medication aides and to provide periodic surveys of training programs.

Chapter 720 of the 2022 Acts of Assembly allowed a practitioner of a profession regulated by the Board of Medicine who is licensed in another state or the District of Columbia and who is in good standing with the applicable regulatory agency in that state or the District of Columbia to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth under certain circumstances. The legislation also granted the Boards of Medicine and Nursing the authority to waive the requirement for submission of a fee for renewal or reinstatement of a license to practice medicine or osteopathic medicine or as a physician assistant or nurse practitioner in certain circumstances. The legislation additionally permitted the Boards to waive any requirement of submission of evidence that a practitioner whose license was allowed to lapse for failure to meet professional activity requirements has satisfied such requirements and is prepared to resume practice in a competent manner provided that the practitioner held a valid, unrestricted, and active license within the four-year period immediately prior to the application for renewal or reinstatement of such license.

Additional Issues

The Board has issued or revised the following Guidance Documents:

- 90-4: Opinion on How Licensure as a Nurse Relates to Service on a Volunteer Rescue Squad (revision effective July 8, 2021)
- 90-5: Guidance on Conversion Therapy (revision effective December 10, 2020)
- 90-6: Peripherally Inserted Central Catheters and Removal by Registered Nurses (reaffirmed November 16, 2021)
- 90-10: Board Guidelines for Processing Applications for Licensure (reaffirmed July 7, 2022)
- 90-11: Boards' Guidance on Continuing Competency Violations for Nurse Practitioners (revision effective February 4, 2021)
- 90-13: Applying for Initial Approval of a Nursing Education Program (reaffirmed December 23, 2021)
- 90-14: Continued Approval of a Nursing Education Program (reaffirmed December 23, 2021)
- 90-16: Adult Immunization Protocols (revised February 4, 2021)
- 90-19: Epidural anesthesia by Registered Nurses (reaffirmed on December 2, 2020)
- 90-36: Training of employees of school boards in the administration of insulin and glucagon (revision effective January 5, 2021)
- 90-55: Impact of Criminal Convictions on Nursing Licensure or Certification and Employment in Virginia (revision effective February 4, 2021)
- 90-56: Practice Agreement Requirements for Licensed Nurse Practitioners (revision effective September 30, 2021)
- 90-59: Impact of Criminal Convictions on Registration of Medication Aides and Licensure of Massage Therapists (revision effective February 4, 2021)

- 90-62: Medication Administration Training Curriculum (reaffirmed November 16, 2021)
- 90-63: Registered Nurses and Procedural Sedation (revision effective July 8, 2021)
- 90-64: Telemedicine for Nurse Practitioners (revision effective August 11, 2021)

Challenges and Solutions

Workforce

The pandemic has taken a significant toll on nurses who comprise the largest number of health care providers. Reports of sickness, burnout, intention to leave or move away from acute care and nursing education has left regional shortages and an unprepared workforce facing situations more challenging than they have ever been exposed to. Stakeholders from Education and Practice have collaborated with the Board to a greater degree than has been seen in many years. The Board has participated in several workgroups focused on issues such as staffing, mental health, and resiliency, scope of practice, education progression, workforce and clinical experience innovations.

As a result of ongoing collaborative work, Regulation, Education and Practice partners established an academic practice partnership between a community college and a hospital resulting in the development and refinement of a model that has been presented at a national level and replicated throughout the state. This “Earn While you Learn “ innovative model ensured regulatory compliance and flexibility while providing an opportunity for nursing students to work in nursing related roles for compensation as part of their curriculum. This resulted in enhanced clinical experiences, reduction of barriers to successful education completion and provided a boost to the workforce.

Disciplinary Caseload

- The Board completed a review of the Sanction Reference Guidelines to ensure relevancy and make adjustments in the weight of certain

elements based on a critical analysis of 400 plus cases that had been adjudicated by the Board. As a result the Board voted to adjust scoring elements, add new data points and make modifications in the assigned weights to ensure more consistent, right touch decision making.

- All efforts to resolve cases without proceedings are being deployed however those proceedings that needed to be scheduled have been impacted by delays and continuances due to COVID exposures and workforce issues.
- Conversion to digital disciplinary case management processes are underway. This will not only increase efficiency but will be a significant cost saving measure.

Education

Issues with Clinical experiences and sufficient faculty resources have been significant issues for the last two years. The Board who regulates programs heard many concerns regarding student's ability to gain the requisite clinical experiences across the life span even with certain regulatory waivers in place. In order to obtain comprehensive data to inform solutions and regulatory adjustments the Board conducted two surveys.

A survey of "The Impact of COVID 19 on Nurse Aide Education Programs", published in 2021 results revealed:

- Of the three waivers put in place by the Virginia BON, the waiver allowing programs to use facilities that were not skilled nursing facilities (i.e. licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units) for the required 40-hour direct client care clinical training as clinical sites for their students, was the most often used.
- The number of hours spent learning skills in the laboratory setting were significantly reduced or eliminated altogether with some programs postponing their skills lab until after COVID while other programs were closed or chose not to have a cohort of students due to COVID.
- Nurse aide programs in nursing homes and hospitals were impacted the least with half reporting less than a quarter of their students having experienced a delay. On the other hand, over half of nurse
- aide students in community colleges and high schools experienced graduation delays in program completion since the inception of the pandemic.

The Board conducted a clinical experience survey of Registered Nurse (RN) and Licensed Practical Nurse (LPN) pre licensure education programs that revealed:

For the regulatory waivers implemented in 2020, 79% of the programs that responded (120 programs) to the survey utilized the regulatory waiver allowing students with less than 400 (LPN) or 500 (RN) clinical hours to graduate.

In fall 2020 programs experienced difficulty in obtaining clinical hours in all content areas, with Mental Health providing the most difficulty to programs.

Programs reported that the greatest difficulty in scheduling clinical for spring 2021 was for pediatrics courses.

According to the data obtained during a second survey of Virginia programs conducted by NCSBN in 2021. Of the 102 programs that responded, for Summer 2020, 84% of program experienced disruption in didactic and clinical experiences; 30% of program experienced an increase in attrition rates and 25% of programs experiences an increase in faculty attrition as a result of COVID-19. 30% of programs utilized virtual simulation for 81-100% of their simulated clinical experiences.

Who We Are

The Virginia Board of Optometry consists of a 6-member Board as well as administrative, licensing, discipline, and support staff.

What We Do

We regulate TPA-Certified Optometrists.



EXECUTIVE DIRECTOR

Leslie L. Knachel, MPH

Revenue:

\$736,055

Expenditures:

\$765,182

Total Licenses as of June 30, 2022:

1,773

Board Members

<p>Lisa Wallace-Davis, O.D. President Hampton 2nd Term expires 6/30/2023</p>	<p>Devon Cabot Vice-President Citizen Member Richmond 2nd Term expires 6/30/2023</p>
<p>Gerald R. Neidigh, Jr. O.D. Powhatan 1st Term expires 6/30/2026</p>	<p>Fred E. Goldberg, O.D. McLean 2nd Term expires 6/30/2024</p>
<p>Evan J. Kaufman, O.D. Charlottesville 1st Term expires 6/30/2025</p>	<p>Clifford A. Roffis, O.D. Richmond 2nd Term expires 6/30/2024</p>

Innovations and Advancements

During the biennium, the Board of Optometry successfully transitioned to virtual meetings during the pandemic and back to in-person meetings when the Governor's emergency orders ended. The board office remained fully functional throughout the pandemic with staff working remotely.

The Board of Optometry has been an active participant in the Association of Regulatory Boards of Optometry (ARBO). The organization serves to represent and assist the member licensing boards in regulating the practice of optometry for the public welfare. It provides services and information to its member boards, including gathering data on national issues such as telepractice, scope of practice expansion and continued competency.

The Department of Health Professions' Healthcare Workforce Data Center (HWDC) works to improve the data collection and measurement of Virginia's healthcare workforce through the regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes. Surveys of the optometry profession were deployed during the 2020 and 2021 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online

processes;

- Transitioning to license applications that are submitted via online processes;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing to encourage online renewals;
- Transitioning to paperless filing systems to enhance teleworking efforts and reducing paper usage; and
- Utilizing emails to notify licensees of important information.

The Board received a petition for rule-making requesting the addition of an investigational drug to the Therapeutic Pharmaceutical Agent (TPA) Formulary. The Board took no action because the Federal Drug Administration (FDA) had not yet approved the drug. The Board continued to monitor the FDA approval of this drug. During the biennium, the TPA-Formulary Committee met in September 2020 to review the drug once FDA approved and again in January 2022 to consider an additional drug. The seven member Committee is composed of four optometrists appointed by the Board of Optometry, two ophthalmologists appointed by the Board of Medicine and one pharmacist appointed by the Board of Pharmacy. Both convened sessions resulted in moving forward with regulatory actions to add the two drugs to the TPA-Formulary.

The scope of practice for optometrists was amended during the 2022 legislative session allowing TPA-Certified Optometrists to perform three laser surgical procedures, peripheral iridotomy, selective laser trabeculoplasty and YAP capsulotomy. The regulatory actions mandated by this legislation's enactment clauses will be addressed during the next biennium. An email notification was sent to all optometrists that these procedures can not be performed until the final regulations are effective and a TPA-Certified Optometrist receives the required certification from the Virginia Board of Optometry.

The number of complaint cases received by the Board remains relatively stable. The Board continues to review the disciplinary process for efficiency improvements.

Regulatory / Legislative Actions

Four regulatory actions were finalized: Fast-Track changes to Chapter 20 which repealed one section, established requirements for usage of a professional designation, amended fees, and updated unprofessional conduct provisions became effective on October 29, 2020. Two amendments to 18VAC105-20 which included additions to the TPA formulary became effective on December 9, 2020 and May 25, 2022. Additional amendments to 18VAC105-20 which permitted a one-time waiver of electronic prescribing requirements became effective on February 2, 2022.

One regulatory action was in progress but not yet finalized:

Amendments to 18VAC105-20, Regulations of the Virginia Board of Optometry, to conform requirements regarding contact lens prescriptions to state and federal rules, were under Executive Branch review at the end of the biennium.

Legislative: There were no legislative actions in the 2021 Session of the General Assembly that directly affected the Board.

Chapter 16 of the 2022 Acts of Assembly provides that an optometrist who has received a certification to perform laser surgery from the Board can perform certain types of laser surgery of the eye and to issue a certification to perform laser surgery to any optometrist who submits evidence satisfactory to the Board that he is certified by the Board to prescribe for and treat diseases or abnormal

conditions of the human eye and its adnexa with therapeutic pharmaceutical agents pursuant to Code requirements and has satisfactorily completed such didactic and clinical training programs provided by an accredited school or college of optometry.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Additional issues: The Board has issued or revised the following Guidance Documents:

- 105-1: Guidance for Telepractice (adoption effective September 17, 2020)
- 105-9: Processing Licensure Applications (reaffirmed September 16, 2022)
- 105-11: Cases Involving Practice with an Expired License (revision effective May 12, 2022)
- 105-14: Bylaws of the Board of Optometry (revision effective December 9, 2021)

Challenges and Solutions

One of the Board's biggest challenges is the regulation of telepractice as new technology is introduced. The Board continues to monitor the evolution of products and services delivered online and assessing whether regulation is necessary to protect the public.

Who We Are

The Virginia Board of Pharmacy consists of a 10-member Board, as well as administrative, licensing, discipline, and support staff.

What We Do

We regulate the practice of pharmacy and the manufacturing, dispensing, selling, distributing, processing, compounding, or disposal of drugs and devices. We license pharmacists, pharmacy technicians, pharmacy interns, pharmacies, wholesale distributors, warehouse, third-party logistic providers, manufacturers, medical equipment suppliers, outsourcing facilities, and those facilities shipping prescription drug or prescription devices into the Commonwealth. We also license and regulate the dispensing by practitioners of the healing arts, administer the Drug Control Act, issue controlled substances registrations, and license and regulate the medical cannabis program.



EXECUTIVE DIRECTOR

Caroline D. Juran, RPh

Revenue:

\$9,564,803

Expenditures:

\$8,353,784

Total Licenses as of June 30, 2022:

99,376

Board Members

R. Dale St. Clair, Jr., Chairman 1st term ends June 30, 2024 Goochland, VA	S. Lawrence Kocot Citizen Member 1st term ends June 30, 2025 Alexandria, VA
Ling Yuan 1st term ends June 30, 2026 Glen Allen, VA	Wendy C. Nash 1st term ends June 30, 2025 Valentines, VA
James L. Jenkins Jr. Citizen Member 1st term ends June 30, 2023 Mechanicsville, VA	William Lee, Vice Chairman 1st term ends June 30, 2023 Radford, VA
Sarah Melton 1st term ends June 30, 2024 Bristol, VA	Kristopher S. Ratliff 2nd term ends June 30, 2026 Marion, VA
Patricia Lynn Richards-Spruill 2nd term ends June 30, 2026 Suffolk, VA	Cheryl L Garvin 1st term ends June 30, 2025 Leesburg, VA

Innovations and Advancements

The Board of Pharmacy continued working closely with the Department of Health to communicate allowances under the Public Readiness and Emergency Preparedness (PREP) Act Declaration authorizing licensed pharmacists to order and administer, and registered qualified pharmacy interns and pharmacy technicians acting under the supervision of the qualified pharmacist to administer, vaccines for persons three years of age or older including COVID-19 vaccines and tests. Such allowances remained in effect at the end of the biennium. In January 2022, pursuant to Executive Order Eighty-Four, the Board re-implemented emergency provisions for the duration of the Executive Order to allow assistance from pharmacists and pharmacy technicians licensed in other states to practice in Virginia or to perform central/remote order processing during the public health emergency. The Board also provided communications and routinely responded to inquiries from licensees regarding flexibilities for the supervision of pharmacy technicians during the public health emergency pursuant to Executive Order 11 and Executive Order 16.

The medical cannabis program became fully operational and continued to expand during this biennium. Following cultivation and production, four pharmaceutical processors began dispensing cannabis oil to Board-registered patients in October 2020. Because the Board rescinded conditional approval in June 2020 for a fifth pharmaceutical processor permit issued to PharmaCann for Health Service Area I, a Request for Application (RFA) was opened with a deadline of December 2020 for receiving applications. Twenty-six applications were received. PharmaCann appealed the Board's decision and in January 2021, the Henrico County Circuit Court ordered the Board to cease reviewing applications until further ordered by the court. The Henrico County Circuit Court judge ruled in favor of the Board, however, as of the end of biennium, the matter was being appealed to the Court of

Appeals and the RFA process for the fifth permit had not resumed. Separately, the number of sites from which medical cannabis can be dispensed was increased through legislation which authorized the Board to award up to five cannabis dispensing facility permits per health service area. Five such permits were applied for and issued during the biennium. Regarding product formulations, legislation passed in 2021 expanded allowable product formulations to include botanical cannabis, the dispensing of which began in September 2021 when regulations became effective. The pharmaceutical processors continued to have cannabis oil products such as nasal spray, chewables, suppositories, topical gel, oral oils and vaped oil, wax concentrate, and bubble hash concentrate inhalations available for dispensing while adding whole flower, pre-rolled joints and ground flower products for dispensing. Tetrahydrocannabinol (THC) is the psychoactive component of cannabis. Tetrahydrocannabinol-A (THC-A) can be converted into THC through decarboxylation. Of the products dispensed, the vaped inhalation products from oils, wax concentrates, and bubble hash concentrates had the highest THC/THC-A combined concentrations, ranging from 34.8% to 82%. Botanical cannabis products had the next highest THC/THC-A combined concentration, ranging from 7.57% to 28.99%. Regarding patient registrations, during the biennium, the Board received approximately 1,000 to 1,200 applications per week for cannabis patient registrations. There were approximately 48,000 registered patients at the end of the biennium, however, the law will no longer require registration for patients, parents/legal guardians as of July 1, 2022. Persons may continue to apply for a voluntary registration. In 2021, legislation established the Cannabis Control Authority which will take responsibility for the medical cannabis program in the future.

(continued on next page)

Innovations and Advancements (continued)

Pursuant to §54.1-3321, the Board promulgated regulations to begin registering pharmacy technician trainees and increasing educational standards for pharmacy technicians. These actions will increase patient safety as scopes of practice continue to expand.

Pursuant to §54.1-3303.1, the Board of Pharmacy, in collaboration with the Board of Medicine and Department of Health, developed the first statewide protocols for pharmacists to initiate treatment for specific conditions in patients 18 years of age or older. Ten protocols were in effect at the end of the biennium for the following conditions: vaccines; tuberculin skin testing; HIV pre-exposure and post-exposure prophylaxis; hormonal contraception; emergency contraception; prenatal vitamins; naloxone; epinephrine; and lowering out-of-pocket expenses.

Pursuant to §54.1-3307.2, any person who proposes to use a process or procedure related to the dispensing of drugs or devices or to the practice of pharmacy not specifically authorized by Chapter 33 (§ 54.1-3300 et seq.) or by a regulation of the Board of Pharmacy may apply to the Board for approval to use such process or procedure. During the biennium, the Board approved 6 new innovative (pilot) programs that generally allowed for the use of new technology in the repackaging and dispensing of medications, such as automated dispensing devices for use in crisis stabilization units. At the end of the biennium, there were approximately 27 current active innovative pilot programs.

Regulatory / Legislative Actions

Regulatory

Three periodic reviews were conducted: The Board conducted periodic reviews of 18VAC110-21, Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians, 18VAC110-40, Regulations Governing Collaborative Practice Agreements, and 18VAC110-50, Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen.

Sixteen regulatory actions were finalized: Multiple amendments to chemicals listed in Schedule I, contained in 18VAC110-20-322 became effective on August 5 and November 25 of 2020, February 17, March 3, June 23, and September 15 of 2021, and February 16, 2022. Amendments to 18VAC110-20, 18VAC110-30, and 18VAC110-50 increasing fees consistent to cover expenses for essential functions of review of applications, inspections, and investigations of complaints against licensees became effective October 14, 2020. Fast-track amendments to 18VAC110-20, 18VAC110-21, 18VAC110-30, and 18VAC110-50 to include a required fee for returned checks or dishonored credit card payments became final on March 18, 2021. Amendments to 18VAC110-20 regarding alternate delivery sites for certain prescriptions became effective on June 9, 2021. Amendments to 18VAC110-21, Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians, allowed professions regulated by the Board to obtain continuing education by providing volunteer services and became effective on March 18, 2021. Amendments to 18VAC110-30, Regulations for Practitioners of the Healing Arts to Sell Controlled Substances, which became effective on March 3, 2022 created a limited-use license to prescribe Schedule VI drugs in non-profit clinics. Amendments to 18VAC110-50, Regulations

Governing Wholesale Distributors, Manufacturers and Warehousemen, which became effective on March 3, 2021 set out requirements for delivery of Schedule VI prescription devices directly to a user or consumer. Four changes to 18VAC110-60, Regulations Governing Pharmaceutical Processors, became effective in the biennium: (1) amendments to allow processors to use oil from industrial hemp extract became effective March 18, 2021; (2) changes related to 2021 legislation became effective September 1, 2021; (3) corrections to regulations governing pharmaceutical processors became effective February 16, 2022; and (4) changes to determinations of access to processors or facilities and labeling requirements became effective on May 25, 2022.

Eleven regulatory actions were in progress but not yet finalized: Amendments related to Chapter 731 of the 2020 Acts of Assembly, Chapter 214 of the 2021 Acts of Assembly, and Chapter 791 of the 2022 Acts of Assembly for pharmacists initiating treatment are under Executive Branch review at the end of the biennium. Amendments prohibiting incentives to transfer prescriptions are under Executive Branch review, as well as amendments related to the implementation of the Board's 2021 periodic review of 18VAC110-20, 18VAC110-21, and 18VAC110-30. The Board adopted final amendments allowing the use of medication carousels and RFID technology which are under Executive Branch review, along with amendments which allow centralized warehousemen or wholesale distributors to verify Schedule VI drugs for automated dispensing devices in hospitals. The Board adopted final amendments necessary for the registration of pharmacy technician trainees, as well as a notice of intended regulatory action for an exemption of automated dispensing devices stocked solely with emergency or stat-use medications from certain requirements pertaining to automated dispensing devices.

(continued on next page)

Regulatory / Legislative Actions - continued

Legislative

Chapter 181 of the 2021 Acts of Assembly added employees of the Department of Juvenile Justice designated as probation or parole officers or as juvenile correctional officers to the list of individuals who may possess and administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The Board of Pharmacy updated its naloxone protocols in response to the legislation.

Chapter 205 of the 2021 Acts of Assembly made numerous changes to the processing and dispensing of cannabis oil by pharmaceutical processors in the Commonwealth. The legislation allowed certain staff of designated caregiver facilities to assist with possession, delivery, transfer, and administration, among other actions, of cannabis oil for any patients residing in the facility. The legislation also required pharmaceutical processors to designate a person to oversee cultivation and production areas of a facility and decreased facility inspections to once annually. The legislation required pharmaceutical processors to maintain evidence of criminal background checks for employees and delivery agents of the pharmaceutical processor.

Chapter 211 of the 2021 Acts of Assembly required any healthcare provider in the Commonwealth that administers immunizations to participate in the Virginia Immunization Information System (“VIIS”) and report patient immunization history and information to VIIS.

Chapter 214 of the 2021 Acts of Assembly expanded the provisions governing the initiation of treatment with and dispensing and administering of drugs and devices by pharmacists to allow such actions to persons 18 years of age or older in accordance with protocols developed by the Board, in collaboration with the Board of Medicine and the Department of Health. The legislation permitted initiation of treatment and dispensing and administering drugs and devices for: (i) vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention; (ii) tuberculin purified protein derivative for tuberculosis testing; (iii) controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention; and (iv) drugs, devices, controlled paraphernalia, and other supplies and equipment available over-the-counter, covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment. The Board of Pharmacy was directed to adopt emergency regulations within 280 days of enactment. Additionally, the legislation directed the Board to convene a workgroup composed of members of the Boards of Pharmacy and Medicine as well as the Virginia Department of Health, schools of medicine and pharmacy within the Commonwealth, and other stakeholders to provide recommendations regarding the development of protocols to focus on developing protocols that improved access to certain treatments while maintaining patient safety. The required report was delivered to the General Assembly on October 15, 2021.

(continued on next page)

Regulatory / Legislative Actions - continued

Chapter 227 of the 2021 Acts of Assembly permitted pharmaceutical processors to produce and distribute cannabis products other than cannabis oil and for that purpose defined the terms “botanical cannabis,” “cannabis product,” and “usable cannabis.” The bill required the Board of Pharmacy to establish testing standards for botanical cannabis and botanical cannabis products, establish a registration process for botanical cannabis products, and promulgate emergency regulations to implement the provisions of the bill. The legislation provided that if a practitioner determines that it is consistent with the standard of care to dispense botanical cannabis to a minor, the written certification shall specifically authorize such dispensing. The legislation allowed the Board of Pharmacy to assess and collect botanical cannabis regulatory fees to cover costs associated with the implementation of the provisions of the bill, including costs for new personnel, training, promulgation of regulations and guidance documents, and information technology. The legislation exempted the Board of Pharmacy’s acquisition of a commercially available cannabis-specific software product to implement the provisions of the bill from the Virginia Public Procurement Act.

Chapter 73 of the 2021 Acts of Assembly and Chapters 114 and 115 of the 2022 Acts of Assembly placed drugs and chemicals in Schedule I which were previously designated Schedule I substances by the Board in regulation.

Chapters 291 and 392 of the 2022 Acts of Assembly made numerous changes to the pharmaceutical processor program, including permitting the use of hydrocarbon-based solvents in the cultivation, extraction, production, or manufacturing of cannabis products and allowance for pharmaceutical processors to engage in wholesale transactions of bulk cannabis oil, botanical

cannabis, and usable cannabis, among other changes.

Chapter 791 of the 2022 Acts of Assembly allowed pharmacists to initiate treatment with and dispense and administer vaccines for COVID-19, vaccines on the Immunization Schedule published by the Centers for Disease Control and Prevention, and tests for COVID-19 and other coronaviruses for persons three years of age and older. Additionally, the act allowed pharmacists to initiate treatment with and dispense and administer nicotine replacement and other tobacco cessation therapies for persons aged 18 and older. Additionally, the act allowed pharmacy technicians, under the supervision of a pharmacist, to administer vaccines on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19 to persons three years of age or older.

Chapter 628 of the 2022 Acts of Assembly directed the Board to promulgate emergency regulations related to work environment requirements for pharmacy personnel that protect the health, safety, and welfare of patients.

Chapter 703 of the 2022 Acts of Assembly directed the Board of Pharmacy to convene a work group of interested stakeholders to evaluate challenges and barriers to participation in the prescription drug donation program and ways to increase program participation, education, and outreach. The Board was required to submit a report on the findings of the work group to the Governor and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2022.

(continued on next page)

Regulatory / Legislative Actions - continued

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Chapter 138 of the 2022 Acts of Assembly allowed registered nurses and licensed practical nursing practicing at an opioid treatment program pharmacy to perform the duties of a pharmacy technician, provided that all take-home medication doses are verified for accuracy by a pharmacist prior to dispensing.

Additional Issues

The Board convened a workgroup pursuant to enactment clause 3 of Chapters 102 and 237 of the 2020 Acts of Assembly. The Board submitted the required report related to the addition of duties and tasks that a pharmacy technician registered by the Board may perform to the General Assembly on October 19, 2021.

The Board has issued or revised the following Guidance Documents:

- 110-1: List of Categories of Facility Licenses and a Brief Description of Each (revision effective November 25, 2021)
- 110-3: Guidance on Alternative Delivery of Prescriptions, Pharmacy to Physician or Pharmacy to Controlled Substance Registrant (revision effective September 16, 2021)
- 110-4: Continuing Education Guide for Pharmacists (revision effective March 18, 2021)
- 110-5: Instructions and Forms for Reporting of Thefts or Losses of Drugs (revision effective November 25, 2021)
- 110-7: Practitioner/Patient Relationship and the Prescribing of Drugs for Family or Self (revision effective August 17, 2021)
- 110-8: Information on Prescriptive Authority in Virginia (revision effective August 17, 2021)
- 110-9: Pharmacy Inspection Deficiency Monetary Penalty Guide (revision effective November 25, 2021)
- 110-12: Bylaws of the Board of Pharmacy (revision effective November 12, 2020)
- 110-13: Guidance on Use of Collaborative Agreements (adoption effective February 4, 2021)
- 110-14: Proximity of a School or Daycare to a Cannabis Dispensing Facility (adoption effective May 27, 2021)
- 110-16: Performing inventories (revision effective August 6, 2020)
- 110-17: Instructions for Graduates of Foreign Schools of Pharmacy (revision effective August 5, 2021)
- 110-19: Use of Automated Dispensing Devices in Certain Facilities (revision effective November 25, 2021)
- 110-20: Criminal Background Checks of Material Owners to Pharmaceutical Processors of Cannabis Dispensing Facilities (adoption effective November 25, 2021)

(continued on next page)

Regulatory / Legislative Actions - continued

(adoption effective August 6, 2020)

- 110-26: Pharmacy Working Conditions (adoption effective March 12, 2022)
- 110-27: Pharmacist in Charge Responsibilities (revision effective May 27, 2021)
- 110-29: Guidance Document for Practitioners Dispensing (revision effective February 4, 2021)
- 110-30: Drugs Within Animal Shelters (revision effective November 25, 2021)
- 110-31: Approved Capture Drugs and Drug Administering Equipment, Directive from the State Veterinarian (revision effective November 25, 2021)
- 110-33: Pharmacy Interns as Pharmacy Technicians; Pharmacy Technician Ratio (revision effective May 27, 2021)
- 110-34: Manufacturer and Wholesale Distributor License (revision effective November 25, 2021)
- 110-38: Requirement for Non-Resident Pharmacies to Submit Inspection Report (reaffirmed March 30, 2021)
- 110-39: Hours of Continuous Work and Breaks for Pharmacists (revision effective February 4, 2021)
- 110-40: Guidance on Access to the Premises of a Pharmaceutical Processor by Contractor (adoption effective February 4, 2021)
- 110-41: Guidance on Emergency Medical Services Drug Kits (adoption effective November 25, 2021)
- 110-42: Continuing Education Audit and Recommended Sanctions (revision effective February 3, 2022)
- 110-44: Protocol for the Prescribing and Dispensing of Naloxone (revision effective November 25, 2021)
- 110-48: Verification Sources for a Pharmaceutical Processor (adoption effective August 6, 2020)
- 110-49: Credentials for Nonresident Pharmacy Dispensing only for Animals

Challenges and Solutions

Challenge: Continued swift expansion of the medical cannabis program

Solution: The Board hired an additional five licensing administrative assistants, two part-time assistants, and several temporary employees to process approximately 1,000 to 1,200 cannabis patient registration applications per week. Due to delays in patients receiving registration cards in the mail, the Board began issuing registration information via email to expedite their ability to obtain medical cannabis. After navigating many challenges, the Board entered into a contract for obtaining licensing software designed for a medical cannabis program which will create many efficiencies, e.g., processes for practitioners issuing and pharmaceutical processors and cannabis dispensing facilities verifying written certifications, applying for and processing product and patient/parent/guardian registrations. The Board adopted several regulatory packets in response to legislation and has had preliminary communications with the Cannabis Control Authority regarding its responsibility to oversee the medical cannabis program in the future.

Challenge: Addressing opioid overdoses.

Solution: The following actions were taken:

- Board staff participated regularly in Substance Abuse Mental Health Services Administration Region 3 workgroup meetings to address challenges with patients accessing buprenorphine for addiction treatment;
- The Board, in communication with the Department of Forensic Science, expeditiously placed many chemicals, such as illicit fentanyl formulations, into Schedule I via regulatory actions that assisted law enforcement's ability to prosecute unlawful acts.
- The executive director, as President of the National Association of

Boards of Pharmacy, participated in a satellite media tour highlighting concerns with obtaining counterfeit drugs online or through social media, and informing the public of a tool for patients to search for legitimate online pharmacies vs. illegitimate sites; and,

- Working with the Board of Medicine, the Department of Health, and the Department of Behavioral Health and Developmental Services, the Board updated the naloxone protocol as required in §54.1-3408 for additionally recognized persons to possess, administer, and dispense naloxone, a drug used to counteract opioid overdoses.

Challenge: Pharmacy Working Conditions

Solution:

The Board convened a workgroup in January 2022 to discuss concerns and identify solutions regarding unprofessional conduct and pharmacy working conditions. The Board adopted Guidance Document 110-26 and disseminated it to licensees in June 2022, along with a link to a well-being assessment. Disciplinary action also resulted from complaints related to this subject.

Additional Issues

Board staff provided approximately 20 presentations and 15 e-newsletters or email communications en masse to licensees during the biennium on board-related activities. Such communications assist licensees with understanding requirements and improving compliance.

During the biennium, the executive director served as President and Chairman of the National Association of Boards of Pharmacy.

Who We Are

The Virginia Board of Physical Therapy consists of a seven-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Physical Therapy regulates the practice of physical therapy by promulgating rules governing practice, licensing physical therapists and physical therapist assistants, and taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, JD

Board Members

Revenue:

\$1,013,181

Expenditures:

\$1,324,433

Total Licenses as of June 30, 2022:

15,009

<p>Mira H. Mariano, PT, PhD, OCS Vice-President Physical Therapist Member 2nd Term expires June 30, 2025 Norfolk, VA</p>	<p>Tracey Adler, PT, DPT, CMTPT Physical Therapist Member 2nd Term expires June 30, 2023 Richmond, VA</p>
<p>Arkena L. Dailey, PT, DPT Physical Therapist Member 2nd Term expires June 30, 2023 Hampton, VA</p>	<p>Rebecca Duff, PTA, DHSc Physical Therapist Assistant Member 2nd Term expires June 30, 2026 Roanoke, VA</p>
<p>Elizabeth Locke, PT, PhD Physical Therapist Member 2nd Term expires June 30, 2025 Newport News, VA</p>	<p>Susan Szasz Palmer Citizen Member 2nd Term expires June 30, 2025 Richmond, VA</p>
<p>Melissa Fox, PT, DPT Physical Therapist Member 1st Term expires June 30, 2026 Charlottesville, VA</p>	

Innovations and Advancements

During the 2020-2022 biennium, the Board of Physical Therapy (Board) confronted the challenges of the COVID-19 public health emergency, implemented new and expanded electronic and virtual processes to continue the Board's work, finalized a periodic review of the Board's regulations, supported the efforts of the Physical Therapy Licensure Compact ("PT Compact"), collected data regarding workforce trends, and participated in the national regulatory dialogue.

As a result of the COVID-19 public health emergency that first emerged in March 2020, the Board took a number of actions to continue operations efficiently and effectively, to support applicants and licensees during a challenging time period, and to safeguard the health and safety of Board and staff members.

The Board transitioned to full electronic processing of licensure applications, resulting in a number of benefits for applicants and for Board staff. In eliminating paper files and hard copies of documents, the process became more streamlined for applicants, expedited the overall issuance of licenses, and facilitated the availability and ease of remote work for Board staff.

During the 2020 renewal cycle, the Board implemented a number of measures to lessen the administrative burden on licensees working as healthcare providers on the "front-line." The Board waived continuing education hour requirements for license renewal for both physical therapists and physical therapist assistants, and initiated a waiver to suspend the active practice renewal requirement for licensees who demonstrated good cause prior to the renewal deadline. As a result of a budget surplus, the Board reduced renewal fees by 50% for all licensees, active and inactive.

The public health emergency necessitated the use of virtual meeting and hearing platforms, which resulted in a number of unexpected benefits to Board members and staff and to the public at large. Board members experienced less travel time and expense, while members of the public participated in or observed Board meetings and hearings at a significantly higher level than in previous years. Virtual platforms enhanced training opportunities for Board members and staff, who attended a number of virtual education sessions offered by national board organizations, such as the Federation of State Boards of Physical Therapy (FSBPT).

In December 2018, the Board initiated the periodic review process to ensure that its regulations remain clear, accurate, and necessary to protect public safety. Final regulations from the multi-year process became effective on April 30, 2021.

Also during this time period, the Board finalized regulations related to the implementation of the PT Compact. The PT Compact launched nationally in April 2017 as a means of facilitating the interstate practice of physical therapy with the goals of improving public access to physical therapy services and enhancing practitioner mobility across jurisdictions.

The PT Compact went "live" in the Commonwealth on January 1, 2020, allowing licensees from other Compact member states to obtain privileges to practice in Virginia. The timing was fortuitous for Virginia, as the availability of the PT Compact proved invaluable during the COVID-19 public health emergency. The Compact provided a vehicle for practitioners to continue to provide services and continuity of care to patients who were homebound or quarantining in other jurisdictions and increased access to telehealth services.

(continued on next page)

Innovations and Advancements - continued

From the “go live” date of the PT Compact to the end of the biennium, a total of 695 licensees from other states, including both physical therapists and physical therapist assistants, had obtained new and renewal privileges to practice in Virginia.

The Board continued to collect robust survey data on the physical therapy workforce in Virginia. The Board began collecting workforce data from physical therapists and physical therapist assistants in 2012, when the Board first collaborated with the Healthcare Workforce Data Center to implement standardized survey questions. Access to workforce survey data proved useful during the COVID-19 public health emergency, as the data provided a means for understanding the impact of the pandemic on the workforce and how and where workforce shortages may exist and/or develop in physical therapy practice in the future.

Engagement at the national level continues to enhance the Board’s ability to fulfill its mission. Board members and staff are actively involved with the PT Compact and with the FSBPT, the national organization for physical therapy boards, serving as volunteers, presenters, committee members, and participants whenever the opportunities arise. During the 2020-2022 biennium, the Board’s Executive Director, Corie Tillman Wolf, served as an elected Member-At-Large on the PT Compact’s Executive Committee and served on the Rules and Bylaws Committee. Ms. Tillman Wolf served on FSBPT’s Examination Licensure Discipline Database (ELDD) Task Force and on the Council of Board Administrators. Board member Arkena L. Dailey, PT, DPT, served on a number of FSBPT committees, including the Education, Ethics and Legislation, and Boundary Violations Committees.

Regulatory / Legislative Actions

Three regulatory actions were finalized: Regulations reducing renewal fees for physical therapists and physical therapy assistants became effective October 28, 2020. Final regulations implementing the Physical Therapy Licensure Compact pursuant to Chapter 300 of the 2019 Acts of Assembly became effective May 12, 2021. Additionally, changes related to the Board’s 2018 periodic review of Chapter 20 became effective April 30, 2021.

One regulatory action was in progress but not yet finalized: Amendments to Chapter 20 for consistency with Compact rules were under review by the Executive Branch at the end of the biennium.

Legislative: Chapter 481 of 2021 Acts of Assembly extended the time a physical therapist with doctoral-level education or with direct access certification may treat patients without a referral from 30 days to 60 days.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner’s out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Additional Issues

The Board has issued or revised the following Guidance Documents:

- 112-2: Confidential Consent Agreements (reaffirmed May 25, 2021)
- 112-5: Credentialing and TOEFL Requirements for Physical Therapy Graduates of Non-Approved Schools (adoption effective September 30, 2021)
- 115-7: Guidance on PT in Public Schools and Direct Access (revision effective February 15, 2022)
- 112-13: Approval of a Traineeship (revision effective July 22, 2021)
- 112-21: Telehealth for Physical Therapy (revision effective January 21, 2021)

Challenges and Solutions

Ensuring that Board processes and procedures are efficient, effective, and forward-looking is a consistent area for overcoming challenges and developing creative solutions.

During the past two years, the Board has taken steps to increase the efficiency of the licensing process. The Board transitioned to the use of an almost-entirely electronic-based system for processing application materials and receiving documentation. The increased use of electronic documentation has allowed for quicker and more efficient transmittal of documentation from applicants to the Board via e-mail, less time in processing physical, paper documents, and more flexibility for staff in accessing application materials from remote locations.

In November 2020, the Board adopted the “Alternate Approval Pathway” for applicants to register to sit for the National Physical Therapy Exam (NPTE) without first applying to the Board for approval. This allowed applicants to have more direct access to the national exam and expedited the licensure application process for both applicants and Board staff.

For many years, the Board has utilized an electronic process for disciplinary case files. In an effort to improve and expedite the review of complaints and investigations, the Board has experimented with and incorporated new means of transmitting electronic case files to Board members for review and preparation. As new technologies emerge, the Board will continue its efforts to enhance workflow in this area.

The Board continues to look ahead to additional means of incorporating electronic licensure and discipline processes, including uploading of documentation by applicants directly through the online application system, increasing the use and receipt of electronic licensure verifications, and efficiently and securely transmitting case files.

Who We Are

The Virginia Board of Psychology consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Physical Therapy regulates the practice of Applied, Clinical, and School Psychologists and Sex Offender Treatment Providers, as well as taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Revenue:

\$1,473,745

Expenditures:

\$1,275,736

Total Licenses as of June 30, 2022:

6,167

Board Members

Gary Sibcy, Ph.D. (Clinical Psychologist) 1st Term ends 6/30/2026 Lynchburg, VA	Aliya Chapman, Ph.D. (Clinical Psychologist) 2nd Term ends 6/30/2025 Blacksburg, VA	Kathryn Zeanah, Ph.D. (Clinical Psychologist) 1st Term ends 6/30/2023 Earlsville, VA
Susan Brown Wallace, Ph.D. Board Chair (School Psychologist) 2nd Term ends 6/30/2023 Williamsburg, VA	Cheryl Snyder (Citizen Member) 1st term ends 6/30/2026 Spotsylvania, VA	Norma Murdock-Kitt, Ph.D. (Clinical Psychologist) 1st Term ends 6/30/2025 Richmond, VA
William Hathaway, Ph.D., (Clinical Psychologist) 1st Term ends 6/30/2026 Virginia Beach, VA	J.D. Ball, Ph.D., ABPP Regulatory Chair and Vice-Chair (Clinical Psychologist) 2nd Term ends 6/30/2024 Virginia Beach, VA	Christine Payne (Citizen Member) 1st Term ends 6/30/2023 Williamsburg, VA

Innovations and Advancements

Outreach

The Board continues to pursue opportunities to educate and engage licensees about the licensure and discipline activities of the Board. Specifically, the biannual “Conversation with the Board” occurring at the Spring and Fall Conferences of the Virginia Academy for Clinical Psychologists (VACP). These panel presentations afford the Board the ability to communicate with licensees regarding issues such as distance therapy, supervision, the disciplinary process, timelines, and the use of the sanction referencing point guidelines. Recent conversation hours encouraged in-depth discussions regarding the Psychology Interjurisdictional Compact (PSYPACT), which is an interjurisdictional compact to facilitate telehealth and the temporary in-person practice, master’s level psychology and changes to the psychology examination. This forum provides the opportunity for stakeholders to ask questions and communicate openly about the Board’s activities and direction.

Board members and staff also regularly attend the Association of State and Provincial Psychology Boards (ASPPB) conferences. The ASPPB is the vendor for the licensing examination, the examination for Professional Practice in Psychology (EPPP), and supports the 50 state boards and Canadian provinces in regulatory matters. These conferences have focused on such issues of interest to the Board as telepsychology, PSYPACT, accreditation, mobility, and initiatives to make the Examination for Professional Practice in Psychology (EPPP) a two-part exam. The ASPPB reappointed Ms. Hoyle to the Model Act and Regulations Committee in 2021 and 2022. Additionally, Ms. Hoyle is a member of the Research Committee.

Additionally, now that Virginia is a member of PSYPACT, Ms. Hoyle acts as Virginia’s Commissioner to the Compact, and attends all PSYPACT Commission meetings. Additionally, she chairs the Compliance Committee,

and is a member of the Finance Committee, and the Elections Committee.

The Board held a stakeholder’s meeting with training directors to discuss licensing at the master’s level, accreditation, and adoption of the EPPP Part 2.

School Psychology

The Board discussed issues related to endorsement of psychologist’s who have an educational background in school psychology. Virginia is unique in having different psychology licenses. Other states have a doctoral level psychologist who can practice clinical, school, or applied psychology. This difference could be highlighted by PSYPACT, and the board will continue to monitor the issue and the need to change the Code to become more aligned with structures in other jurisdictions.

Examination for the Professional Practice of Psychology (EPPP)

The Board continues to discuss the adoption of the EPPP-part 2. The EPPP-Part 1 tests knowledge, while the EPPP-Part 2 gives candidates a more thorough assessment of competency by testing the skills they have acquired through doctoral training. The Board decided not to make any decisions until the Board can review additional ASPPB EPPP-Part 2 testing data (particularly examinee pass/fail rates).

Psychological Clinical Science Accreditation System (PCSAS)

The Board decided that in order to consider whether the PCSAS accreditation body should be a Board approved accredited agency, the Board would need to receive and review a copy of the written accreditation requirements for PCSAS programs that have been standardized across all programs, and hear a presentation from PCSAS doctoral program representatives in Virginia.

(continued on next page)

Innovations and Advancements - continued

Over the last four years, the Board has considered the request to approve PCSAS as an accrediting body for doctoral education programs of clinical psychologist licensure applicants. As a part of its deliberation, the Board has held stakeholder meetings, heard presentations from PCSAS accredited schools in Virginia, and considered a petition for rule making, for which all public comment was positive. The Board also considered that PCSAS has received support from the U.S. Department of Veterans of Affairs (VA), the Council for Higher Education Accreditation (CHEA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). In addition, the EPPP pass rate of graduates of PCSAS programs is excellent, and the U.S. News & World Report has ranked all forty-one of the country's PCSAS-accredited programs its top fifty psychology programs. And, finally, acceptance could help workforce issues. As a result, in FY2021, the Board voted to accept PCSAS.

Master's Level Psychology License

The Board continues to discuss the possibility of a limited license for master's level psychologists. The Board began researching and discussing possible title, practice guidelines, examination and training criteria needed in order to consider a master's level license. The Board will continue to research a tiered model master's level psychology license from our neighboring states and create a model practice act to determine the scope of practice and level of autonomy.

Virginia Health Care Work Force Data Center (HWDC) Studies

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include HCWF indicators as well as more detailed information pertaining to the professions. The HWDC surveys LCPs every year during renewal, and produced reports on the profession for July 2020 and July 2021. For future renewals, the Board asked to have a question added to the renewal survey regarding the number of languages spoken.

Efficiency

The Board's efforts to reduce costs and improve efficiencies by going green continue to reap rewards. The ability to scan case files and allow board members to conduct probable cause reviews remotely, as well as staff implementing system organization, has eliminated the backlog of discipline cases. These initiatives shortened review times and reduced mailing and printing costs. The Board has also moved to electronic renewal notices and license verifications, and no longer prints agenda packets for Board members or the public, but, instead, posts this information on the website. These efforts have reduced costs and freed staff time. When the Governor issued a State of Emergency in response to COVID19, these efforts helped the Board to continue working and to allow staff to work remotely. Likewise these efforts, forced the Board to make these changes on the licensing side. The Board began scanning all mail and applications as received so that all licensure files are online. Now all staff can access these files, update statuses, and respond to email and phone requests and work remotely. These initiatives moved the Board forward as well as protecting the health and safety of the staff during the pandemic.

Beyond the initiatives related to COVID19, the Board had also continued its efforts to decrease its dependence on paper and increase its use of technology. Now the Board,

- Prints a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encourages other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aids applicants by obtaining license verification from other states via online processes;
- Has transitioned to license applications that are submitted via online processes; and,
- Continues with online renewals.

(continued on next page)

Innovations and Advancements - continued

Staff closely monitors content on the Board's website to ensure that the information remains current and posts relevant updates in the announcements section. The Board also utilizes email blasts to applicants and licensees to highlight important information such as changes to the regulations. Individuals contacting the Board office for information are encouraged to utilize the website as a resource for information on Board activities. Individuals are encouraged by Board staff to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Psychology includes contacts from graduate education programs, professional associations, and members of the public interested in the activities of the Board of Psychology.

Regulatory / Legislative Actions

Regulatory:

One periodic review was conducted: The Board conducted a periodic review of 18VAC125-15, Regulations Governing Delegation to an Agency Subordinate. The Board decided to retain the chapter with no changes.

Three regulatory actions were finalized: Amendments resulting from a periodic review of 18VAC125-20, Regulations Governing the Practice of Psychology, became effective on June 23, 2021. The changes reduced the regulatory burden for licensure by endorsement, increased opportunities for continuing education credits, and simplified the requirement for individual supervision in a residency, among other changes. Amendments resulting

from a periodic review of 18VAC125-30, Regulations Governing the Certification of Sex Offender Treatment Providers, became effective on July 22, 2021. The changes eliminated the need for reference letters to be submitted with an application, provided for acceptance of supervised experience obtained in another state, added an allowance for exceptions or exemptions for continuing education requirements, and expanded the standards of practice and grounds for disciplinary action for consistency with other boards and professions. Amendments prohibiting the practice of conversion therapy on minors became effective on August 18, 2021.

One regulatory action was in progress but not yet finalized: Final amendments to 18VAC125-20 necessary for participation in the Psychology Interstate Compact were under Executive Branch review at the end of the biennium.

Legislative: There were no legislative actions in the 2021 Session of the General Assembly that directly affected the Board.

Chapter 275 of the 2022 Acts of Assembly permitted practitioners of professions regulated by the Board who are licensed in another United States jurisdiction to provide behavioral health services to a patient located in the Commonwealth when such practice is for the purpose of providing continuity of care through the use of telemedicine services and the practitioner has previously established a practitioner-patient relationship with the patient. A practitioner may provide such telemedicine services for up to one year.

(continued on next page)

Regulatory / Legislative Actions - continued

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Additional issues: The Board has issued or revised the following Guidance Documents:

125-2: Impact of Criminal Convictions, Impairment, and Past History on Licensure or Certification (revision effective August 18, 2022)

125-3.1: Submission of Evidence of Completion of Graduate Work (revision effective August 18, 2022)

125-3.2: Official Beginning of a Residency (rescinded effective August 18, 2022)

125-5.1: Possible Disciplinary Action for Non-Compliance with Continuing Education Requirements (revision effective August 18, 2022)

125-6: Bylaws (revision effective May 12, 2022)

125-10: Preparing for Expected and Unexpected Departures from the Operation of a Psychological Practice (revision effective May 27, 2021)

125-11: Guidance Document on Psychologists' Use of Social Media (revision effective May 12, 2022)

Challenges and Solutions

The Board continued to contend with the challenges related to Covid 19. The Board held virtual meetings and hearings, which in many ways allowed for greater public attendance and participation, it was also easier for board members and staff to attend meetings, and it saved the Board money on travel expenses. The Governor also gave the Board authority to issue temporary licenses. From April to September 2020, the Board issued hundreds of these licenses with a one-day turn-around.

Staff consistently reviews completed applications within 30 days, meeting the agency performance standards. Additionally, staff returns all phone calls and emails within 24 hours, in spite of the fact that the number of phone calls and emails have more than tripled during this period. Customer service remains a high priority; the Board consistently receives high approval satisfaction scores. These efforts have improved staff morale and the community perception of the Board.

Likewise, the Board's efforts to reduce costs and improve efficiencies by going green continue to reap rewards. The ability to scan case files and allow board members to conduct probable cause reviews remotely, as well as staff implementing system organization, has eliminated the backlog of discipline cases.

(continued on next page)

Challenges and Solutions - continued

These initiatives shortened review times and reduced mailing and printing costs. The Board has also moved to electronic renewal notices and license verifications, and no longer prints agenda packets for Board members or the public, but, instead, posts this information on the website. These efforts have reduced costs and freed staff time. When the Governor issued a State of Emergency in response to COVID19, these efforts helped the Board to continue working and to allow staff to work remotely. Likewise these efforts, forced the Board to make these changes on the licensing side. The Board began scanning all mail and applications as received so that all licensure files are online. Now all staff can access these files, update statuses, and respond to email and phone requests and work remotely. Additionally, the Board began accepting all supplemental documentation via email and fax. These initiatives moved the Board forward as well as protected the health and safety of the staff during the pandemic. Furthermore, with all licensing and discipline capabilities electronic, the Board of Psychology is one of the few boards that is fully in compliance with the Continuity of Operations Plan. The Board also adopted the DHP policy for holding electronic meetings.

Staff reported on new technology that will be coming to the behavioral health boards, in addition to an update of our licensing system. The behavioral health boards anticipate a BOT that will help decrease the time the staff spends sending emails. The BOT will automatically reply to applicants and automatically send approval emails.

The Board has struggled to address a backlog of discipline cases in need of probable cause review. To address the situation, the Board amended the bylaws and the administration allowed the Board to hire a discipline case reviewer to help work through this backlog.

PSYPACT provided training to staff that consisted of updates to the

PSYPACT website for searching credential holders and discipline reporting. The training raised concerns about reporting requirements that may be contrary to Virginia state laws. To ensure that the board remains in compliance with PSYPACT requirements, as well as within Virginia laws, these concerns were forwarded to Board counsel who reviewed the requirements and alleviated any concerns.

Finally, the DMAS decided to reimburse School Psychologist- Limited based on their Department of Education certification, and not their Board of Psychology License. As such, eventually this license will become obsolete, and will have a negative impact on the Board financially by around \$40,000 in lost revenue.

Additional Information

Petitions for Rulemaking

The Board responded to the following Petitions for Rulemaking:

- To request the Board amend the requirements for residency in school psychology to accept five years of experience working as a school-psychologist limited in lieu of 1,500 hours of a supervised residency. The Board decided to take no action on this petition. This decision was based on the variety of experience School Psychologists Limited obtain and the inability to provide a general acceptance of all School Psychologists Limited experience as equivalent to residency training. The Board, however, intends to review this issue and related training and residency requirements issues, as well as the need to re-evaluate how the Board licenses doctoral level school psychologists.
- To request the Board amend the regulations to limit psychologists testifying in custody determinations to those with qualifications to do so. The Board decided to take no action on this request, based on its lack of jurisdiction to dictate evidentiary matters that are within the purview of the state court system.

Who We Are

The Virginia Board of Social Work consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Social Work regulates the practice of Associate, Licensed Clinical, Licensed Baccalaureate, Licensed Master's, and Registered Social Workers, as well as taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Board Members

Revenue:

\$2,153,450

Expenditures:

\$1,450,102

Total Licenses as of June 30, 2022:

13,138

Eboni C. Bugg, MSW, LCSW First Term Ends June 30, 2025 Albemarle, VA	Sherwood Randolph, Jr., MSW, LCSW First Term Ends June 30, 2026 Richmond, VA
Caneq Aguirre, Citizen Member Chairperson Second Term Ends June 30, 2024 Alexandria, VA	Angelia Allen, Citizen Member Second Term Ends June 30, 2023 Portsmouth, VA
Jamie Clancey, MSW, LCSW Vice-Chairperson Second Term Ends June 30, 2023 Culpepper, VA	Denise Purgold, MSW, LCSW First Term Ends June 30, 2026 Henrico, VA
Elke Cox, MSW, LCSW First Term Ends June 30, 2026 Lynchburg, VA	Gloria Manns, MSW, LCSW Second Term Ends June 30, 2024 Roanoke, VA
Teresa Reynolds, MSW, LCSW First Term Ends June 30, 2024 Cumberland, VA	

Innovations and Advancements

Board Efficiency

The Board has worked diligently to improve the efficiency of its application process by improving the online applications themselves and providing licensure process manuals for applicants. Even as the number of applications and licensees continue to rise significantly, staff consistently reviews completed applications within 30 days, meeting the agency performance standards. Likewise, the Board's efforts to reduce costs and improve efficiencies by going green continue to reap rewards. The ability to scan case files and allow board members to conduct probable cause reviews remotely, as well as staff implementing system organization, has eliminated the backlog of discipline cases. These initiatives shortened review times and reduced mailing and printing costs. The Board has also moved to electronic renewal notices and license verifications, and no longer prints agenda packets for Board members or the public, but, instead, posts this information on the website. These efforts have reduced costs and freed staff time. When the Governor issued a State of Emergency in response to COVID19, these efforts helped the Board to continue working and to allow staff to work remotely. Likewise these efforts, forced the Board to make these changes on the licensing side. The Board began scanning all mail and applications as received so that all licensure files are online. Now all staff can access these files, update statuses, and respond to email and phone requests and work remotely. These initiatives moved the Board forward as well as protected the health and safety of the staff during the pandemic.

Additionally, the Board began accepting all supplemental documentation via email and fax. These initiatives moved the Board forward as well as protecting the health and safety of the staff during the pandemic. Furthermore, with all licensing and discipline capabilities electronic, the Board of Counseling is one of the few boards that is fully in compliance with the Continuity of Operations Plan. The Board also adopted the DHP policy for holding electronic meetings.

Beyond the initiatives related to COVID19, the Board had also continued its efforts to decrease its dependence on paper and increase its use of technology. Now the Board,

- Prints a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encourages other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aids applicants by obtaining license verification from other states via online processes;
- Has transitioned to license applications that are submitted via online processes; and,
- Continues with online renewals.

Staff reported on new technology that will be coming to the behavioral health boards, in addition to an update of our licensing system. The behavioral health boards anticipate a BOT that will help decrease the time the staff spends sending emails. The BOT will automatically reply to applicants and automatically send approval emails.

Staff closely monitors the Board's website and posts timely updates on the announcements section. The Staff encourages individuals contacting the Board office for information to review the website for the most current information on Board activities. Board staff also encourage individuals to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Social Work includes contacts from graduate social work educational programs, professional associations, and members of the public interested in the activities of the Board of Social Work.

(continued on next page)

Innovations and Advancements - continued

Outreach

Outreach to stakeholders through presentations has afforded Board staff the ability to communicate with and educate students, supervisees, licensees, and employers regarding licensure requirements and application processes. The outreach activities have allowed the Board to develop and foster collegial relationships with stakeholders. Staff and board members have presented to the:

- Virginia Commonwealth University School of Social Work
- Catholic University in conjunction with the Greater Washington Society for Clinical Social Work. Participation in this annual presentation enables engagement with representatives from the Washington and Maryland social work boards and provides an excellent opportunity to compare and contrast licensure requirements between the three jurisdictions.
- George Mason University Internship Program

Board members and staff have been active participants with the Association of Social Work Boards (ASWB). The ASWB is the nonprofit organization composed of and owned by the social work regulatory boards and colleges of all 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces. The ASWB provides support and services to the social work boards, and owns and maintains the social work licensing examinations. The ASWB appointed Ms. Hoyle to the Finance Committee.

The Board continues to work collaboratively. The Council of State Governments asked Ms. Hoyle to participate on two committees focused on drafting the Social Work Compact.

Staff closely monitors the Board's website and posts timely updates on the announcements section. The Staff encourages individuals contacting the Board office for information to review the website for the most current information on Board activities. Board staff also encourage individuals to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public

Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Social Work includes contacts from graduate social work educational programs, professional associations, and members of the public interested in the activities of the Board of Social Work.

Focus on Workforce

Mr. John Salay, Board Chair, wanted the Board to focus on workforce issues and view any changes to regulations by determining if those changes would enhance access to social work services while also ensuring the safety of the public. To continue non-regulatory or legislative efforts to streamline the processes for applicants and supervisees, the Board developed a draft supervisory contract that is available on the website. Additionally, the IT department developed a voluntary supervisor registry, also available on the website.

Levels of Licensure

The Board discussed levels toward licensure and the need to license individuals who may be providing clinical services, as defined, but are not licensed due to exemptions from licensure in the Code. The Board voted to recommend legislation to license supervisees in social work who are proposing to obtain supervised post-degree experience in the practice of social work required by the Board for licensure as a clinical social worker. The legislation ultimately not introduced during the General Assembly Session.

Virginia Health Care Work Force Data Center (HWDC) Studies

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include HCWF indicators as well as more detailed information pertaining to the professions. The HWDC surveys LCSWs every year during renewal, and produced reports on the profession for July 2020 and July 2021. The Board also requested during FY2022 that staff conduct an additional survey during renewal to determine what LMSWs actually do, and how much of their work is clinical.

Regulatory / Legislative Actions

Regulatory

One periodic review was conducted: In 2022, the Board conducted a periodic review of 18VAC140-20, Regulations Governing the Practice of Social Work.

Three regulatory actions were finalized: Fast-track amendments eliminating requirements for hours of supervised practice to qualify as a licensed baccalaureate social worker became effective October 15, 2020.

Amendments prohibiting the practice of conversion therapy on minors became effective on March 16, 2021. Fast-track amendments to supervision requirements became final on March 18, 2021.

Five regulatory actions were in progress but not yet finalized: The Board filed a notice of intended regulatory action for amendments resulting from the 2022 periodic review of 18VAC140-20, which was under Executive Branch review at the end of the biennium. Final amendments to regulations to reduce continuing education requirements for continuing approval to be a supervisor and final amendments to regulations regarding endorsement and reinstatement requirements were under Executive Branch review at the end of the biennium. Additionally, a fast-track action to accept state examinations for licensure by endorsement applications was under Executive Branch review at the end of the biennium. Proposed regulations for the licensure of music therapists pursuant to Chapters 103 and 233 of the 2020 Acts of Assembly were under Executive Branch review at the end of the biennium.

Legislative

There were no legislative actions in the 2021 Session of the General Assembly that directly affected the Board.

Chapter 275 of the 2022 Acts of Assembly permitted practitioners of

professions regulated by the Board who are licensed in another United States jurisdiction to provide behavioral health services to a patient located in the Commonwealth when such practice is for the purpose of providing continuity of care through the use of telemedicine services and the practitioner has previously established a practitioner-patient relationship with the patient. A practitioner may provide such telemedicine services for up to one year.

Chapter 464 of the 2022 Acts of Assembly grants temporary authorization to practice to a health care practitioner licensed in another state or the District of Columbia whose employer or contractor submits notification to the appropriate health regulatory board to temporarily practice for a period of 90 days, provided that certain conditions are met. The practitioner must have been contracted by or received an offer of employment from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department, and the employer must verify the practitioner's out of state licensure and obtain a report from the National Practitioner Data Bank. The temporary authorization may be extended for 60 days if the practitioner has applied for licensure in the Commonwealth and licensure is still pending.

Additional issues: The Board has issued or revised the following Guidance Documents:

140-6: Bylaws for the Advisory Board on Music Therapy (adoption effective May 13, 2021)

140-7: Bylaws of the Board of Social Work (revision effective August 4, 2022)

140-10: Guidance on Supervised Experience for Clinical Social Work Licensure (rescinded effective August 4, 2022)

140-13: Guidance on Emotional Support Animals (adoption effective September 16, 2021)

Challenges and Solutions

The Board continued to contend with the challenges related to Covid 19. The Board held virtual meetings and hearings, which in many ways allowed for greater public attendance and participation, it was also easier for board members and staff to attend meetings, and it saved the Board money on travel expenses.

The biggest challenge facing the Board remains the growing number of applicants and licensees, in comparison to the limited number of full-time staff. With the addition of the music therapists and music therapy associates, the issues will continue. The growing number of applications could threaten the hard-earned improvements with response time as limited staff continue to try to process the increasing volume of applications within 30 days. The Administration continues to try to address the staffing issues and granted an additional full-time person in FY2020 and an additional P-14. These efforts eliminated our dependence on contract employees and helped to stabilize the Board. However, additional full-time staff remains a constant need.

Portability, mobility, and workforce issues are the main challenges confronting the profession in Virginia. The Board spent many years discussing and debating these issues as well as the need for mid-level licensure. The Board continues to wrestle with the current scope of practice for the LMSW and whether the LMSW should encompass the Supervisee in Social Work and be a prerequisite to licensure as a clinical social worker.

Additional Issues

Petitions for Rulemaking

The Board considered the following Petitions for Rulemaking:

- To request the Board amend its regulations to extend the requirement for passage of the licensing examination and allow an additional one to three years for remediation, training and equitable opportunities, as well as reduce the passing score by 10 points. The Board declined to initiate rulemaking.
- To request the Board amend its regulations for licensure by endorsement. The Board declined to initiate rulemaking because the situation was unique to the petitioner.

Who We Are

The Virginia Board of Veterinary Medicine consists of a 7-member Board as well as administrative, licensing, discipline, and support staff.

What We Do

We regulate Veterinarians, Veterinary Technicians, Equine Dental Technicians, and Stationary and Ambulatory Veterinary Establishments.



EXECUTIVE DIRECTOR

Leslie L. Knachel, MPH

Revenue:

\$2,477,449

Expenditures:

\$2,196,263

Total Licenses as of June 30, 2022:

8,648

Board Members

Tregel Cockburn, DVM President 2nd term expires 6/30/2024 Sterling	Autumn Halsey, LVT Vice President 2nd Term expires 6/30/2023 Marion
Jeffery Newman, DVM Secretary 1st term expires 6/30/2023 Alexandria	Steven B. Karras, DVM 2nd term expires 6/30/2024 Roanoke
Steven A. Linas, OD Citizen Member 1st Term expires 6/30/2026 Richmond	Richard G. Bailey, DVM 1st term expires 6/30/2026 Fincastle
Thomas B. Massie, Jr, DVM 1st Term expires 6/30/2025 Washington	

Innovations and Advancements

During the biennium, the Board of Veterinary Medicine successfully transitioned to virtual meetings during the pandemic and back to in-person meetings when the Governor's emergency orders ended. The board office remained fully functional throughout the pandemic with staff working remotely.

The Board of Veterinary Medicine continues to be an active participant in the American Association of Veterinary State Boards (AAVSB). The organization serves to support and enhance the regulatory process for veterinary medicine regulatory community. It provides services and a wealth of information to its member boards, to include gathering data on national issues such as telepractice, licensure mobility, and the opioid crisis. The Board's Executive Director served a total of four years on the AAVSB's Board of Directors and was elected in 2021 to the leadership position of President-Elect. The AAVSB continues to review its Practice Act Model to enhance public protection and standardize terminology within its membership. The AAVSB is monitoring the veterinarian and veterinary technician shortages and providing information about reducing unnecessary regulatory burdens.

The Department of Health Professions' Healthcare Workforce Data Center works to improve the data collection and measurement of Virginia's healthcare workforce through the regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes. The first survey of the veterinary profession was deployed during the 2020 and 2021 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Transitioning to license applications that are submitted via online processes;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing to encourage online renewals;
- Conducting virtual inspections of veterinary establishments when appropriate;
- Transitioning to paperless filing systems to enhance teleworking efforts and reducing paper usage; and
- Utilizing emails to notify licensees of important information.

(continued on next page)

Innovations and Advancements – continued

During the biennium, the Board's Ad Hoc Veterinary Establishment Inspections Committee composed of stakeholders convened to review inspection-related guidance documents and regulations and make recommendations for clarification changes or regulatory reductions to the Board. The work of the Committee is ongoing.

The Board received five petitions for rule-making during the biennium:

1. Expanding duties for an unlicensed veterinary assistant to perform an invasive procedure upon which the Board took no action.
2. Mandating continuing education on the topic of diversity, equity and inclusion upon which the Board took no action.
3. Adding an equivalent degree for veterinary technicians upon which the Board initiated a regulatory action that became effecting in on 10/21/21.
4. Removing a licensure by endorsement requirement for veterinary technicians, which is still in progress.
5. Removing a licensure by endorsement requirement for veterinarians, which is still in progress.

The Board has continued with its outreach efforts to the licensees through the following activities:

- Posting COVID-19 communications from the Virginia Department of Health related to the veterinary community.
- Sending mass emails to the veterinary licensees related to mandatory

reporting requirements for the Prescription Monitoring Program, Scam Alerts, webinar information from the Drug Enforcement Administration (DEA).

- Collaborating with the DEA and the Virginia Veterinary Medical Association to provide an educational webinar on controlled substances. This collaboration is ongoing with additional webinars planned.
- Providing regulatory and legislative updates at the Virginia Veterinary Medical Association's annual meetings.
- Providing information on the duties and responsibilities of the Board and licensing and disciplinary processes to students at the Virginia-Maryland College of Veterinary Medicine.

Regulatory / Legislative Actions

Regulatory:

One periodic review was conducted: In 2022, the Board completed a periodic review of 18VAC150-20, Regulations Governing the Practice of Veterinary Medicine.

Two regulatory actions were finalized: Fast-track amendments for acceptance of a veterinary nurse degree became effective on October 1, 2021. Fast-track amendments to accept the Program for the Assessment of Veterinary Education Equivalence by the American Association of Veterinary State Boards for veterinary technician licensure became effective on April 1, 2022.

Legislative: There were no legislative actions in the 2021 and 2022 Sessions of the General Assembly that directly affected the Board.

(continued on next page)

Regulatory / Legislative Actions - continued

Additional issues: The Board has issued or revised the following Guidance Documents:

- 76-21.2.1: Veterinary Establishment Inspection Report (revision effective January 12, 2021)
- 150-3: Preceptorships and Externships for Veterinary Technicians (reaffirmed March 11, 2021)
- 150-4: “Chip” Clinics Outside Approved Facilities (reaffirmed December 23, 2021)
- 150-7: Disposition of Cases Involving Failure of Veterinarian-In-Charge to Notify Board of Establishment Closure (reaffirmed March 11, 2021)
- 150-10: Allowances to Purchase, Possess, and Administer Drugs within an Animal Shelter (reaffirmed December 23, 2021)
- 150-12: Administration of Rabies Vaccine (reaffirmed July 29, 2021)
- 150-13: Controlled Substances in Veterinary Practices (revision effective May 13, 2021)
- 150-14: Process for Delegation of Informal Fact-Finding to an Agency Subordinate (effective December 23, 2021)
- 150-15: Disposition of Routine Inspection Violations (revision effective April 28, 2022)
- 150-16: Protocol for Loss or Theft of Drugs at a Veterinary Facility (revision effective March 11, 2021)
- 150-18: Bylaws of the Board of Veterinary Medicine (revision effective September 30, 2021)
- 150-19: Delegation of Dental Polishing-Cleaning (reaffirmed December 23, 2021)
- 150-20: Duties of Unlicensed Assistants (reaffirmed December 23, 2021)
- 150-21: Frequently Asked Questions about Reporting to the Prescription

- Monitoring Program (adoption effective April 28, 2022)
- 150-22: Veterinarians and Wildlife Rehabilitators – Prescription Drugs (reaffirmed December 22, 2021)
- 150-23: Disposal of Deceased Animals (revision effective March 11, 2021)
- 150-24: Guidelines for Processing Applications for Licensure (reaffirmed December 21, 2021)
- 150-25: Guidance for Telehealth in the Practice of Veterinary Establishments (adoption effective May 13, 2021)
- 150-26: Guidance on the Regulations for Veterinary Establishments (adoption effective May 13, 2021)

Challenges and Solutions

The number and complexity of complaint cases received by the Board continues to increase. To help with the increase in the caseload, the Board has continued to review disciplinary processes and implemented efficiency measures. The hiring of a Veterinary Review Coordinator (VRC) has helped to expedite adjudication of cases. In addition, the Board implemented the agency subordinate process as an efficiency measure to move cases through the disciplinary process more quickly. Other efficiency measures are under review.

One of the Board’s biggest challenges has been educating licensees on their responsibilities related to possessing, dispensing, and prescribing controlled substances. The Board continues to work collaboratively with other agency divisions and the professional associations to provide information and trainings related to controlled substances.

Who We Are

Since 1997, the Health Practitioners' Monitoring Program (HPMP) has provided an alternative to disciplinary action for Department of Health Professions' licensees, registrants, and applicants with a substance use, medical, or behavioral diagnosis that has or could alter the professional's ability to deliver safe care. The HPMP offers comprehensive and effective monitoring services that support treatment, recovery, and ultimately return to safe, productive practice.

DHP contracts, through a Memorandum of Agreement with the Virginia Commonwealth University (VCU) Health System, Department of Psychiatry, Division of Addiction Psychiatry to provide monitoring services. VCU provides comprehensive and confidential services including intake, referrals for assessments and/or treatment, monitoring records, alcohol and drug toxicology screening, and data collection. Individualized toxicology-screenings for each participant enable HPMP to minimize costs while maintaining quality-monitoring standards. There are currently 27 urine, 14 hair, 14 nail and 3 blood toxicology panels used. HPMP continues to expand treatment partnerships with programs and therapists who provide affordable and high-quality care and who participate in varied insurance products, including Medicaid.

For nearly six years, HPMP and the VCU vendor have used the electronic monitoring record, RecoveryTrek. RecoveryTrek is a HIPAA-compliant platform which stores all monitoring documents, allows participants and treatment providers to submit reporting forms electronically, and provides a secure system for electronic communication and document transfer between HPMP staff, VCU, and the regulatory boards. The secure portal available to participants allows them access to all of the reports they have submitted as well as daily check-in history and dates, screening test results, and costs of toxicology testing.

RecoveryTrek allows a participant to access a list (with a map) of approved

collection sites convenient to home, treatment location or place of employment. RecoveryTrek also supports demographic and quality assurance reports that have the potential to increase the efficiency and quality of the monitoring services provided.

Regulatory / Legislative Actions

Regulatory

One regulatory action was finalized to clarify the progression of actions related to eligibility for a stay of discipline and to add authority for the Chair to act on behalf of the Committee for an urgent dismissal of a participant outside of a scheduled meeting. This became effective on February 2, 2022.

Legislative

There were no legislative actions in the 2021 and 2022 Sessions of the General Assembly that directly affected the Program.

Opportunities & Innovations

As many participants are out of work because of their diagnosis, the cost of treatment and toxicology tests can be a burden. With Medicaid expansion in January 2019, participants are now able to get assistance through their Medicaid plan. The Linda Kleiner HPMP Fund, named in memory of a long time DHP employee and HPMP supporter, has been included in the Combined Virginia Campaign for the past two years. Managed through the VCU Foundation, the fund may be used to defer the costs of treatment for those participants who qualify for financial assistance.

Since the inception of the HPMP, opioid addiction treatment and maintenance of recovery has changed. Medically Assisted Treatment (MAT) is a significant part of best practice in 2020. The HPMP has an opportunity to explore and redefine the use of various MAT modalities for participants in recovery.

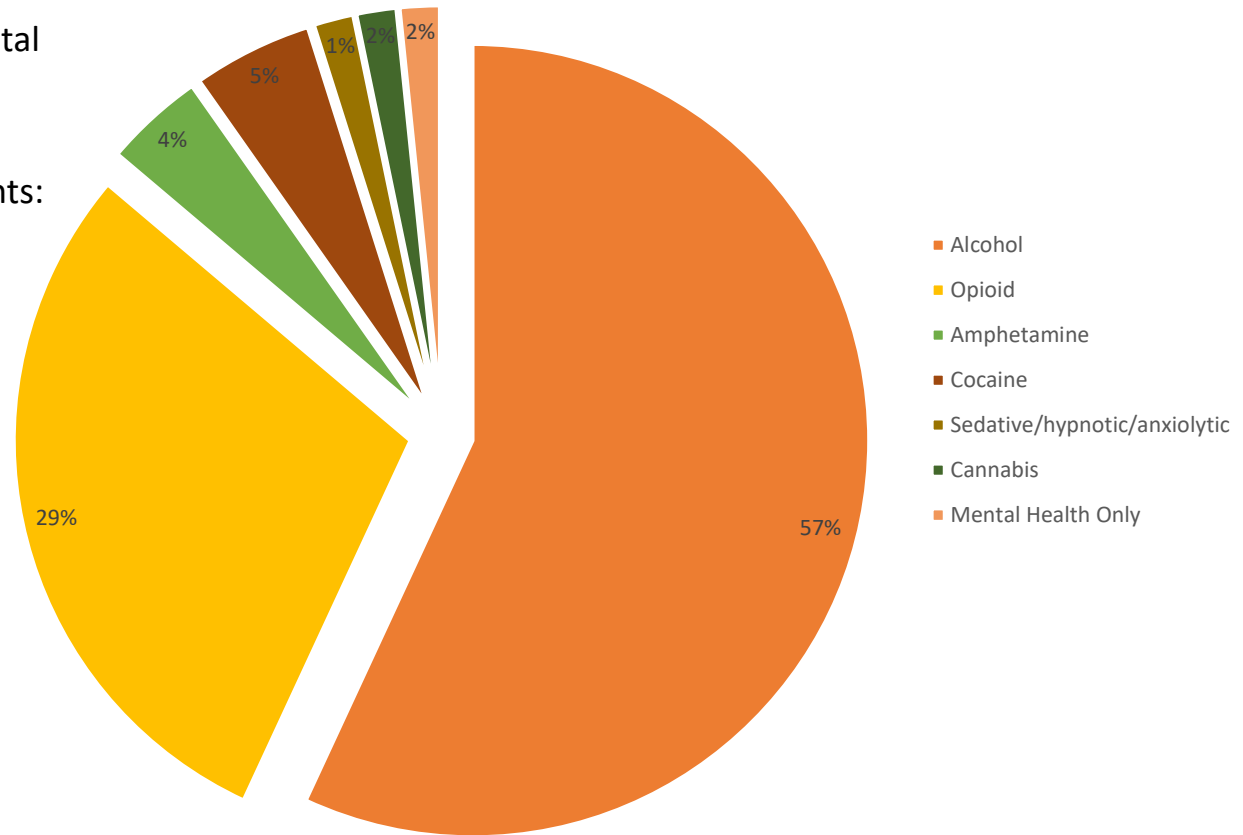
HPMP: Participation

As of December 31, 2021, HPMP has a total of 349 participants.

Board percentage breakout of participants:

- 57% Nursing
- 31% Medicine
- 4% Pharmacy
- 3% Dentistry
- 1% each for Counseling, Optometry, Physical Therapy, Psychology and Veterinary Medicine

HPMP: Drug Of Choice



Who We Are

Virginia's Prescription Monitoring Program (PMP) is a near "real-time" central database containing information used primarily by healthcare providers to better inform treatment and dispensing decisions. The database contains information on dispensed controlled substances as well as naloxone and registered cannabis products. PMP data is used to track trends in drug utilization, measure the impact of policy (legislative) actions, and support activities related to the opioid crisis response in the Commonwealth. The PMP also provides information to authorized law enforcement agents and regulatory personnel to assist with criminal or licensee investigations.



PROGRAM DIRECTOR

Ashley Carter

Revenue:

\$ 125,961

Expenditures:

\$ 4,104,845

Innovations & Advancements

The Virginia Prescription Monitoring Program (PMP) is a statewide electronic database containing information on dispensed schedule II-V drugs, naloxone, and medical cannabis. The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. In addition to the utility for healthcare providers, authorized law enforcement and regulatory boards, in limited circumstances, access PMP to conduct investigations on concurrent use of multiple prescribers/dispensers, suspected drug diversion, and unusual patterns of prescribing and dispensing. Data collected in the PMP is also analyzed to inform population health initiatives and conduct policy evaluation.

Virginia's PMP is interoperable with 38 states, including all bordering states,

DC, PR, and the Department of Defense Military Health System. This means that a user of Virginia's PMP is able to query a patient's prescription history from 41 state/jurisdictional databases simultaneously. Healthcare providers access the PMP through a web-based application or via integration within the clinical workflow of their electronic health record (EHR) and pharmacy dispensing system (PDS). Prescribers and dispensers at approximately 5,000 facilities statewide—including hospitals, private medical and dental practices, Veterans Health Administration, and all major pharmacy chains—access the PMP within their clinical workflow. Both interoperability and integration have contributed positively to the marked increase in overall database utilization as measured by requests for a patient's prescription history.

The graphs at the conclusion of the PMP section reflect positively on both the impacts of our investments in the PMP and recent legislative and regulatory initiatives aimed to support safer prescribing of controlled substances.

Regulatory / Legislative Actions

Regulatory

One regulatory action was finalized: Fast-track amendments to delete language which required that dispensers report according to a specific version of the American Society of Automation in Pharmacy standard became effective on February 17, 2022.

Legislative

There were no legislative actions in the 2021 legislative session which directly impacted the Program.

Chapter 747 of the 2022 Acts of Assembly extended the sunset clause on the requirement that practitioners request patient information from the Prescription Monitoring Program prior to prescribing controlled substances in certain circumstances to July 1, 2027.

Challenges & Solutions

Electronic prescribing of opioids: In the last biennium, a law requiring any prescription containing an opioid to be transmitted electronically (e-prescribed) from the prescriber to the dispenser. One year before going into effect, only one-quarter of these prescriptions was e-prescribed and, at present, over 93% are.

Integration: Because of the tremendous impact that ease of use has on overall use of the PMP, Virginia undertook several email marketing campaigns to increase update of integration among practitioners not currently integrated. As a result of the campaign, requests to integrate with PMP rose exponentially. Prescriber penetration, defined as prescribers accessing PMP via integrated EHR as a percent of total prescribers actively prescribing controlled substances, is a key metric by which to monitor integration uptake.

In the last two years, prescriber penetration increased from 56% to 70%.

Prescriber Reports: In response to prescribers' interest in receiving information from the PMP on their own prescribing history and behavior, the PMP began providing this information directly to all opioid prescribers in April 2017 and, in October 2019, the report was expanded to include sedatives, buprenorphine, and stimulant prescribing patterns. Another enhancement in functionality added in November 2021 was an interactive ability for recipients review patients meeting certain thresholds.

Each individualized Prescriber Report is created and electronically delivered on a quarterly basis. The report provides information regarding current prescribing volumes, behaviors, PMP use, and a comparison to peers within the same specialty. Prescribers must have an active PMP account with a DEA number and healthcare specialty selected to be eligible to receive a report. Over 23,000 Prescriber Reports are distributed quarterly.

Funding: Many of the enhancements to the PMP were made possible through CDC grant funding administered by the Virginia Department of Health. This grant funds supports EHR/PDS integration expenses for all prescribers and pharmacies in the Commonwealth. These federal funds also enable the quarterly distribution of Prescriber Reports.

Covid-19: The disruption to the healthcare system caused by Covid-19 also impacted observed trends in dispensations reported and PMP use. The most pronounced changes occurred abruptly in the early months of the pandemic but quickly reverted and continues to follow expected trends. More specifically, following continuous increases over the last several years, quarterly requests to the PMP declined for the first time in 2020Q2 but quickly rebounded and continue to rise.

(Continued on next page)

Challenges & Solutions

Electronic prescribing of opioids: In the last biennium, a law requiring any prescription containing an opioid to be transmitted electronically (e-prescribed) from the prescriber to the dispenser. One year before going into effect, only one-quarter of these prescriptions was e-prescribed and, at present, over 93% are.

Integration: Because of the tremendous impact that ease of use has on overall use of the PMP, Virginia undertook several email marketing campaigns to increase update of integration among practitioners not currently integrated. As a result of the campaign, requests to integrate with PMP rose exponentially. Prescriber penetration, defined as prescribers accessing PMP via integrated EHR as a percent of total prescribers actively prescribing controlled substances, is a key metric by which to monitor integration uptake. In the last two years, prescriber penetration increased from 56% to 70%.

Prescriber Reports: In response to prescribers' interest in receiving information from the PMP on their own prescribing history and behavior, the PMP began providing this information directly to all opioid prescribers in April 2017 and, in October 2019, the report was expanded to include sedatives, buprenorphine, and stimulant prescribing patterns. Another enhancement in functionality added in November 2021 was an interactive ability for recipients review patients meeting certain thresholds.

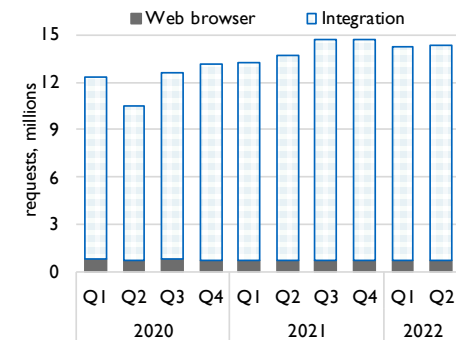
Each individualized Prescriber Report is created and electronically delivered on a quarterly basis. The report provides information regarding current prescribing volumes, behaviors, PMP use, and a

comparison to peers within the same specialty. Prescribers must have an active PMP account with a DEA number and healthcare specialty selected to be eligible to receive a report. Over 23,000 Prescriber Reports are distributed quarterly.

Funding: Many of the enhancements to the PMP were made possible through CDC grant funding administered by the Virginia Department of Health. This grant funds supports EHR/PDS integration expenses for all prescribers and pharmacies in the Commonwealth. These federal funds also enable the quarterly distribution of Prescriber Reports.

Covid-19: The disruption to the healthcare system caused by Covid-19 also impacted observed trends in dispensations reported and PMP use. The most pronounced changes occurred abruptly in the early months of the pandemic but quickly reverted and continues to follow expected trends. More specifically, following continuous increases over the last several years, quarterly requests to the PMP declined for the first time in 2020Q2 but quickly rebounded and continue to rise.

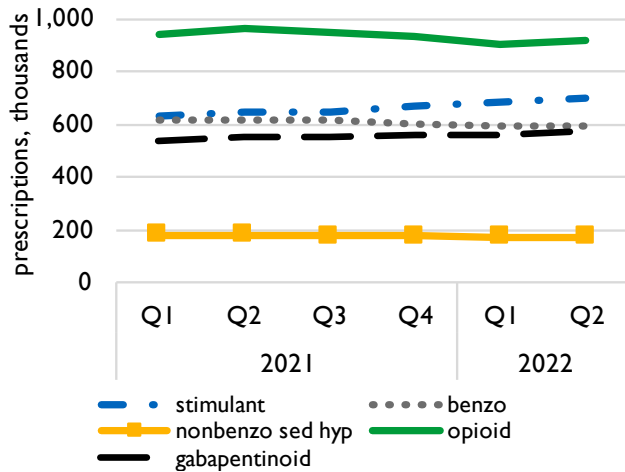
Prescription history requests by type, January 2020-June 2022



Prescription history requests by type: PMP data within clinical workflow (integration), in state requests rose by 17%; Web-based application, 9% decrease. It is to be expected that as access to PMP via integration rises, there will be a concurrent decline in use of the web-based application.

(continued on next page)

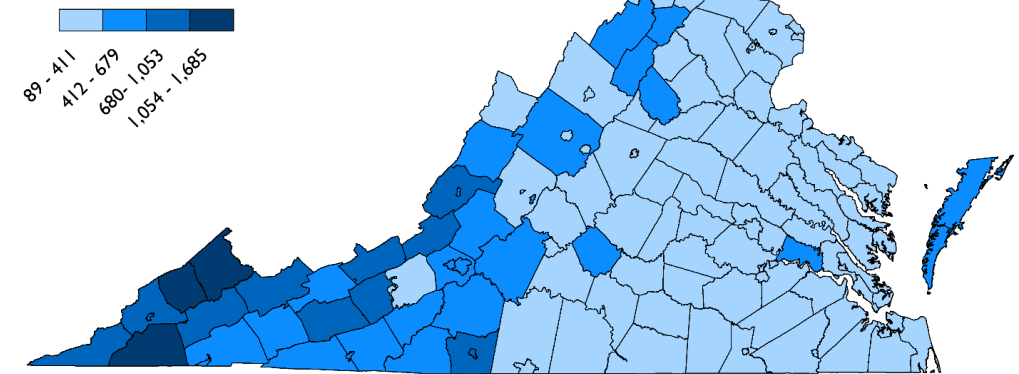
Prescriptions Dispensed by Drug Class January 2021 - June 2022



Percent change by drug class: opioid, -4% (solid green); benzodiazepine, -4% (dotted gray); stimulant, 11% (dash-dot blue); gabapentinoid, 8% (dashed black); nonbenzodiazepine sedative hypnotic, -5% (square marker yellow)

Opioid Dispensing by County - 2021

Opioid MME per capita (2021)



Opioid dispensing varies geographically across Virginia. Per capita, opioids are dispensed at greater strengths in southwest and more rural areas. Morphine milligram equivalent (MME) standardizes the relative potency of opioid to account for differences in drug type and strength. As MME increases, overdose risk increases.

Who We Are

The Department of Health Professions Healthcare Workforce Data Center works to improve the data collection and measurement of Virginia's healthcare workforce through regular assessment of workforce supply and demand issues among the over 62 professions and the over 510,000 practitioners licensed in Virginia by DHP.

DHP healthcare workforce data is provided online to ensure accessibility of the findings among healthcare decision makers, hospital systems, academic institutions and constituents statewide.

Innovations & Advancement

The Department of Health Professions Healthcare Workforce Data Center (DHP HWDC) was established in 2008 to improve data collection and measurement of Virginia's healthcare workforce with regular assessments of supply and demand issues.

Since inception, DHP HWDC's efforts have continued to focus on instituting and maintaining standard healthcare workforce research methods that yield comparable, meaningful longitudinal data across and within multiple professions, and across policy-relevant geographic areas. Twenty-seven professions participate in electronic surveys as part of the license renewal process (see the following table for specific professions), as do RN and LPN nursing education programs. DHP HWDC's surveys also incorporate profession-specific items that will enable the tracking of potential workforce impacts related to scope of practice, practice authority, patient language



EXECUTIVE DIRECTOR

Yetty Shobo, PhD

services, Medicaid expansions, and other policy relevant issues.

DHP HWDC's was instrumental in assessing the impact of the coronavirus pandemic on the labor market for healthcare professions in Virginia. Elements from DHP HWDC's surveys were used to create a dashboard that monitored current and past year involuntary unemployment, as well as current involuntary underemployment for all 27 professions. The dashboard can be viewed at

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/ImpactofCOVIDonHealthcareWorkforce/>. Additionally,

DHP HWDC is actively contributing to the health care workforce supply-demand discourse by creating a dashboard of supply and demand projections for the primary care workforce. The dashboard is available at

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/ProjectionsofthePrimaryCareWorkforce/>

Professions that Participate in Online Surveys

Audiologists	Assisted Living Facility Administrators	Certified Nurse Aides	Dentists	Dental Hygienists
Funeral Services Providers	Licensed Clinical Psychologists	Licensed Clinical Social Workers	Licensed Nurse Practitioners	Licensed Practical Nurses
Licensed Professional Counselors	Nursing Home Administrators	Occupational Therapists	Occupational Therapy Assistants	Optometrists
Pharmacists	Pharmacy Technicians	Physical Therapists	Physical Therapists Assistants	Physician Assistants
Physicians (MDs & DOs)	Radiologic Technologists	Registered Nurses	Respiratory Therapists	Speech-Language Pathologists
Veterinarians	Veterinary Technicians			

Challenges and Issues

Although the healthcare workforce field has experienced significant growth in recent years, the long-term care administrator and funeral service provider/director workforce has been undergoing stagnancy and, even in some cases, shrinkage. By contrast, the behavioral health care professions have grown at an astronomical rate but are currently still severely challenged in meeting the behavioral health professions' need in the state. DHP HWDC provides data to estimate and explore supply and demand issues such as these among Virginia's healthcare workforce. DHP HWDC is also an increasingly requested resource within the Commonwealth to support grant applications and participate in multiple data sharing and technical assistance efforts to inform developing an all-encompassing supply-demand model for all professions in the state, address the opioid crisis, improve federal healthcare shortage designation reporting, and understand healthcare workforce diversity, as a few examples. DHP HWDC continues to juggle these multiple technical assistance requests with its regular healthcare workforce assessment while also responding to emerging but urgent needs like that created by the coronavirus pandemic. The Center not only created the dashboard to evaluate how the pandemic impacted healthcare workforce employment, it also worked with healthcare boards to analyze the impact of the pandemic of healthcare workforce pipeline such as the nurse aide education programs.

DHP HWDC also served as a resource on a national level through presentations for:

- Council on Licensure, Enforcement and Regulation (CLEAR) - 2018, 2019, 2020, 2021, and 2022
- American Association of Medical College (AAMC) Annual Workforce Research Conferences- 2016, 2017, 2018, 2019, 2020, 2021, and 2022
- Southern Demographic Society- 2017, 2018, 2019,
- National Forum of State Nursing Workforce Center - 2020, 2022
- State Longitudinal Data System Best Practice Conference – 2021
- Virginia Longitudinal Data System Research Forum - 2021

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Audiology & Speech-Language Pathology	Audiologist	451	486	507	512	578	598	3.46%
	Continuing Education Provider	1	12	15	15	-	-	-
	Provisional Speech-Language Pathologist†	-	-	-	141	-	-	-
	School Speech Pathologist	110	130	484	436	476	350	-26.47%
	Speech Pathologist	3,022	3,476	3,796	4,122	4,711	4,946	4.99%
Audiology & Speech-Language Pathology Total		3,584	4,104	4,802	5,226	5,765	5,894	2.24%
Counseling	Certified Substance Abuse Counselor	1,714	1,473	1,734	1,911	1,972	1,878	-4.77%
	Licensed Marriage and Family Therapist	790	775	870	889	938	1,047	11.62%
	Licensed Professional Counselor	3,538	3,700	4,567	5,394	6,562	8,155	24.28%
	Marriage and Family Therapist Resident	-	-	131	239	224	139	-37.95%
	Qualified Mental Health Prof - Adult †	-	-	-	2,220	7,924	7,297	-7.91%
	Qualified Mental Health Prof - Child †	-	-	-	1,897	7,042	5,396	-23.37%
	Registered Peer Recovery Specialist †	-	-	-	86	313	452	44.41%
	Registration of Supervision	-	-	5,438	7,445	-	-	-
	Rehabilitation Provider	334	311	266	237	192	157	-18.23%
Resident in Counseling	-	-	-	-	-	2,711	-	

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Counseling	Substance Abuse Counseling Assistant	115	117	192	252	280	277	-1.07%
	Substance Abuse Trainee †	-	-	-	1,748	4,181	2,145	-48.70%
	Substance Abuse Treatment Practitioner	183	169	179	223	307	393	28.01%
	Substance Abuse Treatment Resident	-	-	1	5	9	12	33.33%
	Trainee for Qualified Mental Health Prof †	-	-	-	185	3,845	7,377	91.86%
Counseling Total		6,674	6,545	13,378	22,731	33,789	37,436	10.79%
Dentistry	Conscious/Moderate Sedation	-	182	212	227	-	-	-
	Cosmetic Procedure Certification	29	30	36	39	40	40	0.00%
	Deep Sedation/General Anesthesia	-	41	51	51	61	72	18.03%
	Dental Assistant II	-	3	11	22	35	44	25.71%
	Dental Full Time Faculty	9	9	16	14	10	14	40.00%
	Dental Hygienist	5,021	5,465	5,719	5,894	5,805	6,020	3.70%
	Dental Hygienist Faculty	1	-	1	2	-	-	-
	Dental Hygienist Restricted Volunteer	-	1	1	2	3	3	0.00%
	Dental Hygienist Temporary Permit	13	-	-	-	-	1	-
	Dental Hygienist Volunteer Registration	-	-	1	-	-	-	-
	Dental Restricted Volunteer	-	13	20	19	16	16	0.00%
	Dental Teacher	3	-	-	-	-	-	-

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Dentistry	Dental Temporary Permit	3	-	-	-	-	-	-
	Dentist	6,293	6,911	7,147	7,252	7,288	7,735	6.13%
	Dentist-Volunteer Registration	-	2	7	3	-	3	-
	Enteral Conscious/Moderate Sedation	-	157	166	165	134	109	-18.66%
	Mobile Dental Facility	-	9	14	15	11	10	-9.09%
	Moderate Sedation	-	-	-	-	238	272	14.29%
	Oral/Maxillofacial Surgeon Registration	236	255	256	257	259	270	4.25%
	Sedation Permit Holder Location	-	-	444	501	514	549	6.81%
	Temporary Conscious/Moderate Sedation	-	15	-	-	-	-	-
	Temporary Resident	54	47	82	81	77	80	3.90%
Dentistry Total		11,662	13,140	14,184	14,544	14,491	15,238	5.15%

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Funeral Directors & Embalmers	Branch Establishment	59	64	67	78	85	85	0.00%
	Continuing Education Provider	26	20	26	19	12	11	-8.33%
	Courtesy Card	67	72	82	104	102	119	16.67%
	Crematories	94	104	108	116	112	128	14.29%
	Embalmer	5	4	2	2	2	3	50.00%
	Embalming Internship						-	-
	Funeral Director	60	51	42	35	33	35	6.06%
	Funeral Directing Internship						18	-
	Funeral Establishment	447	439	436	431	411	425	3.41%
	Funeral Service Intern	158	176	176	191	192	229	19.27%
	Funeral Service Licensee	1,403	1,495	1,516	1,517	1,502	1,528	1.73%
	Funeral Supervisor	-	-	-	-	591	555	-6.09%
Surface Transport & Removal Service	48	46	42	39	48	46	-4.17%	
Funeral Directors & Embalmers Total		2,367	2,471	2,497	2,532	3,090	3,182	2.98%
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	-	6	-	4	7	4	-42.86%
	Administrator-In-Training	68	70	81	78	84	85	1.19%
	ALF-Administrator-In-Training	80	95	115	96	94	108	14.89%
	Assisted Living Facility Administrator	593	617	602	628	641	623	-2.81%
	Assisted Living Facility Preceptor	161	187	198	202	192	194	1.04%
	Nursing Home Administrator	787	845	864	878	912	916	0.44%
	Nursing Home Preceptor	223	234	227	228	211	216	2.37%
Long-Term Care Administrators Total		1,912	2,054	2,087	2,114	2,141	2,146	0.23%

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Medicine	Assistant Behavior Analyst	-	72	129	147	170	232	36.47%
	Athletic Trainer	1,106	1,264	1,445	1,589	1,673	1,709	2.15%
	Behavior Analyst	-	431	706	997	1,434	2,140	49.23%
	Chiropractor	1,559	1,707	1,721	1,729	1,777	1,775	-0.11%
	Genetic Counselor †	-	-	-	166	341	526	54.25%
	Genetic Counselor- Temporary	-	-	-	-	9	6	-33.33%
	Interns & Residents	3,708	2,838	4,070	4,095	4,239	4,489	5.90%
	Licensed Acupuncturist	427	470	497	529	567	577	1.76%
	Licensed Midwife	64	75	85	84	90	105	16.67%
	Limited Radiologic Technologist	668	678	627	581	501	514	2.59%
	Medicine & Surgery	32,696	35,887	37,115	38,014	39,643	41,926	5.76%
	Occupational Therapist	3,038	3,491	3,822	4,176	4,618	4,952	7.23%
	Occupational Therapy Assistant	931	1,123	1,312	1,551	1,712	1,824	6.54%
	Osteopathy & Surgery	2,019	2,570	3,016	3,473	4,001	4,733	18.30%
	Physician Assistant	2,408	2,875	3,291	3,841	4,517	5,524	22.29%
	Podiatry	439	494	521	541	559	560	0.18%
	Polysomnographic Technician	-	-	394	486	484	486	0.41%
	Radiologic Technologist	3,539	3,856	4,084	4,279	4,431	4,575	3.25%
	Radiologist Assistant	9	8	12	12	14	16	14.29%
	Respiratory Therapist	3,655	3,866	3,846	3,961	4,026	4,259	5.79%
	Restricted Volunteer – Doctor of	58	66	79	97	83	76	-8.43%
	Surgical Assistant	-	-	237	254	255	587	130.20%
Surgical Technologist	-	-	421	334	255	1,248	389.41%	
University Limited License	31	16	16	23	17	18	5.88%	
Volunteer Registration	1	1	1	-	1	-	-	
Medicine Total		56,356	61,788	67,447	70,959	75,417	82,857	9.87%

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Nursing	Advanced Certified Nurse Aide	97	92	70	55	32	32	0.00%
	Authorization to Prescribe	4,109	4,930	5,891	7,417	-	-	-
	Certified Nurse Aide	55,063	52,860	54,266	53,055	52,118	49,966	-4.13%
	Clinical Nurse Specialist	438	427	438	425	406	-	-
	Licensed Massage Therapist**	6,215	7,104	7,978	8,727	8,597	8,287	-3.61%
	Licensed Nurse Practitioner	6,825	7,813	8,860	10,563	12,863	16,684	29.71%
	Licensed Practical Nurse	30,877	30,884	29,763	29,076	28,445	27,881	-1.98%
	Medication Aide	4,901	5,570	6,009	6,525	6,701	6,853	2.27%
	Medication Aide Training Program	-	-	248	284	314	257	-18.15%
	Registered Nurse	97,444	103,186	104,873	108,809	111,710	116,972	4.71%
	Restricted Volunteer-LPN	-	-	-	-	1	1	0.00%
	Restricted Nurse-NP	-	-	-	-	7	8	14.29%
	Restricted Nurse-PA	-	-	-	-	5	-	-
	Restricted Volunteer- RN	-	-	-	-	23	51	121.74%
	V.A. Nurse Aide Education Programs	-	146	141	166	191	191	0.00%
V.A. Practical School of Nursing	-	-	59	60	56	57	1.79%	
V.A. Professional School of Nursing	-	-	80	77	76	87	14.47%	
Nursing Total		205,969	213,012	218,676	225,239	221,545	227,327	2.61%
Optometry	Optometrist	163	143	124	104	87	65	-25.29%
	Optometrist – Volunteer Registration	-	-	-	-	-	-	-
	Professional Designation	230	251	256	257	260	-	-
	TPA Certified Optometrist	1,434	1,512	1,534	1,552	1,623	1,708	5.24%
Optometry Total		1,827	1,906	1,914	1,913	1,970	1,773	-10.00%

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Pharmacy	Business CSR	835	998	1,125	1,352	1,430	1,463	2.31%
	CE Courses	3	18	9	10	9	9	0.00%
	Limited Use Pharmacy Technician	31	24	20	17	11	7	-36.36%
	Limited Use Practitioner Dispensing						2	-
	Medical Equipment Supplier	578	597	618	231	228	217	-4.82%
	Non-resident Manufacturer	-	-	-	124	196	213	8.67%
	Non-resident Medical Equipment	-	-	-	320	345	354	2.61%
	Non-resident Outsourcing Facility	-	-	10	33	31	29	-6.45%
	Non-resident Pharmacy	469	524	690	770	808	898	11.14%
	Non-resident Wholesale Distributor	739	779	759	660	625	634	1.44%
	Non-restricted Manufacturer	22	24	31	28	31	32	3.23%
	Non resident third party logistics provider	-	-	-	-	140	181	29.29%
	Non resident warehouse	-	-	-	-	58	99	70.69%
	Outsourcing Facility	-	-	1	-	-	-	-
	Permitted Physician	10	5	3	1	-	-	-
	Pharmaceutical Processor Permit†	-	-	-	1	3	4	33.33%
	Pharmacist	11,193	12,661	13,813	14,715	15,561	16,079	3.33%
Pharmacist – Volunteer Registration	1	2	-	1	-	-	-	

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Pharmacy	Pharmacy	1,754	1,796	1,854	1,822	1,771	1,768	-0.17%
	Pharmacy Intern	1,797	2,092	2,058	1,865	1,649	1,312	-20.44%
	Pharmacy Technician	12,413	13,610	13,719	13,773	13,162	12,924	-1.81%
	Pharmacy Technician Training Program	86	103	120	143	130	126	-3.08%
	Pharmacy Technician Trainee						6,258	-
	Physician Selling Controlled Substances	500	664	666	708	626	571	-8.79%
	Physician Selling Drugs Location	-	255	222	157	174	160	-8.05%
	Pilot Programs	-	6	18	10	22	25	13.64%
	Registered Agent for Medical Cannabis					7	179	2457.14%
	Registered Practitioner For CBD/THCA Oil						873	-
	Registered Par/Guard For Medical Cannab					51	262	413.73%
	Registered Patient For Medical Cannabis					3,978	52,903	1229.89%
	Registered Product						1,566	-
	Registered Physician for CBD/THC Oil	-	-	-	-	401	-	-
	Repackaging Training Program	-	1	-	2	2	2	0.00%
	Restricted Manufacturer	77	75	69	55	44	36	-18.18%
	Third Party Logistics Provider †	-	-	-	5	6	7	16.67%
Warehouser	46	42	47	86	112	121	8.04%	
Wholesale Distributor	112	122	120	79	65	62	-4.62%	
Pharmacy Total		30,666	34,398	35,972	36,968	41,676	99,376	138.45%

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Physical Therapy	Direct Access Certification	650	918	567	1,206	1,298	1,406	8.32%
	Physical Therapist	6,117	7,141	7,957	8,609	9,094	9,634	5.94%
	Physical Therapist Assistant	2,411	2,842	3,178	3,526	3,751	3,969	5.81%
Physical Therapy Total		9,178	10,901	11,702	13,341	14,143	15,009	6.12%
Psychology	Applied Psychologist	34	26	32	32	28	28	0.00%
	Clinical Psychologist	2,644	2,831	3,281	3,617	3,885	4,418	13.72%
	Resident in school psychology	-	-	-	-	10	13	30.00%
	Resident In Training	-	-	743	890	859	380	-55.76%
	School Psychologist	101	92	102	105	96	100	4.17%
	School Psychologist – Limited	308	310	520	606	634	673	6.15%
	Sex Offender Treatment Provider	426	365	425	440	437	455	4.12%
	SOTP Trainee					140	100	-28.57%
Psychology Total		3,513	3,624	5,103	5,690	6,089	6,167	1.28%
Social Work	Associate Social Worker	2	1	1	2	1	1	0.00%
	Licensed Baccalaureate Social Worker					21	49	133.33%
	Licensed Clinical Social Worker	5,233	5,814	6,358	6,985	7,589	9,097	19.87%
	Licensed Master's Social Worker					877	1,146	30.67%
	Licensed Social Worker	393	518	686	795	-	-	-
	Licensed Social Worker Supervision †	-	-	-	4	8	-	-
	Registered Social Worker*	21	17	12	12	9	8	-11.11%
	Registration of Supervision	-	-	1,710	1,873	2,536	2,837	11.87%
Social Work Total		5,649	6,350	8,767	9,671	11,041	13,138	18.99%

Appendix A – Licenses

Board	Occupation	2012 30-Jun	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	Percent Change 20-22
Veterinary Medicine	Equine Dental Technician	24	23	23	25	24	21	-12.50%
	Veterinarian	3,530	4,038	4,217	4,369	4,532	4,748	4.77%
	Veterinary Clinics ***	1,005	1,048	1,104	1,134	1,170	1,185	1.28%
	Veterinary Faculty†	-	-	-	7	85	94	10.59%
	Veterinary Intern/Resident†	-	-	-	24	81	79	-2.47%
	Veterinary Technician	1,579	1,788	2,032	2,239	2,342	2,521	7.64%
Veterinary Medicine Total		6,138	6,897	7,376	7,798	8,234	8,648	5.03%

Agency Total	345,495	367,190	393,905	418,726	439,391	518,191	17.93%
---------------------	----------------	----------------	----------------	----------------	----------------	----------------	---------------

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Audiology & Speech-Language Pathology	Audiologist	528	598	3	3	3	4	4	4	5.68	5.02
	Provisional Speech-Language Pathologist†	-	-	0	1	0	1	1	1	-	-
	School Speech Pathologist	314	350	0	1	0	1	3	16	0.00	2.86
	Speech Pathologist	4272	4946	7	9	9	14	19	1	1.64	1.82
Audiology & Speech-Language Pathology Total		5,114	5,894	10	14	12	20	27	22	1.96	2.38
Counseling	Certified Substance Abuse Counselor	1707	1878	26	38	36	45	37	57	15.23	20.23
	Licensed Marriage and Family Therapist	924	1047	8	7	29	20	35	25	8.66	6.69
	Licensed Professional Counselor	6972	8155	144	154	190	206	205	224	20.65	18.88
	Marriage and Family Therapist Resident	134	139	4	4	6	4	10	3	29.85	28.78
	Pre-Education Review-Counseling			0	1	-	1	-	-	-	-
	Qualified Mental Health Prof - Adult †	6355	7297	56	59	97	113	106	130	8.81	8.09
	Qualified Mental Health Prof - Child †	4607	5396	24	23	67	57	75	76	5.21	4.26
	Registered Peer Recovery Specialist †	285	452	4	3	9	8	8	8	14.04	6.64
	Registration of Supervision	-	-	0	0	-	-	-	-	-	-
	Rehabilitation Provider	177	157	0	0	-	-	-	-	0.00	0.00
	Resident in Counseling	2593	2711	39	37	59	52	76	71	15.04	13.65
	Substance Abuse Counseling Assistant	215	277	0	2	1	3	3	1	0.00	7.22
	Substance Abuse Trainee †	1994	2145	7	10	10	23	10	18	3.51	4.66
	Substance Abuse Treatment Practitioner	331	393	4	0	11	12	17	14	12.08	0.00
Substance Abuse Treatment Resident	10	12	0	1	-	-	-	1	0.00	83.33	
Trainee for Qualified Mental Health Prof †	5465	7377	28	37	41	44	40	60	5.12	5.02	
Counseling Total		31,769	37,436	344	376	556	588	622	688	10.83	10.04

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Dentistry	Conscious/Moderate Sedation	-	-	0	0	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	40	0	0	1	27	18	27	0.00	0.00
	Deep Sedation/General Anesthesia	64	72	0	0	1	2	10	8	0.00	0.00
	Dental Assistant II	40	44	0	2	-	2	-	1	0.00	45.45
	Dental Full Time Faculty	12	14	0	0	-	-	-	-	0.00	0.00
	Dental Hygienist	5850	6020	13	15	13	15	14	20	2.22	2.49
	Dental Hygienist Faculty	-	-	0	0	-	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	2	3	0	0	-	-	-	-	0.00	0.00
	Dental Hygienist Temporary Permit	-	1	0	0	-	-	-	-	-	0.00
	Dental Hygienist Volunteer Registration	-	-	0	0	-	-	-	-	-	-
	Dental Restricted Volunteer	14	16	0	0	-	-	-	-	0.00	0.00
	Dental Teacher	-	-	0	0	-	-	-	-	-	-
	Dental Temporary Permit	-	-	0	0	-	-	-	-	-	-
	Dentist	7516	7735	465	469	577	544	680	613	61.87	60.63
	Dentist-Volunteer Registration	-	3	0	0	-	-	-	-	-	0.00
	Enteral Conscious/Moderate Sedation	121	109	0	0	4	3	28	21	0.00	0.00
	Mobile Dental Facility	12	10	0	0	-	-	-	-	0.00	0.00
	Moderate Sedation	252	272	0	0	8	6	38	41	0.00	0.00
	Oral/Maxillofacial Surgeon Registration	272	270	0	1	36	64	58	65	0.00	3.70
	Sedation Permit Holder Location	528	549	0	0	-	-	-	-	0.00	0.00
Temporary Conscious/Moderate Sedation	-	-	0	0	-	-	-	-	-	-	
Temporary Resident	44	80	0	1	-	1	1	1	0.00	12.50	
Dentistry Total		14,768	15,238	478	488	640	664	847	797	32.37	32.03

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Funeral Directors & Embalmers	Branch Establishment	84	85	0	3	1	2	2	1	0.00	35.29
	Continuing Education Provider	9	11	0	0	-	-	-	-	0.00	0.00
	Courtesy Card	112	119	0	1	-	1	-	1	0.00	8.40
	Crematories	117	128	4	3	6	3	7	5	34.19	23.44
	Embalmer	2	3	0	0	-	-	-	-	0.00	0.00
	Embalming Internship	1	-	0	1	-	1	-	1	0.00	-
	Funeral Director	31	35	2	1	2	3	2	2	64.52	28.57
	Funeral Directing Internship	5	18	0	1	-	1	-	-	0.00	55.56
	Funeral Establishment	417	425	19	27	28	33	27	35	45.56	63.53
	Funeral Service Intern	213	229	9	5	8	10	7	8	42.25	21.83
	Funeral Service Licensee	1526	1528	44	57	55	73	63	69	28.83	37.30
	Funeral Supervisor	546	555	0	0	25	29	24	26	0.00	0.00
Surface Transport & Removal Service	51	46	2	1	3	1	3	2	39.22	21.74	
Funeral Directors & Embalmers Total		3,114	3,182	80	100	128	157	135	150	25.69	31.43
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	6	4	3	3	3	4	3	3	500.00	750.00
	Administrator-In-Training	72	85	1	0	-	-	-	-	13.89	0.00
	ALF-Administrator-In-Training	86	108	2	4	2	4	7	4	23.26	37.04
	Assisted Living Facility Administrator	648	623	24	30	34	29	48	46	37.04	48.15
	Assisted Living Facility Preceptor	188	194	0	0	10	8	17	12	0.00	0.00
	Nursing Home Administrator	943	916	61	49	74	57	91	77	64.69	53.49
	NH-Administrator-in-Training	-	-	1	4	2	4	3	5	-	-
	Nursing Home Preceptor	209	216	0	0	22	14	27	24	0.00	0.00
Long-Term Care Administrators Total		2,152	2,146	91	90	147	120	196	171	42.29	41.94

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Medicine	Assistant Behavior Analyst	196	232	1	5	1	6	2	5	5.10	21.55
	Athletic Trainer	1695	1709	11	1	12	6	8	7	6.49	0.59
	Behavior Analyst	1652	2140	12	20	11	25	12	21	7.26	9.35
	Chiropractor	1789	1775	52	44	64	59	66	78	29.07	24.79
	Genetic Counselor †	444	526	1	0	-	-	2	-	2.25	0.00
	Genetic Counselor- Temporary	4	6	1	1	-	-	1	1	250.00	166.67
	Interns & Residents	3181	4489	24	17	26	27	23	29	7.54	3.79
	Licensed Acupuncturist	572	577	8	6	9	8	7	6	13.99	10.40
	Licensed Midwife	100	105	5	12	12	18	7	22	50.00	114.29
	Limited Radiologic Technologist	505	514	4	0	1	-	4	1	7.92	0.00
	Medicine & Surgery	40270	41926	1650	1600	1989	1992	2076	1922	40.97	38.16
	Occupational Therapist	4804	4952	13	12	17	16	20	19	2.71	2.42
	Occupational Therapy Assistant	1748	1824	4	3	4	6	2	4	2.29	1.64
	Osteopathy & Surgery	4288	4733	141	196	167	240	168	196	32.88	41.41
	Physician Assistant	5014	5524	95	122	115	151	115	119	18.95	22.09
	Podiatry	562	560	30	19	41	25	51	25	53.38	33.93
	Polysomnographic Technician	483	486	5	1	2	1	5	3	10.35	2.06
	Radiologic Technologist	4498	4575	19	9	11	9	27	15	4.22	1.97
	Radiologist Assistant	14	16	0	0	-	-	-	-	0.00	0.00
	Respiratory Therapist	4127	4259	21	20	25	26	32	34	5.09	4.70
Restricted Volunteer – Doctor of	69	76	0	0	-	-	-	-	0.00	0.00	
Surgical Assistant	368	587	0	3	-	2	-	2	0.00	5.11	
Surgical Technologist	242	1248	0	2	-	2	-	2	0.00	1.60	
University Limited License	15	18	1	4	2	4	2	3	66.67	222.22	
Volunteer Registration	2	-	0	0	-	-	-	-	0.00	-	
Medicine Total		76,642	82,857	2,098	2,097	2,509	2,623	2,630	2,514	27.37	25.31

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Nursing	Advanced Certified Nurse Aide	26	32	0	0	-	-	870	-	0.00	0.00
	Authorization to Prescribe	-	-	0	2	21	2	66	12	-	-
	Certified Nurse Aide	49686	49966	592	591	707	660	-	975	11.91	11.83
	Clinical Nurse Specialist	394	-	0	0	1	-	3	1	0.00	-
	Licensed Massage Therapist**	8384	8287	69	69	69	79	89	105	8.23	8.33
	Licensed Nurse Practitioner	14390	16684	285	335	327	361	366	426	19.81	20.08
	Licensed Practical Nurse	28226	27881	431	428	546	508	801	764	15.27	15.35
	LPN by Privilege-Discipline	-	-	15	17	30	26	42	49	-	-
	Medication Aide	6685	6853	114	104	131	129	195	201	17.05	15.18
	Medication Aide Training Program	329	257	4	1	4	4	4	3	12.16	3.89
	Registered Nurse	113658	116972	732	787	899	933	1235	1263	6.44	6.73
	Restricted Volunteer-LPN	1	1	0	0	-	-	-	-	0.00	0.00
	Restricted Nurse-NP	7	8	0	0	-	-	-	-	0.00	0.00
	Restricted Nurse-PA	4	-	0	0	-	-	-	-	0.00	-
	Restricted Volunteer- RN	50	51	0	0	-	-	-	-	0.00	0.00
	RN by Privilege-Discipline	-	-	36	48	54	69	81	85	-	-
	V.A. Nurse Aide Education Programs	197	191	8	3	10	3	10	4	40.61	15.71
V.A. Practical School of Nursing	54	57	10	13	10	16	12	20	185.19	228.07	
V.A. Professional School of Nursing	81	87	7	18	7	19	9	19	86.42	206.90	
Nursing Total		222,172	227,327	2,303	2,416	2,816	2,809	3,783	3,927	10.37	10.63
Optometry ²	Optometrist	77	65	0	1	-	1	2	2	0.00	15.38
	Optometrist – Volunteer Registration	-	-	0	0	-	-	-	-	-	-
	Professional Designation	-	-	1	0	1	-	1	-	-	-
	TPA Certified Optometrist	1680	1708	38	42	54	53	67	57	22.62	24.59
Optometry Total		1,757	1,773	39	43	55	54	70	59	22.20	24.25

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Pharmacy	Business CSR	1461	1463	1	4	2	4	3	5	0.68	2.73
	CE Courses	9	9	0	0	0	0	-	-	0.00	0.00
	Humane Society	-	-	0	0	0	0	-	-	-	-
	Limited Use Pharmacy Technician	8	7	0	0	0	0	-	-	0.00	0.00
	Limited Use Practitioner Dispensing		2	0	0	0	0	-	-	-	0.00
	Medical Equipment Supplier	223	217	2	2	3	2	3	4	8.97	9.22
	Non-resident Manufacturer †	202	213	0	0	0	0	-	-	0.00	0.00
	Non-resident Medical Equipment †	349	354	1	0	0	0	1	1	2.87	0.00
	Non-resident Outsourcing Facility	33	29	3	3	3	4	3	4	90.91	103.45
	Non-resident Pharmacy	874	898	14	12	22	16	26	16	16.02	13.36
	Non resident third party logistics provider	182	181	0	0	0	0	-	-	0.00	0.00
	Non-resident Wholesale Distributor	635	634	0	0	4	0	6	-	0.00	0.00
	Non-restricted Manufacturer	28	32	0	0	0	0	-	-	0.00	0.00
	Non Resident Warehouse	91	99	0	1	0	1	-	-	0.00	10.10
	Outsourcing Facility	-	-	0	0	0	0	-	-	-	-
	Permitted Physician	-	-	0	0	0	0	-	-	-	-
	Pharmaceutical Processor Permit†	4	4	2	10	1	11	1	8	500.00	2500.00
Pharmacist	15865	16079	175	190	214	225	226	247	11.03	11.82	
Pharmacist – Volunteer Registration	-	-	0	0	0	0	-	-	-	-	
Pharmacy		1771	1768	281	565	147	185	335	615	158.67	319.57

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Pharmacy	Pharmacy Intern	1489	1312	3	3	3	4	2	6	2.01	2.29
	Pharmacy Technician	13248	12924	108	46	77	55	171	73	8.15	3.56
	Pharmacy Technician Training Program	136	126	0	0	0	0	-	-	0.00	0.00
	Pharmacy Technician Trainee	2406	6258	0	16	0	18	-	15	0.00	2.56
	Physician Selling Controlled Substances	571	571	2	2	3	3	1	1	3.50	3.50
	Physician Selling Drugs Location	165	160	2	2	2	1	2	2	12.12	12.50
	Pilot Programs	24	25	4	11	7	9	21	20	166.67	440.00
	Registered Agent for Medical Cannabis	103	179	0	0	0	0	-	-	0.00	0.00
	Registered Practitioner For CBD/THCA Oil	797	873	3	2	2	3	2	2	3.76	2.29
	Registered Par/Guard For Medical Cannab	183	262	0	0	0	0	-	-	0.00	0.00
	Registered Patient For Medical Cannabis	26136	52903	0	0	0	0	-	1	0.00	0.00
	Registered Product	372	1566	0	0	0	0	-	-	0.00	0.00
	Registered Physician for CBD/THC Oil	-	-	0	0	0	0	-	-	-	-
	Repackaging Training Program	2	2	0	0	0	0	-	-	0.00	0.00
	Restricted Manufacturer	41	36	0	0	0	0	-	-	0.00	0.00
	Third Party Logistics Provider †	7	7	0	0	0	0	-	-	0.00	0.00
	Warehouser	120	121	0	0	0	0	-	-	0.00	0.00
Wholesale Distributor	65	62	0	0	0	0	-	-	0.00	0.00	
Cannabis Dispensing Facility			0	2	0	2	-	1	-	-	
Pharmacy Total		67,600	99,376	601	871	490	543	803	1,021	8.89	8.76

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Physical Therapy	Direct Access Certification	1345	1406	-	0	6	6	6	5	-	0.00
	Physical Therapist	8901	9634	42	30	48	42	50	43	4.72	3.11
	Physical Therapist Assistant	3714	3969	16	8	19	16	17	19	4.31	2.02
Physical Therapy Total		13,960	15,009	58	38	73	64	73	67	4.15	2.53
Psychology	Applied Psychologist	24	28	0	0	0	0	-	-	0.00	0.00
	Clinical Psychologist	3888	4418	113	94	154	136	169	161	29.06	21.28
	Resident in School Psychologist	11	13	0	0	0	0	-	-	0.00	0.00
	Resident In Training	368	380	5	1	4	5	2	6	13.59	2.63
	School Psychologist	90	100	6	6	7	7	10	9	66.67	60.00
	School Psychologist – Limited	560	673	7	4	9	6	9	10	12.50	5.94
	Sex Offender Treatment Provider	414	455	11	19	25	30	28	35	26.57	41.76
SOTP Trainee	131	100	0	5	1	10	2	10	0.00	50.00	
Psychology Total		5,486	6,167	142	129	200	194	220	231	25.88	20.92
Social Work	Associate Social Worker	1	1	0	0	0	0	-	-	0.00	0.00
	Licensed Baccalaureate Social Worker	29	49	0	0	0	0	-	-	0.00	0.00
	Licensed Clinical Social Worker	7716	9097	75	95	100	110	114	110	9.72	10.44
	Licensed Master's Social Worker	828	1146	2	6	4	6	4	4	2.42	5.24
	Licensed Social Worker	-	-	0	0	0	0	-	-	-	-
	Licensed Social Worker Supervision †	7	-	0	0	0	0	-	-	0.00	-
	Registered Social Worker*	7	8	0	0	0	0	-	-	0.00	0.00
	Registration of Supervision	2714	2837	13	6	24	21	22	22	4.79	2.11
Social Work Total		11,302	13,138	90	107	128	137	140	136	7.96	8.14

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY2021	FY2022
Veterinary Medicine											
	Veterinary Clinics ***	1192	1185	65	149	18	73	99	161	54.53	125.74
	Veterinary Faculty †	82	94	0	1	0	1	-	-	0.00	10.64
	Veterinary Intern/Resident †	70	79	1	0	1	0	1	1	14.29	0.00
	Veterinary Technician	2428	2521	10	11	13	13	21	23	4.12	4.36
Veterinary Medicine Total		8,442	8,648	319	377	260	323	546	601	37.79	43.59

AGENCY TOTAL	464278	518,191	6,653	7,146	8,014	8,296	10,092	10,384	14.33	13.79
---------------------	---------------	----------------	--------------	--------------	--------------	--------------	---------------	---------------	--------------	--------------

¹ Any individual or entity that held a valid license on June 30th of the designated fiscal year

² All allegations assigned a case number

³ Cases that entered the *Investigation* Stage during the designated fiscal year. A case may be counted twice if in the *Investigation* stage during both fiscal years

⁴ Cases that entered the *Probable Cause* stage during the designated fiscal year. A case may be counted twice if in the *Probable Cause* stage during both fiscal years. A case that enters the *Probable Cause* stage may not be investigated.

⁵ Shows the ratio of complaints per 1,000 licensees of the respective board and occupations

* This is no longer a valid category of licensure

† This license is newly counted/regulated

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵		
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022	
Audiology & Speech-Language Pathology	Audiologist	528	598	2	1	-	-	2	1	-	-	
	Provisional Speech-Language Pathologist †	-	-	-	-	-	1	-	1	-	-	
	School Speech Pathologist	314	350	2	-	1	-	3	-	3.18	-	
	Speech Pathologist	4,272	4,946	2	4	3	3	5	7	0.70	0.61	
Audiology & Speech-Language Pathology Total		5,114	5,894	6	5	4	4	10	9	0.78	0.68	
Counseling	Certified Substance Abuse Counselor	1,707	1,878	12	23	-	1	12	24	-	0.53	
	Licensed Marriage and Family Therapist	924	1,047	8	7	2	1	10	8	2.16	0.96	
	Licensed Professional Counselor	6,972	8,155	94	98	7	7	101	105	1.00	0.86	
	Marriage and Family Therapist Resident	134	139	3	1	-	-	3	1	-	-	
	Qualified Mental Health Prof - Adult †	6,355	7,297	32	30	5	5	37	35	0.79	0.69	
	Qualified Mental Health Prof - Child †	4,607	5,396	10	22	6	6	16	28	1.30	1.11	
	Registered Peer Recovery Specialist †	285	452	2	1	-	-	2	1	-	-	
	Registration of Supervision	-	-	-	-	-	-	-	-	-	-	-
	Rehabilitation Provider	177	157	-	-	-	-	-	-	-	-	-
	Resident in Counseling	2,593	2,711	26	17	4	3	30	20	1.54	1.11	
	Substance Abuse Counseling Assistant	215	277	2	-	1	-	3	-	4.65	-	
	Substance Abuse Trainee †	1,994	2,145	6	4	-	-	6	4	-	-	
	Substance Abuse Treatment Practitioner	331	393	2	-	-	-	2	-	-	-	
	Substance Abuse Treatment Resident	10	12	-	-	-	1	-	1	-	83.33	
Trainee for Qualified Mental Health Prof †	5,465	7,377	17	19	-	2	17	21	-	0.27		
Counseling Total		31,769	37,436	214	222	25	26	239	248	0.79	0.69	

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Dentistry	Conscious/Moderate Sedation	-	-	-	-	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	40	-	-	-	-	-	-	-	-
	Deep Sedation/General Anesthesia	64	72	-	-	-	-	-	-	-	-
	Dental Assistant II	40	44	-	-	-	-	-	-	-	-
	Dental Full Time Faculty	12	14	-	-	-	-	-	-	-	-
	Dental Hygienist	5,850	6,020	6	11	2	4	8	15	0.34	0.66
	Dental Hygienist Faculty	-	-	-	-	-	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	2	3	-	-	-	-	-	-	-	-
	Dental Hygienist Temporary Permit	-	1	-	-	-	-	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Dental Restricted Volunteer	14	16	-	-	-	-	-	-	-	-
	Dental Teacher	-	-	-	-	-	-	-	-	-	-
	Dental Temporary Permit	-	-	-	-	-	-	-	-	-	-
	Dentist	7,516	7,735	312	281	71	83	383	364	9.45	10.73
	Dentist-Volunteer Registration	-	3	-	-	-	-	-	-	-	-
	Enteral Conscious/Moderate Sedation	121	109	-	-	-	-	-	-	-	-
	Mobile Dental Facility	12	10	-	-	-	-	-	-	-	-
	Moderate Sedation	252	272	-	-	-	-	-	-	-	-
	Oral/Maxillofacial Surgeon Registration	272	270	-	1	-	-	-	1	-	-
	Sedation Permit Holder Location	528	549	-	-	-	-	-	-	-	-
Temporary Conscious/Moderate Sedation	-	-	-	-	-	-	-	-	-	-	
Temporary Resident	44	80	-	-	-	-	-	-	-	-	
Dentistry Total		14,768	15,238	318	293	73	87	391	380	4.94	5.71

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Funeral Directors & Embalmers	Branch Establishment	84	85	-	-	1	-	1	-	11.90	-
	Continuing Education Provider	9	11	-	-	-	-	-	-	-	-
	Courtesy Card	112	119	-	-	-	-	-	-	-	-
	Crematories	117	128	4	2	2	-	6	2	17.09	-
	Embalmer	2	3	-	-	-	-	-	-	-	-
	Embalming Internship	1	-	-	-	-	-	-	-	-	-
	Funeral Director	31	35	-	1	-	-	-	1	-	-
	Funeral Directing Internship	5	18	-	-	-	-	-	-	-	-
	Funeral Establishment	417	425	10	8	2	5	12	13	4.80	11.76
	Funeral Service Intern	213	229	1	2	3	-	4	2	14.08	-
	Funeral Service Licensee	1,526	1,528	14	10	9	11	23	21	5.90	7.20
	Funeral Supervisor	546	555	-	-	-	-	-	-	-	-
Surface Transport & Removal Service	51	46	-	-	-	-	-	-	-	-	
Funeral Directors & Embalmers Total		3,114	3,182	29	23	17	16	46	39	5.46	5.03

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	6	4	2	-	-	-	2	-	-	-
	Administrator-In-Training	72	85	-	-	-	-	-	-	-	-
	ALF-Administrator-In-Training	86	108	-	1	4	1	4	2	46.51	9.26
	Assisted Living Facility Administrator	648	623	13	6	3	4	16	10	4.63	6.42
	Assisted Living Facility Preceptor	188	194	-	-	-	-	-	-	-	-
	Nursing Home Administrator	943	916	35	29	2	2	37	31	2.12	2.18
	NH-Administrator-in-Training			1	1	-	-	1	1	-	-
	Nursing Home Preceptor	209	216	-	-	-	-	-	-	-	-
Long-Term Care Administrators Total		2,152	2,146	51	37	9	7	60	44	4.18	3.26

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Medicine	Assistant Behavior Analyst	196	232	-	1	-	-	-	1	-	-
	Athletic Trainer	1,695	1,709	2	1	-	2	2	3	-	1.17
	Behavior Analyst	1,652	2,140	3	6	1	1	4	7	0.61	0.47
	Chiropractor	1,789	1,775	19	10	4	9	23	19	2.24	5.07
	Genetic Counselor †	444	526	1	-	-	-	1	-	-	-
	Genetic Counselor- Temporary	4	6	-	1	1	-	1	1	250.00	-
	Interns & Residents	3,181	4,489	6	4	1	1	7	5	0.31	0.22
	Licensed Acupuncturist	572	577	3	2	1	-	4	2	1.75	0.00
	Licensed Midwife	100	105	-	3	-	1	-	4	-	9.52
	Limited Radiologic Technologist	505	514	1	-	1	-	2	-	1.98	-
	Medicine & Surgery	40,270	41,926	521	578	113	100	634	678	2.81	2.39
	Occupational Therapist	4,804	4,952	1	4	4	4	5	8	0.83	0.81
	Occupational Therapy Assistant	1,748	1,824	-	1	-	-	-	1	-	-
	Osteopathy & Surgery	4,288	4,733	42	63	9	6	51	69	2.10	1.27
	Physician Assistant	5,014	5,524	37	33	6	4	43	37	1.20	0.72
	Podiatry	562	560	28	13	7	-	35	13	12.46	-
	Polysomnographic Technician	483	486	-	-	4	2	4	2	8.28	4.12
	Radiologic Technologist	4,498	4,575	2	1	12	3	14	4	2.67	0.66
	Radiologist Assistant	14	16	-	-	-	-	-	-	-	-
	Respiratory Therapist	4,127	4,259	1	-	9	10	10	10	2.18	2.35
Restricted Volunteer – Doctor of	69	76	-	-	-	-	-	-	-	-	
Surgical Assistant	368	587	-	-	-	1	-	1	-	1.70	
Surgical Technologist	242	1,248	-	-	-	-	-	-	-	-	
University Limited License	15	18	1	-	1	-	2	-	66.67	-	
Volunteer Registration	2	-	-	-	-	-	-	-	-	-	
Medicine Total		76,642	82,857	668	721	174	144	842	865	2.27	1.74

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Nursing	Advanced Certified Nurse Aide	26	32	-	-	-	-	-	-	-	-
	Authorization to Prescribe	-	-	1	-	2	1	3	1	-	-
	Certified Nurse Aide	49,686	49,966	311	515	53	86	364	601	1.07	1.72
	Clinical Nurse Specialist	394	-	-	-	1	-	1	-	2.54	-
	Licensed Massage Therapist**	8,384	8,287	20	32	23	42	43	74	2.74	5.07
	Licensed Nurse Practitioner	14,390	16,684	177	330	24	26	201	356	1.67	1.56
	Licensed Practical Nurse	28,226	27,881	224	318	110	137	334	455	3.90	4.91
	Medication Aide	6,685	6,853	48	68	26	33	74	101	3.89	4.82
	Medication Aide Training Program	329	257	2	2	-	-	2	2	-	-
	Registered Nurse	113,658	116,972	375	580	155	157	530	737	1.36	1.34
	RN by Privilege-Discipline	-	-	19	25	8	8	27	33	-	-
	LPN by Privilege-Discipline	-	-	5	15	2	5	7	20	-	-
	Restricted Volunteer-LPN	1	1	-	-	-	-	-	-	-	-
	Restricted Nurse-NP	7	8	-	-	-	-	-	-	-	-
	Restricted Nurse-PA	4	-	-	-	-	-	-	-	-	-
	Restricted Volunteer- RN	50	51	-	-	-	-	-	-	-	-
	V.A. Nurse Aide Education Programs	197	191	6	2	-	1	6	3	-	5.24
V.A. Practical School of Nursing	54	57	2	11	2	3	4	14	37.04	52.63	
V.A. Professional School of Nursing	81	87	3	14	2	-	5	14	24.69	-	
Nursing Total		222,172	227,327	1,193	1,912	408	499	1,601	2,411	1.84	2.20

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Optometry	Optometrist	77	65	-	-	-	-	-	-	-	-
	Optometrist – Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Professional Designation	-	-	1	-	-	-	1	-	-	-
	TPA Certified Optometrist	1,680	1708	36	29	2	7	38	36	1.19	4.10
Optometry Total		1,757	1,773	37	29	2	7	39	36	1.14	3.95
Pharmacy	Business CSR	1,461	1,463	1	-	1	-	2	-	0.68	-
	CE Courses	9	9	-	-	-	-	-	-	-	-
	Humane Society	-	-	-	-	-	-	-	-	-	-
	Limited Use Pharmacy Technician	8	7	-	-	-	-	-	-	-	-
	Limited Use Practitioner Dispensing	-	2	-	-	-	-	-	-	-	-
	Medical Equipment Supplier	223	217	-	2	-	2	-	4	-	9.22
	Non-resident Manufacturer †	202	213	-	-	-	-	-	-	-	-
	Non-resident Medical Equipment †	349	354	-	-	-	-	-	-	-	-
	Non-resident Outsourcing Facility	33	29	-	1	-	1	-	2	-	34.48
	Non-resident Pharmacy	874	898	9	3	8	4	17	7	9.15	4.45
	Non-resident Wholesale Distributor	635	634	2	-	-	-	2	-	-	-
	Non-restricted Manufacturer	28	32	-	-	-	-	-	-	-	-
Non-resident Third Party Logistics Prov	182	181	-	1	-	-	-	1	-	-	
Non-resident warehouse	91	99	-	-	-	-	-	-	-	-	

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Pharmacy	Outsourcing Facility	-	-	-	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-
	Pharmaceutical Processor Permit†	4	4	1	4	-	-	1	4	-	-
	Pharmacist	15,865	16,079	77	100	38	41	115	141	2.40	2.55
	Pharmacist – Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Pharmacy	1,771	1,768	81	98	115	304	196	402	64.94	171.95
	Pharmacy Intern	1,489	1,312	-	1	-	-	-	1	-	0.00
	Pharmacy Technician	13,248	12,924	17	6	77	45	94	51	5.81	3.48
	Pharmacy Technician Training Program	136	126	-	-	-	-	-	-	-	-
	Pharmacy Technician Trainee	2,406	6,258	-	-	-	-	-	-	-	-
	Physician Selling Controlled Substances	571	571	-	0	-	1	-	1	-	1.75
	Physician Selling Drugs Location	165	160	-	1	-	-	-	1	-	-
	Pilot Programs	24	25	7	4	-	-	7	4	-	-
	Registered Agent for Medical Cannabis	103	179	-	-	-	-	2	-	-	-
	Registered Practitioner For CBD/THCA Oil	797	873	-	-	2	-	2	-	2.51	-
	Registered Par/Guard For Medical Cannab	183	262	-	-	-	-	-	-	-	-
	Registered Patient For Medical Cannabis	26,136	52,903	-	-	-	-	-	-	-	-
	Registered Product	372	1,566	-	-	-	-	-	-	-	-
Registered Physician for CBD/THC-A Oil**	-	-	-	-	-	-	-	-	-	-	

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Pharmacy	Repackaging Training Program	2	2	-	-	-	-	-	-	-	-
	Restricted Manufacturer	41	36	-	-	-	-	-	-	-	-
	Third Party Logistics Provider †	7	7	-	-	-	-	-	-	-	-
	Warehouser	120	121	-	-	-	-	-	-	-	-
	Wholesale Distributor	65	62	-	-	-	-	-	-	-	-
	Pharmacy Total	67,600	99,376	195	221	241	398	436	619	3.57	4.00
Physical Therapy	Direct Access Certification	1,345	1,406	-	-	-	-	-	-	-	-
	Physical Therapist	8,901	9,634	16	8	8	10	24	18	0.90	1.04
	Physical Therapist Assistant	3,714	3,969	6	3	4	5	10	8	1.08	1.26
	Physical Therapy Total	13,960	15,009	22	11	12	15	34	26	0.86	1.00
Psychology	Applied Psychologist	24	28	-	-	-	-	-	-	-	-
	Clinical Psychologist	3,888	4,418	56	61	6	3	62	64	1.54	0.68
	Resident in School Psychology	11	13	-	-	-	-	-	-	-	-
	Resident In Training	368	380	1	4	-	-	1	4	-	-
	School Psychologist	90	100	5	4	-	-	5	4	-	-
	School Psychologist – Limited	560	673	2	5	-	-	2	5	-	-
	Sex Offender Treatment Provider	414	455	10	6	-	-	10	6	-	-
SOTP Trainee	131	100	1	4	-	-	1	4	-	-	
	Psychology Total	5,486	6,167	75	84	6	3	81	87	1.09	0.49

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Social Work	Associate Social Worker	1	1	-	-	-	-	-	-	-	-
	Licensed Baccalaureate Social Worker	29	49	-	-	-	-	-	-	-	-
	Licensed Clinical Social Worker	7,716	9,097	74	54	5	5	79	59	0.65	0.55
	Licensed Master's Social Worker	828	1,146	2	4	-	-	2	4	-	-
	Licensed Social Worker	-	-	-	-	-	-	-	-	-	-
	Licensed Social Worker Supervision †	7	-	-	-	-	-	-	-	-	-
	Registered Social Worker*	7	8	-	-	-	-	-	-	-	-
	Registration of Supervision	2,714	2,837	10	4	-	-	10	4	-	-
Social Work Total		11,302	13,138	86	62	5	5	91	67	0.44	0.38
Veterinary Medicine	Equine Dental Technician	22	21	-	-	-	-	-	-	-	-
	Veterinarian	4,648	4,748	120	199	38	67	158	266	8.18	14.11
	Veterinary Clinics ***	1,192	1,185	8	21	25	41	33	62	20.97	34.60
	Veterinary Faculty†	82	94	-	-	-	-	-	-	-	-
	Veterinary Intern/Resident†	70	79	-	1	-	-	-	1	-	-
	Veterinary Technician	2,428	2,521	5	5	1	5	6	10	0.41	1.98
Veterinary Medicine Total		8,442	8,648	133	226	64	113	197	339	7.58	13.07
AGENCY TOTAL		464,278	518,191	3,027	3,846	1,040	1,324	4,067	5,170	2.24	2.56

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Audiology & Speech-Language Pathology	Audiologist	528	598	-	-	-	-
	Continuing Education Provider	-	-	-	-	-	-
	Provisional Speech-Language Pathologist †	-	-	-	2	-	-
	School Speech Pathologist	314	350	-	-	-	-
	Speech Pathologist	4,272	4,946	10	14	2	3
Audiology & Speech-Language Pathology Total		5,114	5,894	10	16	2	3
Counseling	Certified Substance Abuse Counselor	1,707	1,878	-	4	-	2
	Licensed Marriage and Family Therapist	924	1,047	10	4	11	4
	Licensed Professional Counselor	6,972	8,155	25	28	4	3
	Marriage and Family Therapist Resident	134	139	-	-	-	-
	Pre Education Review- Substance Abuse	-	-	-	-	-	-
	Qualified Mental Health Prof - Adult †	6,355	7,297	26	38	4	5
	Qualified Mental Health Prof - Child †	4,607	5,396	24	45	5	8
	Registered Peer Recovery Specialist †	285	452	-	-	-	-
	Registration of Supervision	-	-	-	-	-	-
Rehabilitation Provider	177	157	-	-	-	-	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Counseling	Resident in Counseling	2,593	2,711	12	11	5	4
	Substance Abuse Counseling Assistant	215	277	4	-	19	-
	Substance Abuse Trainee †	1,994	2,145	-	-	-	-
	Substance Abuse Treatment Practitioner	331	393	-	-	-	-
	Substance Abuse Treatment Resident	10	12	-	-	-	-
	Trainee for Qualified Mental Health Prof †	5,465	7,377	-	20	-	3
Counseling Total		31,769	37,436	101	150	3	4
Dentistry	Conscious/Moderate Sedation	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	40	6	-	146	-
	Deep Sedation/General Anesthesia	64	72	12	18	188	250
	Dental Assistant II	40	44	-	-	-	-
	Dental FullTime Faculty	12	14	-	-	-	-
	Dental Hygienist	5,850	6,020	8	16	1	3
	Dental Hygienist Faculty	-	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	2	3	-	-	-	-
	Dental Hygienist Temporary Permit	-	1	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-
	Dental Restricted Volunteer	14	16	-	-	-	-
	Dental Teacher	-	-	-	-	-	-
	Dental Temporary Permit	-	-	-	-	-	-
	Dentist	7,516	7,735	357	485	47	63

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Dentistry	Dentist-Volunteer Registration	-	3	-	-	-	-
	Enteral Conscious/Moderate Sedation	121	109	17	26	140	239
	Mobile Dental Facility	12	10	-	-	-	-
	Moderate Sedation	252	272	20	60	79	221
	Oral/Maxillofacial Surgeon Registration	272	270	19	22	70	81
	Sedation Permit Holder Location	528	549	-	-	-	-
	Temporary Conscious/Moderate Sedation	-	-	-	-	-	-
	Temporary Resident	44	80	-	-	-	-
Dentistry Total		14,768	15,238	439	627	30	41
Funeral Directors & Embalmers	Branch Establishment	84	85	2	-	24	-
	Continuing Education Provider	9	11	-	-	-	-
	Courtesy Card	112	119	-	-	-	-
	Crematories	117	128	2	2	17	16
	Embalmer	2	3	-	-	-	-
	Embalming Internship	1	-	-	-	-	-
	Funeral Director	31	35	-	-	-	-
	Funeral Directing Internship	5	18	-	-	-	-
	Funeral Establishment	417	425	2	8	5	19
	Funeral Service Intern	213	229	1	-	5	-
	Funeral Service Licensee	1,526	1,528	13	46	9	30
	Funeral Supervisor	546	555	1	17	2	31
Surface Transport & Removal Service	51	46	-	-	-	-	
Funeral Directors & Embalmers Total		3,114	3,182	21	73	7	23

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	6	4	-	-	-	-
	Administrator-In-Training	72	85	-	-	-	-
	ALF-Administrator-In-Training	86	108	4	-	47	-
	Assisted Living Facility Administrator	648	623	15	12	23	19
	Assisted Living Facility Preceptor	188	194	-	2	-	10
	Nursing Home Administrator	943	916	6	6	6	7
	Nursing Home Preceptor	209	216	-	4	-	19
Long-Term Care Administrators Total		2,152	2,146	25	24	12	11
Medicine	Assistant Behavior Analyst	196	232	-	-	-	-
	Athletic Trainer	1,695	1,709	-	6	-	4
	Behavior Analyst	1,652	2,140	-	4	-	2
	Chiropractor	1,789	1,775	20	42	11	24
	Genetic Counselor †	444	526	4	-	9	-
	Genetic Counselor- Temporary	4	6	4	-	1,000	-
	Interns & Residents	3,181	4,489	4	4	1	1
	Licensed Acupuncturist	572	577	8	-	14	-
	Licensed Midwife	100	105	-	2	-	19
	Limited Radiologic Technologist	505	514	4	-	8	-

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Medicine	Medicine & Surgery	40,270	41,926	600	418	15	10
	Occupational Therapist	4,804	4,952	10	18	2	4
	Occupational Therapy Assistant	1,748	1,824	-	-	-	-
	Osteopathy & Surgery	4,288	4,733	43	31	10	7
	Physician Assistant	5,014	5,524	22	10	4	2
	Podiatry	562	560	35	-	62	-
	Polysomnographic Technician	483	486	12	8	25	16
	Radiologic Technologist	4,498	4,575	44	12	10	3
	Radiologist Assistant	14	16	-	-	-	-
	Respiratory Therapist	4,127	4,259	31	37	8	9
	Restricted Volunteer – Doctor of	69	76	-	-	-	-
	Surgical Assistant	368	587	-	4	-	7
	Surgical Technologist	242	1,248	-	-	-	-
	University Limited License	15	18	9	-	600	-
Volunteer Registration	2	-	-	-	-	-	
Medicine Total		76,642	82,857	850	596	11	7

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Nursing	Advanced Certified Nurse Aide	26	32	-	-	-	-
	Authorization to Prescribe	-	-	71	35	-	-
	Certified Nurse Aide	49,686	49,966	203	309	4	6
	Clinical Nurse Specialist	394	-	14	-	36	-
	Licensed Massage Therapist**	8,384	8,287	116	160	14	19
	Licensed Nurse Practitioner	14,390	16,684	173	107	12	6
	Licensed Practical Nurse	28,226	27,881	602	793	21	28
	LPN by Privelege-Discipline	-	-	24	45	-	-
	Medication Aide	6,685	6,853	57	113	9	16
	Medication Aide Training Program	329	257	-	-	-	-
	Registered Nurse	113,658	116,972	918	953	8	8
	RN by Privelege-Discipline	-	-	62	55	-	-
	Restricted Volunteer-LPN	1	1	-	-	-	-
	Restricted Nurse-NP	7	8	-	-	-	-

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Nursing	Restricted Nurse-PA	4	-	-	-	-	-
	Restricted Volunteer- RN	50	51	-	-	-	-
	V.A. Nurse Aide Education Programs	197	191	-	1	-	5
	V.A. Practical School of Nursing	54	57	2	-	37	-
	V.A. Professional School of Nursing	81	87	-	4	-	46
Nursing Total		222,172	227,327	2,242	2,575	10	11
Optometry	Optometrist	77	65	-	-	-	-
	Optometrist – Volunteer Registration	-	-	-	-	-	-
	Professional Designation	-	-	-	-	-	-
	TPA Certified Optometrist	1,680	1,708	6	21	4	12
Optometry Total		1,757	1,773	6	21	3	12
Pharmacy	Business CSR	1,461	1,463	4	-	3	-
	CE Courses	9	9	-	-	-	-
	Humane Society	-	-	-	-	-	-
	Limited Use Pharmacy Technician	8	7	-	-	-	-

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Pharmacy	Limited Use Practitioner Dispensing	-	2	-	-	-	-
	Medical Equipment Supplier	223	217	-	6	-	28
	Non-resident Manufacturer †	202	213	-	-	-	-
	Non-resident Medical Equipment †	349	354	-	-	-	-
	Non-resident Outsourcing Facility	33	29	-	-	-	-
	Non-resident Pharmacy	874	898	20	11	23	12
	Non-resident Wholesale Distributor	635	634	-	-	-	-
	Non-restricted Manufacturer	28	32	-	-	-	-
	Non resident third party logistics provider	182	181	-	-	-	-
	Non resident warehouse	91	99	-	-	-	-
	Outsourcing Facility	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-
	Pharmaceutical Processor Permit†	4	4	-	-	-	-
	Pharmacist	15,865	16,079	161	184	10	11
Pharmacist – Volunteer Registration	-	-	-	-	-	-	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Pharmacy	Pharmacy	1,771	1,768	654	1,770	369	1,001
	Pharmacy Intern	1,489	1,312	-	-	-	-
	Pharmacy Technician	13,248	12,924	450	169	34	13
	Pharmacy Technician Trainee	2,406	6,258	-	-	-	-
	Pharmacy Technician Training Program	136	126	-	-	-	-
	Physician Selling Controlled Substances	571	571	-	10	-	18
	Physician Selling Drugs Location	165	160	-	-	-	-
	Pilot Programs	24	25	-	-	-	-
	Registered Physician for CBD/THC Oil	-	-	-	-	-	-
	Registered Agent for Medical Cannabis	103	179	-	-	-	-
	Registered Practitioner For CBD/THCA Oil	797	873	4	-	5	-
	Registered Par/Guard For Medical Cannab	183	262	-	-	-	-
	Registered Patient For Medical Cannabis	26,136	52,903	-	-	-	-
Registered Product	372	1,566	-	-	-	-	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Pharmacy	Repackaging Training Program	2	2	-	-	-	-
	Restricted Manufacturer	41	36	-	-	-	-
	Third Party Logistics Provider †	7	7	-	-	-	-
	Warehouser	120	121	-	-	-	-
	Wholesale Distributor	65	62	-	-	-	-
Pharmacy Total		67,600	99,376	1,293	2,150	19	22

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Physical Therapy	Direct Access Certification	1345	1406	3	-	2	-
	Physical Therapist	8901	9634	34	57	4	6
	Physical Therapist Assistant	3714	3969	18	13	5	3
Physical Therapy Total		13,960	15,009	55	70	4	5
Psychology	Applied Psychologist	24	28	-	-	-	-
	Clinical Psychologist	3888	4418	11	7	3	2
	Resident In Training	368	380	-	-	-	-
	Resident in School Psychology	11	13	-	-	-	-
	School Psychologist	90	100	-	-	-	-
	School Psychologist – Limited	560	673	-	-	-	-
	Sex Offender Treatment Provider	414	455	-	-	-	-
	SOTP Trainee	131	100	-	-	-	-
Psychology Total		5,486	6,167	11	7	2	1

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
Social Work	Associate Social Worker	1	1	-	-	-	-
	Licensed Baccalaureate Social Worker	29	49	-	-	-	-
	Licensed Clinical Social Worker	7716	9097	20	20	3	2
	Licensed Master's Social Worker	828	1146	-	-	-	-
	Licensed Social Worker	-	-	-	-	-	-
	Licensed Social Worker Supervision †	7	-	-	-	-	-
	Registered Social Worker*	7	8	-	-	-	-
	Registration of Supervision	2714	2837	-	2	-	1
Social Work Total		11,302	13,138	20	22	2	2
Veterinary Medicine	Equine Dental Technician	22	21	-	-	-	-
	Veterinarian	4648	4748	41	86	9	18
	Veterinary Clinics ***	1192	1185	25	44	21	37
	Veterinary Faculty†	82	94	-	-	-	-
	Veterinary Intern/Resident†	70	79	-	-	-	-
	Veterinary Technician	2428	2521	2	7	1	3
Veterinary Medicine Total		8,442	8,648	68	137	8	16

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022
AGENCY TOTAL		464,278	518,191	5,141	6,468	11	12

* More than one sanction may be imposed per case or category charge found in violation.

¹ Any individual or entity that held a valid and current license within the designated timeframe.

² Shows the total number of sanctions imposed per licensed occupation and board.

³ Shows the ratio of sanction per 1,000 licensees of the respective board and occupations.

† This is no longer a valid category of licensure

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Audiology & Speech Language Pathology	Inability to Safely Practice	3	0	0	0	3	0
	Abuse/Abandonment/Neglect	2	0	4	2	6	2
	Std of Care, Diagnosis/Treatment	1	0	3	0	4	0
	Std of Care, Exceeding Scope	0	0	2	0	2	0
	Inappropriate Relationship	1	1	0	0	1	1
	Unlicensed Activity	5	1	1	0	6	1
	Fraud, Patient Care	6	3	0	0	6	3
	Fraud, Non-Patient Care	1	0	2	2	3	2
	Criminal Activity	0	0	1	1	1	1
	HPMP	0	0	0	0	0	0
	Business Practice Issues	3	0	5	0	8	0
	Compliance	0	0	1	0	1	0
	Confidentiality Breach	0	0	1	0	1	0
	Continuing Competency Req Not Met	0	0	0	0	0	0
	Dishonored Check	0	0	0	0	0	0
	No Jurisdiction	1	0	0	0	1	0
Reinstatement	0	0	2	2	2	2	
Audiology & Speech Language Pathology Total		23	5	22	7	45	12
Counseling	Inability to Safely Practice	38	4	36	5	74	9
	Drug Related, Patient Care	0	0	0	0	0	0
	Abuse/Abandonment/Neglect	25	5	21	3	46	8

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Counseling	Std of Care, Diagnosis/Treatment	57	5	113	3	170	8
	Std of Care, Malpractice Reports	3	0	0	0	3	0
	Std of Care, Other	1	0	0	0	1	0
	Std of Care, Exceeding Scope	8	0	7	0	15	0
	Inappropriate Relationship	41	11	49	19	90	30
	Unlicensed Activity	20	0	19	0	39	0
	Misappropriation of Patient Property	1	0	1	0	2	0
	Fraud, Patient Care	18	5	57	28	75	33
	Action by Another Board, Patient Care	1	0	0	0	1	0
	Criminal Activity	7	5	9	3	16	8
	Fraud, Non-Patient Care	13	1	54	21	67	22
	Business Practice Issues	91	0	78	0	169	0
	Drug Related, Security	1	0	0	0	1	0
	Compliance	1	1	3	0	4	1
	Confidentiality Breach	24	4	26	0	50	4
	Continuing Competency Req Not Met	9	9	5	1	14	10
	Dishonored Check	0	0	0	0	0	0
	Records Release	11	3	14	0	25	3
	Reinstatement	2	1	1	1	3	2
	Eligibility	32	19	21	17	53	36
No Jurisdiction	0		3	0	3	0	
Counseling Total		404	73	517	101	921	174

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Dentistry	Inability to Safely Practice	13	11	25	13	38	24
	Drug Related, Patient Care	1	1	3	3	4	4
	Abuse/Abandonment/Neglect	11	7	13	8	24	15
	Std of Care, Surgery	15	10	16	10	31	20
	Std of Care, Diagnosis/Treatment	349	121	348	133	697	254
	Std of Care, Medication/Prescription	7	5	7	4	14	9
	Std of Care, Malpractice Reports	24	15	24	12	48	27
	Std of Care, Exceeding Scope	2	0	2	0	4	0
	Std of Care, Other	11	4	1	0	12	4

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Dentistry	Inappropriate Relationship	0	0	2	0	2	0
	Unlicensed Activity	12	4	24	10	36	14
	Misappropriation of Patient Property	0	0	0	0	0	0
	Fraud, Patient Care	18	3	11	8	29	11
	Action by Another Board, Patient Care	0	0	0	0	0	0
	Criminal Activity	5	4	1	0	6	4
	HPMP	1	1	5	5	6	6
	Drug Related, Non-Patient Care	4	4	0	0	4	4
	Fraud, Non-Patient Care	52	12	43	20	95	32
	Business Practice Issues	210	28	293	81	503	109
	Drug Related, Security	1	0	1	0	2	0

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Dentistry	Compliance	1	0	7	3	8	3
	Misappropriation of Property, NPC	0	0	0	0	0	0
	Confidentiality Breach	6	0	5	0	11	0
	Continuing Competency Req Not Met	0	0	0	0	0	0
	Dishonored Check	0	0	0	0	0	0
	Records Release	9	0	19	3	28	3
	Action by Another Board, NPC	1	0	0	0	1	0
	Reinstatement	11	10	2	2	13	12
	Eligibility	8	1	4	2	12	3
	No Jurisdiction	3	0	0	0	3	0
Dentistry Total		775	241	856	317	1,631	558
Funeral Directors & Embalmers	Inability to Safely Practice	3	2	1	0	4	2
	Abuse/Abandonment/Neglect	13	1	22	6	35	7

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Funeral Directors & Embalmers	Std of Care, Diagnosis/Treatment	0	0	1	0	1	0
	Std of Care, Exceeding Scope	0	0	0	0	0	0
	Std of Care, Other	0	0	0	0	0	0
	Inappropriate Relationship	0	0	2	0	2	0
	Unlicensed Activity	14	4	24	10	38	14
	Misappropriation of Patient Property	3	0	10	4	13	4
	Fraud, Patient Care	3	0	14	8	17	8
	Criminal Activity	2	1	2	1	4	2
	HPMP	0	0	0	0	0	0
	Drug Related, Non-Patient Care	0	0	1	0	1	0
	Fraud, Non-Patient Care	1	0	11	5	12	5
	Business Practice Issues	43	7	39	11	82	18
	Drug Related, Security	0	0	0	0	0	0
	Compliance	2	2	0	0	2	2
	Misappropriation of Property, NPC	1	0	1	0	2	0
	Confidentiality Breach	2	2	1	0	3	2
	Continuing Competency Req Not Met	0	0	0	0	0	0
	Dishonored Check	0	0	0	0	0	0
	Reinstatement	2	1	8	6	10	7
	Eligibility	10	9	2	1	12	10
Funeral Directors & Embalmers Total		99	29	139	52	238	81

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Long Term Care Administrators	Inability to Safely Practice	4	2	1	1	5	3
	Drug Related, Patient Care	2	1	1	0	3	1
	Abuse/Abandonment/Neglect	45	2	60	6	105	8
	Std of Care, Diagnosis/Treatment	4	0	7	0	11	0
	Std of Care, Medication/Prescription	1	0	1	0	2	0
	Std of Care, Exceeding Scope	0	0	0	0	0	0
	Std of Care, Other	0	0	0	0	0	0
	Inappropriate Relationship	1	0	1	0	2	0
	Unlicensed Activity	1	0	5	0	6	0
	Misappropriation of Patient Property	7	4	2	0	9	4
	Fraud, Patient Care	2	0	3	2	5	2
	Criminal Activity	1	0	3	1	4	1
	Drug Related, Non-Patient Care	1	1	1	0	2	1
	Fraud, Non-Patient Care	1	0	2	0	3	0
	Business Practice Issues	41	1	39	4	80	5

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Long Term Care Administrators	Drug Related, Security	0	0	0	0	0	0
	Compliance	0	0	0	0	0	0
	Dishonored Check	0	0	0	0	0	0
	Misappropriation of Property, NPC	4	4	0	0	4	4
	Confidentiality Breach	1	0	1	0	2	0
	Continuing Competency Req Not Met	1	0	2	0	3	0
	Reinstatement	0	0	1	0	1	0
	Eligibility	3	3	3	1	6	4
Long Term Care Administrators Total		120	18	133	15	253	33
Medicine	Inability to Safely Practice	84	35	104	44	188	79
	Drug Related, Patient Care	173	89	91	34	264	123
	Abuse/Abandonment/Neglect	280	23	125	27	405	50
	Std of Care, Surgery	152	14	132	9	284	23
	Std of Care, Diagnosis/Treatment	920	66	1023	52	1943	118
	Std of Care, Medication/Prescription	217	37	129	6	346	43
	Std of Care, Malpractice Reports	121	14	95	12	216	26
	Std of Care, Exceeding Scope	13	4	10	1	23	5
	Std of Care, Other	14	4	7	0	21	4
	Inappropriate Relationship	48	19	43	15	91	34

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Medicine	Unlicensed Activity	75	39	64	27	139	66
	Misappropriation of Patient Property	3	1	0	0	3	1
	Fraud, Patient Care	81	15	79	5	160	20
	Action by Another Board, Patient Care	44	36	27	21	71	57
	Criminal Activity	28	10	36	13	64	23
	HPMP	6	6	9	6	15	12
	Drug Related, Non-Patient Care	0	0	2	1	2	1
	Fraud, Non-Patient Care	53	11	57	14	110	25
	Business Practice Issues	467	21	337	15	804	36
	Drug Related, Security	3	3	1	0	4	3
	Compliance	4	2	3	0	7	2
	Misappropriation of Property, NPC	0	0	1	0	1	0
	Confidentiality Breach	44	8	35	0	79	8
	Continuing Competency Req Not Met	5	3	3	1	8	4
	Dishonored Check	3	0	0	0	3	0
	Records Release	81	1	44	0	125	1
	Action by Another Board, NPC	16	8	19	8	35	16
	Reinstatement	33	30	20	17	53	47
	Eligibility	19	5	7	1	26	6
	No Jurisdiction	3	0	1	0	4	0
Medicine Total		2,990	504	2,504	329	5,494	833

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Nursing	Inability to Safely Practice	420	171	569	160	989	331
	Drug Related, Patient Care	243	138	321	185	564	323
	Abuse/Abandonment/Neglect	745	176	1115	265	1860	441
	Std of Care, Surgery	0	0	3	1	3	1
	Std of Care, Diagnosis/Treatment	295	109	518	113	813	222
	Std of Care, Medication/Prescription	115	42	132	55	247	97
	Std of Care, Malpractice Reports	14	2	13	3	27	5
	Std of Care, Exceeding Scope	112	55	142	54	254	109

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Nursing	Std of Care, Other	4	0	4	0	8	0
	Inappropriate Relationship	92	58	98	51	190	109
	Unlicensed Activity	70	23	89	13	159	36
	Misappropriation of Patient Property	137	77	228	131	365	208
	Fraud, Patient Care	193	108	275	156	468	264
	Action by Another Board, Patient Care	55	26	41	17	96	43
	Criminal Activity	115	55	164	51	279	106
	HPMP	48	46	56	42	104	88
	Drug Related, Non-Patient Care	25	4	40	8	65	12
	Fraud, Non-Patient Care	80	41	92	41	172	82
	Business Practice Issues	271	8	344	12	615	20
	Drug Related, Security	9	0	24	5	33	5

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁺	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Nursing	Compliance	49	35	82	55	131	90
	Misappropriation of Property, NPC	6	0	11	0	17	0
	Confidentiality Breach	62	0	52	11	114	11
	Continuing Competency Req Not Met	11	11	14	9	25	20
	Dishonored Check	6	2	4	0	10	2
	Records Release	2	0	5	0	7	0
	Action by Another Board, NPC	20	8	8	3	28	11
	Reinstatement	144	135	123	111	267	246
	Eligibility	57	47	65	59	122	106
	No Jurisdiction	1	0	1	0	2	0
Nursing Total		3,401	1,377	4,633	1,611	8,034	2,988
Optometry	Inability to Safely Practice	1	0	2	0	3	0
	Abuse/Abandonment/Neglect	0	0	0	0	0	0
	Std of Care, Surgery	0	0	1	0	1	0
	Std of Care, Diagnosis/Treatment	15	2	16	5	31	7
	Std of Care, Medication/Prescription	7	0	6	2	13	2

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Optometry	Std of Care, Malpractice Reports	0	0	2	1	2	1
	Std of Care, Exceeding Scope	0	0	0	0	0	0
	Std of Care, Other	1	0	1	0	2	0
	Inappropriate Relationship	1	0	1	0	2	0
	Unlicensed Activity	0	0	1	0	1	0
	Fraud, Patient Care	4	0	4	1	8	1
	Action by Another Board, Patient Care	0	0	0	0	0	0
	Criminal Activity	0	0	0	0	0	0
	HPMP	0	0	0	0	0	0
	Fraud, Non-Patient Care	2	0	3	1	5	1
	Business Practice Issues	22	1	19	2	41	3
	Compliance	0	0	0	0	0	0
	Confidentiality Breach	3	0	0	0	3	0
	Continuing Competency Req Not Met	0	0	4	0	4	0
	Records Release	0	0	1	0	1	0
	Action by Another Board NPC	0	0	0	0	0	0
Optometry Total		56	3	61	12	117	15
Pharmacy	Inability to Safely Practice	26	0	32	8	58	8
	Drug Related, Patient Care	71	37	56	36	127	73
	Abuse/Abandonment/Neglect	15	2	14	10	29	12
	Std of Care, Diagnosis/Treatment	1	0	2	0	3	0

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Pharmacy	Std of Care, Medication/Prescription	170	34	238	43	408	77
	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Exceeding Scope	1	1	2	0	3	1
	Inappropriate Relationship	0	0	3	0	3	0
	Unlicensed Activity	17	3	19	4	36	7
	Misappropriation of Patient Property	4	3	8	6	12	9
	Fraud, Patient Care	20	11	20	13	40	24
	Action by Another Board, Patient Care	13	6	6	3	19	9
	Criminal Activity	22	9	7	0	29	9
	HPMP	1	0	6	5	7	5
	Drug Related, Non-Patient Care	26	18	15	10	41	28
	Fraud, Non-Patient Care	12	7	19	10	31	17
	Business Practice Issues	397	314	957	873	1354	1187
	Drug Related, Security	15	12	9	4	24	16
	Compliance	17	9	8	0	25	9
	Misappropriation of Property, NPC	3	1	4	4	7	5
	Confidentiality Breach	10	4	6	0	16	4
	Continuing Competency Req Not Met	191	191	57	57	248	248
	Dishonored Check	1	0	0	0	1	0
Records Release	1	0	2	1	3	1	

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Pharmacy	Action by Another Board, NPC	1	1	1	0	2	1
	Reinstatement	18	14	16	16	34	30
	Eligibility	5	2	56	7	61	9
Pharmacy Total		1,058	679	1,563	1,110	2,621	1,789
Physical Therapy	Inability to Safely Practice	11	6	10	6	21	12
	Drug Related, Patient Care	0	0	0	0	0	0
	Abuse/Abandonment/Neglect	12	8	20	9	32	17
	Std of Care, Diagnosis/Treatment	5	0	11	2	16	2
	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Exceeding Scope	2	0	1	0	3	0
	Inappropriate Relationship	5	2	4	2	9	4
	Unlicensed Activity	1	0	0	0	1	0
	Misappropriation of Patient Property	0	0	0	0	0	0
	Fraud, Patient Care	11	5	15	10	26	15
	Action by Another Board, Patient Care	1	1	0	0	1	1
	Criminal Activity	1	0	3	3	4	3
	HPMP	1	1	1	0	2	1
	Fraud, Non-Patient Care	3	2	6	2	9	4
	Business Practice Issues	13	0	5	0	18	0
	Compliance	2	2	0	0	2	2
Confidentiality Breach	0	0	2	0	2	0	

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Physical Therapy	Continuing Competency Req Not Met	2	2	0	0	2	2
	Dishonored Check	1	0	0	0	1	0
	Records Release	0	0	0	0	0	0
	Action by Another Board, NPC	2	2	1	1	3	3
	Reinstatement	0	0	5	5	5	5
	Eligibility	5	3	3	3	8	6
Physical Therapy Total		78	34	87	43	165	77
Psychology	Inability to Safely Practice	6	0	3	0	9	0
	Abuse/Abandonment/Neglect	8	0	3	0	11	0
	Std of Care, Diagnosis/Treatment	28	2	35	0	63	2
	Std of Care, Medication/Prescription	0	0	0	0	0	0
	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Exceeding Scope	1	0	2	0	3	0
	Std of Care, Other	1	0	0	0	1	0
	Inappropriate Relationship	4	1	5	1	9	2
	Unlicensed Activity	6	2	9	0	15	2
	Fraud, Patient Care	2	0	4	0	6	0

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁺	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Psychology	Action by Another Board, Patient Care	0	0	1	1	1	1
	Criminal Activity	1	0	3	2	4	2
	Fraud, Non-Patient Care	1	0	3	0	4	0
	Business Practice Issues	35	0	36	0	71	0
	Compliance	2	0	0	0	2	0
	Confidentiality Breach	3	0	2	0	5	0
	Continuing Competency Req Not Met	2	0	0	0	2	0
	Dishonored Check	1	0	0	0	1	0
	Records Release	8	0	4	0	12	0
	Reinstatement	1	1	0	0	1	1
	No Jurisdiction	0	0	0	0	0	0
Eligibility	1	1	1	1	2	2	
Psychology Total		111	7	111	5	222	12
Social Work	Inability to Safely Practice	9	0	11	0	20	0
	Drug Related, Patient Care	0	0	0	0	0	0
	Abuse/Abandonment/Neglect	6	1	2	0	8	1
	Std of Care, Diagnosis/Treatment	25	2	22	4	47	6

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Social Work	Std of Care, Medication/Prescription	0	0	0	0	0	0
	Std of Care, Malpractice Reports	1	0	0	0	1	0
	Std of Care, Exceeding Scope	1	0	4	0	5	0
	Std of Care, Other	3	2	0	0	3	2
	Inappropriate Relationship	6	2	4	0	10	2
	Unlicensed Activity	5	0	3	0	8	0
	Misappropriation of Patient Property	0	0	0	0	0	0
	Fraud, Patient Care	3	2	2	0	5	2
	Action by Another Board, Patient Care	0	0	0	0	0	0
	Criminal Activity	2	0	3	1	5	1
	Fraud, Non-Patient Care	8	1	6	3	14	4
	Business Practice Issues	32	0	20	2	52	2
	Compliance	1	0	0	0	1	0
	Confidentiality Breach	9	0	9	1	18	1
	Continuing Competency Req Not Met	0	0	0	0	0	0

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Social Work	Records Release	3	0	3	0	6	0
	Action by Another Board, NPC	0	0	0	0	0	0
	Reinstatement	1	1	0	0	1	1
	Drug Related, Non-Patient Care	0	0	0	0	0	0
	No Jurisdiction	0	0	1	0	1	0
Social Work Total		115	11	90	11	205	22
Veterinary Medicine	Inability to Safely Practice	10	3	11	4	21	7
	Drug Related, Patient Care	1	0	3	2	4	2
	Abuse/Abandonment/Neglect	3	0	6	0	9	0
	Std of Care, Surgery	18	2	44	11	62	13
	Std of Care, Diagnosis/Treatment	109	5	178	20	287	25
	Std of Care, Medication/Prescription	6	0	18	2	24	2
	Std of Care, Exceeding Scope	0	0	1	0	1	0
	Inappropriate Relationship	0	0	1	0	1	0
	Std of Care, Other	1	0	0	0	1	0
	Unlicensed Activity	22	2	15	2	37	4
	Fraud, Patient Care	3	0	10	3	13	3
Action by Another Board, Patient Care	0	0	1	1	1	1	

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Veterinary Medicine	Criminal Activity	0	0	2	2	2	2
	HPMP	1	0	1	1	2	1
	Drug Related, Non-Patient Care	0	0	7	6	7	6
	Fraud, Non-Patient Care	2	0	3	2	5	2
	Business Practice Issues	144	56	209	72	353	128
	Drug Related, Security	8	2	14	4	22	6
	Compliance	1	1	7	4	8	5
	Misappropriation of Property, NPC	0	0	0	0	0	0
	Confidentiality Breach	2	0	5	0	7	0
	Continuing Competency Req Not Met	1	0	21	1	22	1
	Dishonored Check	1	0	0	0	1	0
	Records Release	2	0	7	0	9	0
	Action by Another Board, NPC	0	0	0	0	0	0
	Reinstatement	2	0	0	0	2	0
	No Jurisdiction	0	0	0	0	0	0
Eligibility	2	0	3	0	5	0	
Veterinary Medicine Total		339	71	567	137	906	208
Agency	Inability to Safely Practice	628	234	805	241	1433	475
	Drug Related, Patient Care	491	266	475	260	966	526

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Agency	Abuse/Abandonment/Neglect	1165	225	1405	336	2570	561
	Std of Care, Surgery	185	26	196	31	381	57
	Std of Care, Diagnosis/Treatment	1809	312	2277	332	4086	644
	Std of Care, Medication/Prescription	523	118	531	112	1054	230
	Std of Care, Malpractice Reports	163	31	134	28	297	59
	Std of Care, Exceeding Scope	140	60	173	55	313	115
	Std of Care, Other	36	10	13	0	49	10
	Inappropriate Relationship	199	94	213	88	412	182
	Unlicensed Activity	248	78	273	66	521	144

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Agency	Misappropriation of Patient Property	155	85	249	141	404	226
	Fraud, Patient Care	364	152	494	234	858	386
	Action by Another Board, Patient Care	114	69	76	43	190	112
	Criminal Activity	184	84	234	78	418	162
	HPMP	58	54	78	59	136	113
	Drug Related, Non-Patient Care	56	27	66	25	122	52
	Fraud, Non-Patient Care	229	75	301	121	530	196
	Business Practice Issues	1769	436	2381	1072	4150	1508
	Drug Related, Security	37	17	49	13	86	30
	Compliance	80	52	111	62	191	114
	Misappropriation of Property, NPC	14	5	17	4	31	9

Appendix E - Categories

Board	Occupation	FY 2021		FY 2022		Total ¹	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Agency	Confidentiality Breach	166	18	145	12	311	30
	Continuing Competency Req Not Met	222	216	106	69	328	285
	Dishonored Check	13	2	4	0	17	2
	Records Release	117	4	99	4	216	8
	Action by Another Board, NPC	40	19	29	12	69	31
	Reinstatement	214	193	178	160	392	353
	Eligibility	142	90	165	92	307	182
	HIPDB	0	0	0	0	0	0
	No Jurisdiction	8	0	6	0	14	0
Agency Total	9,569	3,052	11,283	3,750	20,852	6,802	

¹ A single case may fall into more than one category.

² More than one sanction may be imposed per case found in violation.

Appendix F – Confidential Consent Agreements

Board	Number of CCAs Accepted	More than two CCAs Accepted for Standard of Care Violations in 10 Years
Audiology & Speech Language Pathology	51	No cases fit the criteria for the biennium
Counseling	40	
Dentistry	269	
Funeral Directors & Embalmers	29	
Long-Term Care Administrators	15	
Medicine	73	
Nursing	170	
Optometry	43	
Pharmacy	205	
Physical Therapy	19	
Psychology	24	
Social Work	7	
Veterinary Medicine	339	
Agency Total	1284	0

Appendix G – Disciplinary Staff

Board	Cases Closed			FTEs*			Complaints Closed per FTE		
	FY 19- FY 20	FY 21- FY 22	Change	FY 19-FY 20	FY 21-FY 22	Change	FY 19- FY 20	FY 21- FY 22	Change
Audiology & Speech Language Pathology	57	36	-37%	2.00	0.67	-67%	29	54	89%
Counseling	645	706	9%	3.00	0.33	-89%	215	2,118	885%
Dentistry	1,186	1,050	-11%	5.00	2.00	-60%	237	525	121%
Funeral Directors & Embalmers	178	144	-19%	3.00	0.66	-78%	59	218	268%
Long-Term Care Administrators	183	193	5%	3.00	0.66	-78%	61	292	379%
Medicine	4,104	4,098	0%	9.00	8.00	-11%	456	512	12%
Nursing	5,253	5,041	-4%	14.00	14.60	4%	375	345	-8%
Optometry	76	101	33%	2.00	0.67	-67%	38	152	299%
Pharmacy	1,285	1,364	6%	6.00	4.00	-33%	214	341	59%
Physical Therapy	98	99	1%	3.00	0.66	-78%	33	150	359%
Psychology	274	205	-25%	3.00	0.33	-89%	91	615	573%
Social Work	248	173	-30%	3.00	0.33	-89%	83	519	528%
Veterinary Medicine	706	804	14%	2.00	0.67	-67%	353	1,206	242%
Administrative Proceedings Division				22.00	27.00	23%			
Enforcement Division				77.00	90.00	17%			
Agency Total	14,293	14,014	-2.0%	157.00	150.58	-4.1%	91.04	93.07	2.2%

* Full Time Equivalent (FTE) refers to the 2,080 hours per year that comprise a single full time position. In some cases, the hours may be divided among several employees.

Appendix H – Financial Overview

Board/Program	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Language Pathology	\$ 922,435	1.14%	\$ 783,120	0.99%
Certified Nurse Aides	\$ 2,739,912	3.39%	\$ 3,735,983	4.74%
Counseling	\$ 4,199,150	5.19%	\$ 3,159,688	4.01%
Dentistry	\$ 4,357,015	5.39%	\$ 5,337,219	6.77%
Funeral Directors and Embalmers	\$ 1,469,630	1.82%	\$ 1,330,864	1.69%
Long Term Care Administrators	\$ 1,206,660	1.49%	\$ 970,327	1.23%
Medical Cannabis Program	\$ 4,419,742	5.47%	\$ 1,693,433	2.15%
Medicine	\$ 18,818,720	23.28%	\$ 17,413,585	22.08%
Nursing	\$ 25,167,554	31.13%	\$ 24,982,572	31.67%
Optometry	\$ 736,055	0.91%	\$ 765,182	0.97%
Pharmacy	\$ 9,564,803	11.83%	\$ 8,353,784	10.59%
Physical Therapy	\$ 1,013,181	1.25%	\$ 1,324,433	1.68%
Prescription Monitoring Program	\$ 125,961	0.16%	\$ 4,104,845	5.20%
Psychology	\$ 1,473,745	1.82%	\$ 1,275,736	1.62%
Social Work	\$ 2,153,450	2.66%	\$ 1,450,102	1.84%
Veterinary Medicine	\$ 2,477,449	3.06%	\$ 2,196,263	2.78%
Total	\$ 80,845,462	100.00%	\$ 78,877,135	100.00%

2022-24 Strategic Plan

Department of Health Professions [223]

Mission, Vision, and Values

Mission

The mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

Vision

Department of Health Professions: Competent professionals providing healthcare services within the boundaries of their standards of practice to an informed public.

Values

- Exceptional Customer Service
- Honesty, Fairness, and Transparency to the Public
- Competence
- Continuous Improvement
- Employee Accountability

Agency Background Statement

The Department of Health Professions licenses, registers, certifies, authorizes, and permits individuals and entities seeking to practice professions and operate facilities regulated by Virginia's health regulatory boards. The Department of Health Professions also inspects facilities, investigates and adjudicates allegations of practitioner misconduct, monitors impaired practitioners, maintains prescription drug data to deter diversion and abuse, conducts relevant policy and workforce research, and provides pertinent information to consumers, policymakers, practitioners, researchers, and the general public. Statutory authority is based in *Code of Virginia* §§ 54.1-100 through 117 and respective portions of §§54.1-2400 through 3813.

Agency Status *(General Information About Ongoing Status of the Agency)*

Virginia's demand for safe and effective healthcare services continues to rise with its growing and aging population and healthcare reform measures aimed at increasing access. Health care is rapidly responding with efforts to avoid shortages resulting from the inevitable retirement of older practitioners and younger practitioners' desire for work and home balance. In response, innovative team delivery approaches, new occupations, and practitioner employment status changes are emerging.

Along with increasing needs for access to healthcare, the methods of treatment are constantly evolving. One major evolution in healthcare in Virginia is the allowance of the use of medical cannabis, both botanical and concentrate products, as a treatment option to alleviate symptoms of diseases or diagnoses for qualified patients. The Board of Pharmacy has implemented a registration process for physicians to issue written certifications for the use of medical cannabis. As of July 1, 2022, patients, parents, and legal guardians are no longer required to register with the Board of Pharmacy before obtaining medical cannabis products from a licensed pharmaceutical processor or cannabis dispensing facility. Patients, parents, and legal guardians do have the option to register with the Board if they wish to obtain a physical medical cannabis registration card. Currently, there are four licensed pharmaceutical processors that cultivate, manufacture, and dispense medical cannabis products. In addition, there are seven licensed cannabis dispensing facilities that dispense medical cannabis products.

The Department of Health Professions intends to continue to provide exemplary performance related to licensure and discipline. Patient and public health and well-being remains paramount and will continue to be promoted through efficient licensing and regulating of competent healthcare professionals and facilities, taking timely and appropriate disciplinary action in cases of misconduct, and providing relevant information to the public. The agency will continue to implement online licensing applications for all boards, expand online services to capture more transactions electronically, and reduce our use of paper through e-mail notifications and document management of disciplinary cases.

The Department of Health Professions through the Healthcare Workforce Data Center continues its efforts to provide objective data and research to guide key relevant health practices and workforce policies. The Department of Health Professions also endeavors to improve quality healthcare education through the approval and regulation of nursing education and continuing education requirements for healthcare professionals.

Finally, the Department of Health Professions intends to increase coordination with other agencies on healthcare workforce issues and to promote enhanced communication with licensees, the public, and the media. These efforts are designed to raise awareness statewide of the importance of the healthcare sector and the future needs for an expanded healthcare workforce.

Information Technology

The Department of Health Professions (DHP) continues to change and adapt as the underlying infrastructure and services provided by Virginia Information Technology Agency (VITA) and its vendors change. The department is currently entering the planning stages of moving from the current Google Platform to the Microsoft platform provided by NTT Data. This will provide more services to the agency but at a higher cost. DHP is also evaluating and utilizing other services that will promote improved operational efficiencies and assist it in moving to a more digital environment. The agency is leveraging the Box Service provided by VITA to be used by the Enforcement Division as a Case Management System as well as board discipline staff and their Administrative Proceedings Division. DHP is also evaluating the cost and benefits of Verizon's Verizon Virtual Contact Center (VCC) system to improve the public's ability to contact and receive information from the agency. Another area of emphasis is Cybersecurity. DHP will continue to balance the advantages of technology versus the challenge of the increased costs that it will incur.

Workforce Development

The Department of Health Professions continues to attract and retain employees who possess considerable healthcare experience and have earned related advanced degrees. The percentage of official/administrator and professional occupation positions is 61%, well above the 42.2% state average. The current turnover rate for the agency is 8.7%, well below the turnover rate for the state which is 15.6%. Currently, 28 employees (of our 264 FTE positions) are able to retire immediately with benefits, and by 2023, 13 additional employees will be able to retire. The Agency has implemented a Workforce Succession Plan and is currently enacting an action plan to ensure business function continuity in the event of retirement, especially in key positions.

The agency routinely monitors pay, hiring, disciplinary, and grievance information to ensure that our practices support federal, state, and agency goals and objectives related to sound workforce management. Given retirement projections, the Department of Health Professions Salary Administration Plan includes exceptional recruitment and retention options. Agency efforts continue to diversify the overall employee population. Approximately 7% of the Department of Health Professions employees participate in an alternative work schedule and 73% are eligible to telecommute. Enforcement field staff are required to work from a home office.

In addition to the need to assess agency resources based on retirement risks, Agency management continues to review its organizational structure to ensure that appropriate resources are assigned to core activities.

Staffing

Authorized Maximum Employment Level (MEL)	288
Salaried Employees	260
Wage Employees	90
Contracted Employees	13

Physical Plant

The Agency leases non-state space at an annual cost of approximately \$1.59 million. The Agency's space consists of 71,847 square feet of office space and 2,722 square feet of storage space. DHP also pays an annual amount of \$36,940.20, for security and an annual amount of \$21,835.92, for conference center management, which facilitates board meetings, hearings, and informal conferences. An upgrade to audio-visual and teleconferencing systems has been purchased to optimize existing infrastructure use.

Key Risk Factors

Increasing Costs:

The Department of Health Professions receives no support from the General Fund; cost increases are absorbed entirely from licensure and renewal fees. The biggest cost-drivers are complaints against licensees and information technology services from VITA,

Complaints have increased 8.8% from the last biennium, and is likely to continue as demand for healthcare services increases, particularly as the population ages and the full effects of healthcare reform legislation begin to manifest.

To keep pace with societal changes and to minimize the need for additional program staff, additional resources may need to be devoted to Information Technology, including expanding online renewals, expanding agency electronic records management, and standardization of agency processes.

Occupations with Few Licensees:

Some regulated occupations lack a sufficient number of regulants to cover their regulatory costs. This is placing a strain on individual boards' cash resources.

Changing Face of Healthcare:

Healthcare reform is expected to bring significant changes to the nation's healthcare system. Some of this will involve new professions, scopes of practice, and alternative approaches to patient care. These could have significant impacts on the licensure and regulation of health professionals.

Agency Workforce Succession Planning:

The Department of Health Professions has implemented an Agency Workforce Succession Plan, evaluating the Agency's current workforce, along with current and future needs. Current risk factors for the Agency include:

- A loss of Institutional knowledge through retirements
- The impact of turnover in key roles as related to retirement
- Limited diversity in leadership positions
- Heavy reliance on wage & temporary contract staff

As a result, the Agency has enacted Action Plans to address: increasing our MEL to combat our heavy reliance on the use of temporary contract staff and wage employees, increasing diversity of executive/professional staff, developing Standard Operating procedures, sharing institutional and critical role knowledge. Each year, the Agency will re-evaluate its Succession Plan and any related Action Plans, to ensure continuity of Agency business functions.

Finance

Financial Overview

The Department of Health Professions is a self-supporting, fee-based agency. For Fiscal Year 2022, total revenues were approximately \$42.4 million, generated by:

- Licensure and renewal fees (97.1%);
- Penalty and late fees (2.5%);
- All other (0.4%)

The agency expended \$41.8 million in FY22, devoting approximately 46% to licensing health professionals, disciplinary staff and DHP programs, 32% to the investigation and adjudication of complaints against healthcare providers, and the remaining 22% is for the agency's centralized services, information technology, and legislative and regulatory activities. The agency's FY22 major expenditure categories are as follows:

- Employee salaries, wages, and fringe benefits (70.1%);
- Contractual services (12.8%);
- Information technology (10.8%);
- Operating lease payments (4.5%), and
- All other (1.8%);

The Department of Health Professions receives no support from the General Fund; cost increases are absorbed entirely from licensure and renewal fees. The biggest cost-drivers are from the investigation and adjudication of complaints against licensees, license count increases, and information technology services.

The Fiscal Year 2023 and FY 2024 appropriation increases from the FY 2022 adjusted base budget were due to the approval of a Decision Package to provide positions due to an increase in disciplinary caseloads and to reduce the reliance on wage employees

Biennial Budget

	2023 General Fund	2023 Nongeneral Fund	2024 General Fund	2024 Nongeneral Fund
Initial Appropriation for the Biennium	0	37,849,871	0	38,218,945
Changes to Initial Appropriation	0	0	0	0

Revenue Summary

. For Fiscal Year 2022, total revenues were approximately \$42.4 million, generated by:

- Licensure and renewal fees (97.1%);
- Penalty and late fees (2.5%);
- All other (0.4%)

Agency Statistics

Statistics Summary

The primary mission of the Department of Health Professions is to ensure a competent healthcare provider workforce through efficient licensure processing and enforcing standards of professional care and conduct. The following key statistics provide insight into the scope of that work:

Statistics Table

Description	Value
Total number of licensees end of FY22	518,191
Total new licenses issued in FY22	91,186
Number of complaints against licensees received during FY22	7,289
Percent of patient-care related complaints against licensees received during FY22	67

Customers and Partners

Anticipated Changes to Customer Base

As with virtually all states, demand for healthcare services is expected to increase for the foreseeable future as the population increases. Although shortages are already experienced in some areas of the state, by 2022 estimates indicate that the number and geographical distribution of healthcare professionals may be insufficient to cope with the increasing demand for healthcare services, especially in a growing and aging population. In addition, the systems of healthcare delivery are expected to develop new and innovative treatments that will also increase demand. It is likewise expected that this increased demand will result in increased numbers of applicants, licensees, and disciplinary cases as well as more emerging healthcare professions.

The current customer list identifies both the number of customers currently served annually as well as potential customers served. For the first three pre-defined groups, the number served annually reflects the number reported at the end of Fiscal Year 2022. The potential number of annual customers was calculated with the understanding that some recent laws that resulted in significant increase in the number of customers served, such as the pharmaceutical processing and certificates to physicians to provide cannabidiol (CBD) oil and THC-A oil as treatment options, are not likely to occur again within the next two years; thus previous changes such as percent change between FY 2016-2018 was applied and seem more reasonable.

Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Applicants	Applicants for initial licensure, certification, registration, or permitting, and applicants for reinstatement	91,166	93,200	Increase
Consumer	Parties seeking practitioner information	7,496,083	7,600,000	Increase
Health Professions	Licensees required to abide by laws or rules governing their practice	518,121	520,000	Increase
Student	Recipients of scholarships	50	50	Stable

Partners

No data

Major Products and Services

Department of Health Professions provides administrative, communication, policy, technological, and research support for the boards. Information on practitioners, licensure requirements, practice standards, healthcare workforce, emerging professions, agency operations, and more is made

available to the public and stakeholders. Additionally, the Department of Health Professions funds nursing student financial assistance to support healthcare practice in underserved areas of the state and approves and regulates education and training programs for the Boards of Nursing and Pharmacy.

The Department of Health Professions issues nearly 150 types of licenses, certifications, registrations, and permits to over 60 health professions and facilities. At the end of FY22, there were 518,191 regulants, up 12% over the previous year and up 18% over the last biennium.

The number of disciplinary cases received has increased 8.0% from FY21 to FY22, (6,727 in FY21 to 7,289 in FY22), but rose 1% over the last biennium. The average age (in days) of closed disciplinary cases has increased 7% from FY21 to FY22 (290.8 in FY17 to 310.7days in FY18) because of efforts to address very old cases. However, the age of closed cases remains significantly lower than the benchmark of 365 days.

The Prescription Monitoring Program (PMP) is a confidential statewide electronic database containing information on dispensed Schedule II-V prescriptions, naloxone, and medical cannabis. The primary purpose of the PMP is to promote safe prescribing and dispensing of covered substances by providing timely and essential information to healthcare providers. Integration of the PMP into the electronic health record and pharmacy dispensing system workflow has resulted in a marked increase in overall database utilization. The first integration, a pharmacy chain, was completed in 2015 and accelerated in the years following. At the end of FY22, over 5,000 facilities were integrated with the PMP. In FY22, there were over 57.9 million requests for a patient's prescription history. The Prescription Monitoring Program data on a specific patient's prescriptions and dispensing information may also be distributed to law enforcement and/or the Department of Health Professions Enforcement Division for a specific case investigation.

The Department of Health Professions also includes the Health Practitioner Monitoring Program and the Healthcare Workforce Data Center. The Health Practitioners Monitoring Program oversees the safe return to practice of healthcare practitioners impaired by substance misuse, mental health, or physical disability. The Healthcare Workforce Data Center collects and reports supply-side healthcare workforce availability data on 62 professions.

The Department of Health Professions services are affected by several forces, chief among these are:

- Federal and state legislative mandates and requests regarding requirements for regulating practitioners and facilities, the use and scope of the Prescription Monitoring Program, and policy analysis involving healthcare practice and workforce needs;
- The number of individuals and facilities who apply for licensure, registration, or certification in a covered healthcare profession;
- The number of individuals and facilities who renew their licenses each year;
- The number of new professions designated by the General Assembly as requiring licensure and regulation;
- The number and nature of reports and complaints alleging misconduct by a regulated individual or facility;
- The demand for information from the general public, employers, and insurers;
- Regulations adopted by health regulatory boards affecting the practice of their respective licensees and their scope of practice; and
- Increasing demand and associated costs for technology.
- Disease outbreaks and pandemics such as the Coronavirus Pandemic

As Virginia's population continues to grow and age, and healthcare reform increases access to care, the demand for safe and effective health care and related information is expected to keep growing.

Performance Highlights

The Agency's Key Performance Measures are calculated quarterly and utilized to gauge and monitor performance in relation to the Agency's mission. The safety, health, and well-being of the general public are promoted by the prompt processing of qualified applications for initial licensure and the timely investigation and adjudication of individual and facility misconduct in relation to patient care. The Agency also provides information to health care practitioners and prescribers through the Prescription Monitoring Program, which assists in deterring the illegitimate use of prescription drugs.

Licensure efficiency is assessed through the percent of initial licenses processed within 30 days of receiving a complete application. This measure has remained consistently high, maintaining well above the goal of 97%.

Disciplinary efficiency is assessed through the percent of patient care cases closed within 415 business days, and the percent of patient care cases that have been open for longer than a business work year (415 days). The percent of patient care cases pending over one business work year has consistently remained below the goal of 20%. Over FY22, the percent of cases closed within a business work year was just 1.6% under the agency goal of 90%; in the last quarter of FY22 the measure was actually slightly above 90% at 90.5%.

The utilization of the Prescription Monitoring Program information is measured by the percentage of prescriber queries compared to prescriptions added. This key performance measure is expected to increase as healthcare providers utilize the database to identify those seeking medications for illegitimate purposes.

Selected Measures

Measure ID	Measure	Alternative Name	Estimated Trend
22356044.001.001	Percent of initial licensure applications processed within 30 days of receipt of a completed application		Maintaining
223.0010	Percent of patient care cases pending over one business work year		Maintaining
223.0008	Percent of patient care cases resolved within 415 business days		Maintaining
223.0013	Cost to issue an initial registered nurse license.		Maintaining

Agency Goals

- **Keep the people of Virginia safe through the licensure of competent healthcare professionals throughout the Commonwealth.**

Summary and Alignment

The Department of Health Professions issues and renews licenses, registrations, certifications, and permits to healthcare practitioners that meet qualifications established by law and regulation.

Objectives

- » **Ensure healthcare practitioners across 13 health regulatory boards meet guidelines for licensure as required by the Code of Virginia.**

Description

Each health regulatory board is authorized under state law to enforce the laws and regulations.

Objective Strategies

- Use periodic reviews to ensure healthcare practitioners meet the guidelines.

- **Enforce standards of practice regarding the delivery of healthcare.**

Summary and Alignment

Investigating and adjudicating reports of professional misconduct and enforcing standards of care addressed in governing statutes through disciplinary actions and agreements.

Objectives

- » **Establish and uphold standards for the delivery of healthcare regulations through the promulgation of regulations.**

Description

Health regulatory boards are authorized to institute and uphold regulations.

Objective Strategies

[Nothing Entered]

- » **Provide an alternative to disciplinary action for impaired practitioners through the Health Practitioners' Monitoring Program.**

Description

Practitioners who meet certain criteria may receive approval for a stay of disciplinary action by entering into the program. This may facilitate safe return to practice.

Objective Strategies

- Ensure Health Practitioner Monitoring Program policies are aligned with best practices.
- Educate stakeholders to ensure knowledge of the Health Practitioner Monitoring Program opportunities.

- » **Take timely and appropriate disciplinary actions where there is evidence of professional misconduct by enforcing standards of care addressed in governing statutes.**

Description

The Department of Health Professions' Enforcement Division receives and investigates complaints of misconduct by licensees and regulated facilities. Based on the Administrative Process Act, administrative proceedings may commence if the board finds there is sufficient evidence to indicate a violation has occurred.

Objective Strategies

- **Cultivate and provide information to healthcare practitioners and the public.**

- Summary and Alignment**

- Collect and analyze data pertaining to licensure, regulation, and the disciplinary processes and effectively communicate to licensees and stakeholders.

- Objectives**

- » **Collect and analyze data pertaining to Virginia's regulated health workforce.**

- Description*

- Collection and analysis of data is performed by the Department of Health Professions Healthcare Workforce Data Center. The Department is responsible for developing and implementing informational surveys concerning the Virginia's healthcare workforce.

- Objective Strategies*

- Collection of healthcare workforce data by the Department of Health Professions' Healthcare Workforce Data Center through the regular survey of key workforce-related factors including demographics, education, practice and patient characteristics, and future plans among the healthcare workforce upon licensure renewal.

- » **Effectively communicate to licensees, stakeholders, and the public.**

- Description*

- [Nothing Entered]

- Objective Strategies*

- Provide timely information via the websites for the Agency, health regulatory boards, Prescription Monitoring Program (PMP), Health Practitioners' Monitoring Program (HPMP), and VaAware.
 - Represent Virginia boards at regional and national regulatory and professional associations.
 - Provide information for consumers about healthcare practitioners on the Department of Health Professions' website through "License Lookup", "Doctor's Profile", "Oral and Maxillofacial Profiles", and "Case Decisions".
 - Provide statistical data regarding disciplinary action taken against licensees of respective health regulatory boards to national entities.
 - Provide information via the Prescription Monitoring Program (PMP) to licensees of health regulatory boards to serve as an early warning system for practitioners in the fight against prescription opioid abuse among their patients.

- **Promote a competent healthcare workforce through the approval of quality education programs.**

- Summary and Alignment**

- Promote quality nursing, nurse aide, and medication aide programs and facilitate competency of all Department of Health Professions' licensees to support the health and well-being of the population.

- Objectives**

- » **Approve and regulate continuing education courses.**

- Description*

- The Board of Pharmacy approves and regulates continuing education courses that meet the qualifications established by law and regulation.

- Objective Strategies*

- [Nothing Entered]

- » **Approve and regulate professional and practical nursing education programs preparing individuals for licensure.**

- Description*

- The Board of Nursing approves and regulates professional and practical nursing education programs that meet the qualifications established by law and regulation.

- Objective Strategies*

- [Nothing Entered]

» **Approve and regulate nurse aide and medication aide education programs.**

Description

The Board of Nursing approves and regulates nurse aide and medication aide education programs that meet the qualifications established by law and regulation.

Objective Strategies

[Nothing Entered]

• **Strengthen DHP's internal systems, operations, and culture of preparedness to better meet the needs of licensees, the public, and decision makers.**

Summary and Alignment

Integrate technology with business processes, promote an effective and knowledgeable Department of Health Professions' workforce, and maintain a culture of preparedness to provide services in the most effective and efficient manner possible.

Objectives

» **Maintain a program of continuous business process improvement.**

Description

Strengthen agency-wide improvement efforts to licensure, disciplinary, and retention processes through technological and procedural advancements.

Objective Strategies

- Develop and utilize best practices through collaboration, workgroups, and targeted teams.
- Maintain and strengthen internal communication channels through the use of the Intranet, agency-wide training, and project updates.
- Continue the digitalization of Agency records and standardization of internal and external forms.
- Continue to pursue technological innovations, such as Robotic Process Automation, to increase efficiency.

» **Maintain an effective Continuity of Operations Plan to safeguard personnel and assets so the Agency can continue to function in the event of a disruption of normal operations.**

Description

[Nothing Entered]

Objective Strategies

- Review and revise the Continuity of Operations and the Occupant Emergency Response Plan as needed following drills and actual continuity and emergency events. Provide training on the Continuity of Operations and the Occupant Emergency Response Plans.

» **Streamline the licensure and renewal process for licensees of health regulatory boards.**

Description

[Nothing Entered]

Objective Strategies

- Continue the growth of the online renewal and application process.
- Coordinate technological advances with business processes.
- Review internal processes for efficiency.
- Review regulation requirements that impact time from application to licensure.

» **Encourage a culture of learning.**

Description

[Nothing Entered]

Objective Strategies

- Provide agency-wide training to board members and employees to include: updates, professional development, and new regulations.
- Provide a variety of resources for self-directed learning.

Supporting Documents

Title	File Type
-------	-----------

Scholarships [10810]

Description of this Program / Service Area

In 1991, the General Assembly created the Nursing Scholarship and Loan Repayment Fund. Funding for the scholarship fund is provided through a \$1.00 surcharge assessed on the renewal of licenses for registered and licensed practical nurses. The purpose of the fund is to finance scholarships for part-time and full-time students enrolled in or accepted for enrollment by licensed practical or registered nursing programs. The program is administered jointly by the Department of Health Professions and the Virginia Department of Health. The Department of Health Professions collects the money and deposits it into the Scholarship Fund. The Virginia Department of Health determines the recipients and sends to the Department of Health Professions the names of the recipients and the schools they plan to attend. The Department of Health Professions, in turn, distributes the awards to the schools according to the list provided by the Virginia Department of Health. Any balances left in the fund at year-end automatically carry forward to the next fiscal year. For Fiscal Year 2022, revenue amounted to \$66,913 and expenditures totaled \$98,000 (Note: These numbers reflect Department of Health Professions' revenue and expenditures only. They do not include Virginia Department of Health's portion of the program.)

Mission Alignment and Authority

Although this service area is fiscally modest, it is an integral part of the Agency's mission, especially in the nursing field.

Products and Services

Description of Major Products and Services

Providing scholarships to nursing students through the Nursing Scholarship and Loan Repayment Fund.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Providing Nursing Scholarships	COV § 54.1-3011.2				

Anticipated Changes

Given the limit on revenues created by the legislative cap on the surcharge, it is unlikely that there will be significant changes in the program for the foreseeable future.

Factors Impacting

Financial Overview

All funding for this service area is derived from a legislatively mandated surcharge on renewal fees for licensed practical and registered nurses.

Biennial Budget

	2023 General Fund	2023 Nongeneral Fund	2024 General Fund	2024 Nongeneral Fund
Initial Appropriation for the Biennium	0	65,000	0	65,000
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type
-------	-----------

Technical Assistance to Regulatory Boards [56044]

Description of this Program / Service Area

Virginia’s 13 health regulatory boards are responsible for the licensing and the discipline of health practitioners, and promulgating the regulations that govern health practitioners. Some boards have additional responsibilities, including regulating education programs and facilities. The Department of Health Professions’ employees support the boards in their activities, but the governor appointed Board members have the ultimate authority to promulgate regulations and make case decisions.

Licensure or certification in each profession typically requires the completion of a board-approved professional education program and the passage of an approved examination in the applicant’s chosen professional field. At the end of the 2020-2022 Biennium, the 13 health regulatory boards regulated more than 510,000 health professionals, facilities, and other designated entities. This represents a 17.9% increase over the prior biennium and a 50% increase over the last ten years.

A vital part of the Agency’s mission is the investigation and adjudication of complaints and allegations of misconduct against licensees. During the 2020-2022 Biennium, the Agency received over 13,500 disciplinary cases.

The health regulatory boards are also responsible for promulgating the regulations governing the professionals under their purview. These regulations establish initial licensure requirements, set fee rates and renewal requirements, and establish standards for practice.

The Board of Health Professions (BHP) was created in 1977 to assist the health regulatory boards develop guidelines governing health care professionals in Virginia. The Board of Health Professions is also responsible for reviewing the Agency’s budget and advising the Department of Health Professions Director, General Assembly, and the Governor on matters related to the regulation of health care professions. The Board of Health Professions is comprised of 18 members, one from each of the 13 health regulatory boards, and five citizens (consumers), all appointed by the Governor.

The primary activities included in the Agency’s service area are:

- Licensing applicants who meet defined standards as determined by law and regulation
- Issuing licenses or permits to specified health related facilities that are in compliance with applicable laws and regulations, and inspecting to verify continued compliance
- Ensuring occupational competency by monitoring and enforcing continuing education or experience requirements, as required by law and/or regulation
- Enforcing compliance with legal policies and assuring professional accountability through diligent investigation of complaints, application of established standards, and objective disciplinary decisions
- Studying, evaluating and recommending the appropriate type and degree of regulation for health professions and occupations

Mission Alignment and Authority

Technical Assistance to Regulatory Boards Service Area supports the core mission of the Agency.

Products and Services

Description of Major Products and Services

- Licensing, certifying, registering, and permitting individuals and entities that meet requirements to practice health care professions in Virginia
- Enforcing laws and regulations governing health care delivery
- Investigating and adjudicating reports and complaints against health care providers
- Reviewing, developing, and proposing regulations and legislation promoting the safe delivery of health care
- Approving educational programs that satisfy requirements for initial and ongoing licensure, certification, or registration
- Providing consumer information about health care providers, requirements, and standards
- Providing administrative services in support of the 14 health regulatory boards, the Agency’s mission, and its programs
- Collecting data and providing information through the Prescription Monitoring Program secure database to deter the misuse, abuse, and diversion of controlled substances
- Collecting and providing information relative to healthcare workforce through the Department of Health Professions Healthcare Workforce Data Center
- Monitoring impaired healthcare providers through the Healthcare Practitioners’ Monitoring Program

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF

Licensing, certifying, registering, and permitting individuals and entities	COV § 54.1-2400				
Licensing, certifying, registering, and permitting individuals and entities	Subtitle III of Title 54.1 of the Code of Virginia				
Licensing, certifying, registering, and permitting individuals and entities	18VAC30-21-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC115-20-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC115-40-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC115-30-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC115-50-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC115-60-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC115-80-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC115-70-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC60-21-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC60-25-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC60-30-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC65-20-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC65-40-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC75-40-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC95-30-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC95-20-10 et seq.				

Licensing, certifying, registering, and permitting individuals and entities	18VAC85-20-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-110-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC90-40-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC90-30-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-80-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-50-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-101-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-40-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-130-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-120-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-150-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-140-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-160-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC85-170-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC90-19-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC90-50-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC90-25-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	42 CFR 483.156				

Licensing, certifying, registering, and permitting individuals and entities	18VAC90-60-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC105-20-05 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC110-20-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC110-50-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC110-30-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC112-20-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC125-20-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC125-30-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC140-20-10 et seq.				
Licensing, certifying, registering, and permitting individuals and entities	18VAC150-20-10 et seq.				
Enforcing laws and regulations	COV § 54.1-2400				
Enforcing laws and regulations	Subtitle III of Title 54.1 of the Code of Virginia				
Enforcing laws and regulations	18VAC30-21-160				
Enforcing laws and regulations	18VAC115-20-140				
Enforcing laws and regulations	18VAC115-40-50				
Enforcing laws and regulations	18VAC115-30-150				
Enforcing laws and regulations	18VAC115-50-120				
Enforcing laws and regulations	18VAC115-60-140				
Enforcing laws and regulations	18VAC115-80-100				
Enforcing laws and regulations	18VAC115-70-80				
Enforcing laws and regulations	18VAC65-20-500				
Enforcing laws and regulations	18VAC65-40-640				

Enforcing laws and regulations	18VAC75-20-90				
Enforcing laws and regulations	18VAC75-20-100				
Enforcing laws and regulations	18VAC95-30-210				
Enforcing laws and regulations	18VAC95-20-470				
Enforcing laws and regulations	18VAC85-20-300				
Enforcing laws and regulations	18VAC90-40-130				
Enforcing laws and regulations	18VAC90-30-220				
Enforcing laws and regulations	18VAC85-40-30				
Enforcing laws and regulations	18VAC85-120-140				
Enforcing laws and regulations	18VAC90-19-230				
Enforcing laws and regulations	18VAC90-50-90				
Enforcing laws and regulations	18VAC90-25-100				
Enforcing laws and regulations	42 CFR 483.156				
Enforcing laws and regulations	18VAC90-60-120				
Enforcing laws and regulations	18VAC105-20-40				
Enforcing laws and regulations	18VAC110-30-80				
Enforcing laws and regulations	18VAC110-30-270				
Enforcing laws and regulations	18VAC125-20-160				
Enforcing laws and regulations	18VAC125-30-110				
Enforcing laws and regulations	18VAC140-20-160				
Enforcing laws and regulations	18VAC150-20-210				
Investigations and adjudication of complaints against health care providers	COV § 54.1-2400				
Investigations and adjudication of complaints against health care providers	Subtitle III of Title 54.1 of the Code of Virginia				
Investigations and adjudication of complaints against health care	18VAC30-21-170				

providers					
Investigations and adjudication of complaints against health care providers	18VAC115-15-10 et seq.				
Investigations and adjudication of complaints against health care providers	18VAC60-15-10 et seq.				
Investigations and adjudication of complaints against health care providers	18VAC75-20-110				
Investigations and adjudication of complaints against health care providers	18VAC75-20-120 et seq.				
Investigations and adjudication of complaints against health care providers	18VAC95-20-471				
Investigations and adjudication of complaints against health care providers	18VAC90-40-140				
Investigations and adjudication of complaints against health care providers	18VAC90-30-230				
Investigations and adjudication of complaints against health care providers	18VAC90-30-240				
Investigations and adjudication of complaints against health care providers	18VAC85-15-10 et seq.				
Investigations and adjudication of complaints against health care providers	18VAC90-15-10 et seq.				
Investigations and adjudication of complaints against health care providers	18VAC105-20-41				
Investigations and adjudication of complaints against health care providers	18VAC110-20-15				
Investigations and adjudication of complaints against health care providers	18VAC112-20-26				
Investigations and adjudication of complaints against health care providers	18VAC125-15-10 et seq.				

Investigations and adjudication of complaints against health care providers	18VAC140-20-171				
Investigations and adjudication of complaints against health care providers	18VAC150-20-15				
Reviewing, developing, and proposing regulations and legislation	COV § 54.1-2400				
Reviewing, developing, and proposing regulations and legislation	Subtitle III of Title 54.1 of the Code of Virginia				

Anticipated Changes

Both the number of consumers entering the healthcare system and the number of licensees are anticipated to increase over the next decade. These factors are likely to increase the number of complaints and mandatory reports filed with the Agency, leading to increased resources that must be devoted to the investigation and adjudication of those complaints. The demand for information from the general public, healthcare institutions, employers and insurers will also likely increase as the number of licensees and complaints increase.

Factors Impacting

The Agency’s services are affected by a number of different forces. Chief among these are:

- Federal and state legislative mandates and requests regarding requirements for regulating practitioners and facilities, the use and scope of the Prescription Monitoring Program, and policy analysis involving health care practice and workforce needs,
- The number of individuals and facilities who apply for licensure, registration, or certification in a covered healthcare profession,
- The number of individuals and facilities who renew their licenses each year,
- The number of new professions designated by the General Assembly as requiring licensure,
- The number and nature of reports and complaints alleging misconduct on the part of a regulated individual or facility,
- The demand for information from the general public, employers, and insurers,
- Regulations adopted by health regulatory boards affecting the practice of their respective licensees and their scope of practice, and
- Increasing demand and associated costs for technology.

Financial Overview

The Department of Health Professions is a self-supporting, fee-based agency. For Fiscal Year 2022, total revenues for the agency were approximately \$42.4 million, generated by:

- Licensure and renewal fees (97.1%);
- Penalty and late fees (2.5%);
- All other (0.4%)

The agency expended \$41.8 million in FY22, devoting approximately 46% to licensing health professionals, disciplinary staff and DHP programs, 32% to the investigation and adjudication of complaints against healthcare providers, and the remaining 22% is for the agency’s centralized services, information technology, and legislative and regulatory activities. The agency’s FY22 major expenditure categories are as follows:

- Employee salaries, wages, and fringe benefits (70.1%);
- Contractual services (12.8%);
- Information technology (10.8%);
- Operating lease payments (4.5%), and
- All other (1.8%);

The Department of Health Professions receives no support from the General Fund; cost increases are absorbed entirely from licensure and renewal fees. The biggest cost-drivers are from the investigation and adjudication of complaints against licensees, license count increases, and information technology services.

The Fiscal Year 2023 and FY 2024 appropriation increases from the FY 2022 adjusted base budget were due to the approval of a Decision Package to provide positions due to an increase in disciplinary caseloads and to reduce the reliance on wage employees.

Biennial Budget

	2023 General Fund	2023 Nongeneral Fund	2024 General Fund	2024 Nongeneral Fund
Initial Appropriation for the Biennium	0	37,784,871	0	38,153,945
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

VIRGINIA BOARD OF HEALTH PROFESSIONS

BYLAWS

ARTICLE I. Name.

This body shall be known as the Virginia Board of Health Professions as set forth in the *Code of Virginia* Chapter 25, Title 54.1, Subtitle III, hereinafter referred to as the Board.

ARTICLE II. Powers and Duties.

The powers and duties of the Board (§54.1-2510 *Code of Virginia*) are:

1. To evaluate the need for coordination among the health regulatory boards and their staffs and report its findings and recommendations to the Director (of the Department of Health Professions) and the boards (within the Department of Health Professions);
2. To evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions of Title 54.1, Subtitle III, *Code of Virginia*, to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation;
3. To review and comment on the budget for the Department;
4. To provide a means of citizen access to the Department;
5. To provide a means of publicizing the policies and programs of the Department in order to educate the public and elicit public support for Department activities;
6. To monitor the policies and activities of the Department, serve as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and have access to Departmental information;
7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
8. To make bylaws for the government of the Board of Health Professions and the proper fulfillment of its duties under Chapter 25 of the *Code of Virginia*;

9. To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board of Health Professions;
10. To review and comment, as it deems appropriate, on all regulations promulgated or proposed for issuance by the health regulatory boards under the auspices of the Department. At least one member of the relevant Board shall be invited to present during any comments by the Board on proposed board regulations;
11. To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual boards to ensure the protection of the public and the fair and equitable treatment of health professionals;
12. To examine the scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;
13. To receive, review, and forward to the appropriate health regulatory board any departmental investigative reports related to complaints of violations by practitioners to Chapter 24.1 (§54.1-2410 et seq.) of the *Code of Virginia*, entitled “Practitioner Self-Referral Act.”;
14. To determine compliance with and violations of and grant exceptions to the prohibitions set forth in the “Practitioner Self-Referral Act” (Chapter 24.1 §54.1-2410 et seq. of the *Code of Virginia*); and
15. To take appropriate actions against entities, other than practitioners as defined in §54.1-2410 et seq. of the *Code of Virginia*, for violations of the “Practitioner Self-Referral Act.”

ARTICLE III. Members.

1. The membership of the Board shall be the persons appointed by the Governor of the Commonwealth as set forth in the *Code of Virginia* (§54.1-2507).
2. Members of the Board shall attend all regular and special meetings of the Board unless prevented by illness or other unavoidable cause.

ARTICLE IV. Officers and Election.

1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair.

2. At the first meeting of the organizational year, the Board shall elect its officers. Nominations for office shall be selected by open ballot. Voting will be by roll-call ballot and require a majority.
3. The organizational year for the Board shall be from July 1st through June 30th. At the first regularly scheduled meeting of the organizational year, the Board shall elect its officers with an effective date of January 1st. The term of office shall be for the next calendar year following the election, or until the successor shall be elected as herein provided.
4. A vacancy occurring in any elected position shall be filled by the Board at the next meeting.

ARTICLE V. Duties of Officers.

1. The Chair shall preside at all meetings of the Board; appoint all committees, except as where specifically provided by law; call special meetings; and perform duties as prescribed by parliamentary authority.
2. The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair.

ARTICLE VI. Executive Committee.

1. This Committee shall consist of the Officers.
2. The Committee shall review matters of interest to the Board and may make recommendations to the Board.
3. The Chair of the Board shall be the Chair of the Committee.

ARTICLE VII. Committees.

1. The Chair may appoint committees as necessary to assist in fulfilling the duties of the Board.
2. The committees shall be advisory to the Board and shall offer recommendations to the Board for final action.

ARTICLE VIII. Meetings.

1. The Board shall meet at least one time per year on a date at the discretion of the Board.
2. Special meetings shall be called by the Chair or by written request to the Chair of any three members of the board, provided that there is at least seven days' notice given to Board members.
3. A quorum for any Board meeting shall consist of a majority of the members of the board. A quorum for any committee shall consist of a majority of committee members. No member shall vote by proxy.
4. A majority vote of the members present shall determine all matters at any meeting, regular or special, unless otherwise provided herein.
5. Members shall attend all scheduled meetings of the Board and committees to which they serve. In the event of two consecutive absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE IX. Parliamentary Authority.

The rules contained in the current edition of Robert's Rules of Order shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules the Board may adopt and any statutes applicable to the Board.

ARTICLE X. Amendment of Bylaws.

A Board member or staff may propose an amendment to these bylaws by presenting the amendment in writing to the Executive Director for distribution to all Board members, the Board's legal counsel, and staff prior to any regularly scheduled meeting of the Board. An amendment to the bylaws shall be adopted upon affirmative vote of at least two-thirds of the Board members present at the meeting.