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**Call to Order – Mitchell P. Davis, NHA, Board Chair**

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Procedures

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**Approval of Minutes**

- New Board Member Orientation – December 16, 2019
- Board Meeting – December 17, 2019
- Formal Hearing – December 17, 2019

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**Ordering of Agenda**

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**Public Comment**

*The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Agency Report**

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**Staff Reports**

- Executive Director’s Report – **Corie E. Tillman Wolf, JD, Executive Director**
- Discipline Report – **Kelley Palmatier, JD, Deputy Executive Director**

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**Board Counsel Report – Erin Barrett, Assistant Attorney General**

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**Committee and Board Member Reports**

- Board of Health Professions Report – **Derrick Kendall, NHA**

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**Legislative and Regulatory Report – Elaine Yeatts, Senior Policy Analyst**

- Update on Status of Regulations
- Update on Legislation

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**Next Meeting – June 16, 2020**

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**New Business**

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**Meeting Adjournment**

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# Approval of Minutes

**December 16, 2019**

Members of the Virginia Board of Long-Term Care Administrators convened for new board member orientation on Monday, December 16, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 2, Henrico, Virginia.

#### **BOARD MEMBERS PRESENT**

Ali Faruk, Citizen Member  
Jenny Inker, ALFA  
Ashley Jackson, NHA

#### **GUESTS OR PARTICIPANTS PRESENT**

Jason Graves, FSL, Member, Board of Funeral Directors and Embalmers

#### **DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING**

Erin Barrett, Assistant Attorney General  
Trasean Boatwright, Licensing Specialist  
Sarah Georgen, Licensing and Operations Manager  
Kelley Palmatier, J.D., Deputy Executive Director  
Angela Pearson, Discipline Operations Manager  
Corie Tillman Wolf, J.D., Executive Director

#### **INTRODUCTIONS AND ROLES**

Ms. Tillman Wolf began the meeting at 1:34 p.m. and welcomed the new members. She asked the Board members and staff to introduce themselves.

#### **OVERVIEW OF THE BOARDS**

Ms. Tillman Wolf provided an overview of the Boards to include the Agency and Board structure, budget, staffing, committees, and main functions.

#### **BOARD MEMBER ROLES AND RESPONSIBILITIES**

Ms. Barrett provided a presentation on the Board Member Roles and Responsibilities and Administrative Hearings and Appeals.

#### **POWERS AND DUTIES OF THE BOARDS**

Ms. Barrett and Ms. Tillman Wolf provided an overview of the powers and duties of the Boards to include relevant sections of the Code of Virginia, Regulations, Administrative Process Act, Freedom of Information Act, Conflict of Interest Act, and confidentiality provisions.

### **COMPLAINT PROCESS AND DISCIPLINARY CASES**

Ms. Palmatier provided an overview of the complaint process and how disciplinary cases are managed by the Board.

### **LICENSURE ITEMS**

Ms. Georgen provided an overview of the licensure items to include applications, frequently asked questions, and staff process.

### **OPERATIONS ITEMS**

Ms. Georgen provided an overview of the operations items to include travel reimbursement and compensation, board staff contact information, and meeting materials.

### **AGENCY PROGRAMS AND POLICIES**

Ms. Tillman Wolf provided an overview on the agency programs and policies to include the Health Practitioners' Monitoring Program, Prescription Monitoring Program, Health Workforce Data Center, and Communication policy.

### **OTHER ITEMS AND REMINDERS**

Ms. Tillman Wolf provided an overview on other items and reminders included building security, electronic records, training opportunities, board member travel, and requests for presentations.

### **ADJOURNMENT**

With all business concluded, the meeting adjourned at 4:10 p.m.

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Corie Tillman Wolf, J.D., Executive Director

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Date

**December 17, 2019**

The Virginia Board of Long-Term Care Administrators convened for a board meeting on Tuesday, December 17, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia.

**BOARD MEMBERS PRESENT**

Mitchell P. Davis, NHA, Chair  
Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member  
Ali Faruk, Citizen Member  
Martha H. Hunt, ALFA  
Jenny Inker, ALFA  
Ashley Jackson, NHA  
Derrick Kendall, NHA

**BOARD MEMBERS ABSENT**

Marj Pantone, ALFA, Vice-Chair

**DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING**

Erin Barrett, Assistant Attorney General  
Trasean Boatwright, Licensing Specialist  
David Brown, D.C., DHP Director  
Sarah Georgen, Licensing and Operations Manager  
Kelley Palmatier, J.D., Deputy Executive Director  
Corie Tillman Wolf, J.D., Executive Director  
Elaine Yeatts, Senior Policy Analyst

**OTHERS PRESENT**

Rebekah Allen, Virginia Department of Health, Office of Licensure and Certification  
Michael Capps, Virginia Department of Health, Office of Licensure and Certification  
Missy Currier, Virginia Department of Social Services, Licensing  
Judy Hackler, Virginia Assisted Living Association  
Dana Parsons, LeadingAge Virginia  
Annette Kelley, Deputy Executive Director, Board of Pharmacy  
Kathy Martin, Hancock, Daniel, & Johnson P.C.  
Angela Pearson, Discipline Operations Manager  
Edward Richardson, Virginia Department of Social Services, Licensing  
Katharine Sousa, Medical Facilities of America  
Karen Stanfield, NHA

## **CALL TO ORDER**

Mr. Davis called the meeting to order at 10:06 a.m. and asked the Board members and staff to introduce themselves.

## **Welcome New Board Members**

Mr. Davis welcomed Jenny Inker, ALFA, Ashley Jackson, NHA, and Ali Faruk, Citizen Member, to the Board.

## **QUORUM**

With eight members present a quorum was established.

## **MISSION**

Mr. Davis read the mission of the Board and reminders for the meeting.

Ms. Tillman Wolf read the Emergency Egress Procedures.

## **APPROVAL OF MINUTES**

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Hunt, the Board voted to accept the September 27, 2019 meeting minutes as written. The motion passed unanimously.

## **ORDERING OF THE AGENDA**

Upon a **MOTION** by Ms. Hunt, and properly seconded by Ms. Jackson, the Board voted to accept the agenda as written. The motion passed unanimously.

## **PUBLIC COMMENT**

Judy Hackler, Virginia Assisted Living Association (VALA), provided public comment (Attachment A).

## **AGENCY REPORT – Dr. David Brown, DC, Director**

Dr. Brown congratulated and welcomed the new Board members.

Dr. Brown announced that DHP held Board Member Training on October 7, 2019, which was well received by participants. He stated that DHP would offer another training in the near future and more information would be provided as it becomes available.

Dr. Brown reminded the Board members that Conflict of Interest Act training was required, in accordance with § 2.2-3132, within two months after becoming a Board member and at least once during each consecutive period of two calendar years thereafter. He requested that any Board member unable to attend the training should complete the training module online at <http://ethics.dls.virginia.gov/> or contact [ethics@dls.virginia.gov](mailto:ethics@dls.virginia.gov).

With no questions, Dr. Brown concluded his report.

## PRESENTATIONS

*Cannabidiol Oil and Vertical Pharmaceutical Processors – Annette Kelley, Deputy Executive Director, Board of Pharmacy*

Mr. Davis welcomed Annette Kelley, Deputy Executive Director with the Board of Pharmacy to provide an overview of cannabidiol oil and requirements for vertical processors.

## EXECUTIVE DIRECTOR’S REPORT – Corie Tillman Wolf, J.D.

Ms. Tillman Wolf welcomed the new Board members and stated that an inclusive Board member orientation was provided on December 16, 2019. Ms. Tillman Wolf also congratulated Mr. Davis and Ms. Hunt on their reappointment to the Board.

Ms. Tillman Wolf provided the following report:

### *Expenditure and Revenue Summary*

Cash Balance as of June 30, 2019	\$ 44,674
YTD FY20 Revenue	\$ 44,410
Less: YTD Direct and In-Direct Expenditures	\$ <u>163,331</u>
Cash Balance as of October 31, 2019	<b>\$(74,247)</b>

### *NAB Updates*

Ms. Tillman Wolf reported that the National Association of Long Term Care Administrator Boards (NAB) held the Mid-Year Meeting on November 13-15, 2019. She stated that Ms. Hunt participated in the RC/AL Exam Committee, Ms. Hahn served in her second year as the NAB Chair, and that she served as the Recorder for the State Board Execs Forum.

Ms. Tillman Wolf reported on updates for the Health Services Executive (HSE) credential, the continuing education registry, and the Administrator-In-Training manual.

### *Staff Updates*

Since the last meeting, Ms. Tillman Wolf participated in meetings of the Nursing Facility Action Committee (NFAC), Assisted Living Stakeholders, and Mental Health Task Force.

Ms. Tillman Wolf provided the following Licensing Update:

Current License Count – ALFA and NHA

ALFA	December 2019	NHA	December 2019
ALFA	671	NHA	961
ALF AIT	105	NHA AIT	73
Preceptor	213	Preceptor	232
Total ALFA	776	Total NHA	1034
<b>TOTAL COMBINED</b>	<b>1,810</b>		

Ms. Tillman Wolf reported on the trends in license count, which continued to show relatively flat growth from December 2013 to December 2019.

*Virginia Performs – Customer Service Satisfaction*

- 100% Results:
  - FY16 Q1, Q2, Q4
  - FY17 Q1, Q2, Q4
  - FY18 Q1, Q2, Q3, Q4
  - FY19 Q1, Q2, Q4
  - FY20 Q1

*Notes*

Ms. Tillman Wolf provided reminders to the Board members regarding any updated contact information. She thanked the Board members for their assistance with scheduling requests and their dedication to the Board. She reminded Board members to contact Board staff if they were unable to attend a meeting to ensure the establishment of a quorum.

Ms. Tillman Wolf reviewed the 2020 Board meeting schedule with the Board members:

- Tuesday, March 24, 2020
- Tuesday, June 16, 2020
- Tuesday, September 15, 2020
- Tuesday, December 8, 2020

With no questions, Ms. Tillman Wolf concluded her report.

**DISCIPLINE REPORT – Kelley Palmatier – Deputy Executive Director**

As of December 13, 2019, Ms. Palmatier reported the following disciplinary statistics:



- 99 total cases
  - 2 in Formal Hearing
  - 0 in Informal Conferences
  - 36 in Investigation
  - 56 in Probable Cause
  - 5 at APD

Ms. Palmatier reported the following Total Cases Received and Closed:

- Q1 2018 – 15/5
- Q2 2018 – 24/8
- Q3 2018 – 13/8
- Q4 2018 – 16/31
- Q1 2019 – 31/14
- Q2 2019 – 23/6
- Q3 2019 – 23/27
- Q4 2019 – 14/100
- Q1 2020 – 20/25

Ms. Palmatier reported the following Virginia Performs statistics for Q4 2019:

- Clearance Rate – 100% Received 16 patient care cases and closed 16 cases
- Pending Caseload over 250 days at 41% was over the 20% goal which represented 33 cases

Ms. Palmatier reported on the last six quarters case information:

	Percentage of all cases closed in 1 year					
	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Q1-2020
<b>LTC</b>	29.0%	64.3%	36.4%	42.6%	64.3%	64.4%
<b>Agency</b>	80.6%	85.5%	84.0%	76.4%	82.3%	78.2%

	Average days to close a case					
	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Q1-2020
<b>LTC</b>	395.5	253	396.8	400	433	291
<b>Agency</b>	201.1	173.8	169.2	258	204	214

With no questions, Ms. Palmatier concluded her report.

**BOARD COUNSEL REPORT**

Ms. Barrett did not have a report.

**BREAK**

The Board recessed at 11:11 a.m. The Board reconvened at 11:24 a.m.

## PRESENTATION

*Information Regarding Approved Training Programs through NAB – Michelle Grachek, National Association of Long Term Care Administrator Boards (NAB)*

Mr. Davis welcomed Michelle Grachek, National Association of Long Term Care Administrator Boards (NAB), to provide information regarding approved third-party training programs for RC/AL and NHA through NAB.

## COMMITTEE AND BOARD MEMBER REPORTS

*Board of Health Professions Report*

Mr. Kendall noted that the Board of Health Professions report was included in the agenda packet.

*NAB Mid-Year Meeting Report*

Ms. Hunt provided a brief report on the NAB Mid-Year Meeting held in November 2019 and described her role on the RC/AL Examination Committee.

## LEGISLATIVE AND REGULATORY ACTIONS – Elaine Yeatts, Senior Policy Analyst

*Legislation and Regulation Updates*

Ms. Yeatts reported on House Bill 41: *Adverse childhood experiences; Board of Medicine to adopt regulations for screening.*

Ms. Yeatts reported on the status of the fast-track regulations related to the Board handling fee. She stated that the proposed action will be published in the Virginia Register of Regulations and would potentially become effective February 6, 2020 following public comment.

*Adoption of NOIRA for Administrator-In-Training Program Considerations/Recommendations of Regulatory Advisory Panel (18VAC95-20-10 et seq., 18VAC95-30-10 et seq.)*

Ms. Tillman Wolf and Ms. Yeatts provided an overview of recommended action items for regulation from the Regulatory Advisory Panel on AITs.

Upon a **MOTION** by Ms. Jackson, and properly seconded by Ms. Hunt, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding continuing education for preceptors (*Regulations 18VAC 95-20-175 and 18VAC 95-30-70*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Inker, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the minimum hour requirements for face-to-face or other on-site requirements for instruction of AITs (*Regulations 18VAC95-20-340, 18VAC 95-30-180, and 18VAC*

95-30-190) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Jackson, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding an alternative pathway to qualify as an Assisted Living Facility Administrator-In-Training based on health care experience in a managerial or supervisory role and an 80 hour course in assisted living administration (*Regulation 18VAC 95-30-100(A)(1)*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Dr. Inker, and properly seconded by Ms. Hunt, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the modification of the current, minimum 30 hour education requirement for AIT applicants to mirror the Department of Social Services' education requirement for residential administrators (*Regulation 18VAC 95-30-100(A)(1)(a)*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Dr. Inker, and properly seconded by Ms. Banks, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding training facility requirements as they relate to the bed size of and type of facility (*Regulation 18VAC 95-30-170 (A), (B)*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Ms. Hunt, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding use of the NAB Administrator-In-Training manual by preceptors and AITs during the AIT program (*Regulations 18VAC 95-20-390 and 18VAC 95-30-160*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Dr. Inker, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the completion of an 80-hour training course based on NAB-approved standards with credit towards training hours for NHA and ALFA AITs (*Regulations 18VAC 95-30-100, -150, -160, and -190, and 18VAC 95-20-300, -310, and -400*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Mr. Faruk, and properly seconded by Ms. Banks, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding requiring training or continuing education courses in mental health, dementia, and Alzheimer's disease (*Regulations 18VAC 95-20-175 and 18VAC 95-30-70*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

Upon a **MOTION** by Ms. Jackson, and properly seconded by Dr. Inker, the Board voted to initiate a Notice of Intended Regulatory Action (NOIRA) regarding the total amount of training hours that an AIT or an Acting AIT is permitted to work per week (*Regulations 18VAC 95-20-310 and 18VAC 95-30-160*) as discussed by the Board and presented by Ms. Yeatts and Ms. Tillman Wolf. The motion passed unanimously.

The Board discussed a petition for rulemaking received regarding whether ALF AIT hours should count toward the completion of a Nursing Home AIT program. The Board took no action.

Ms. Tillman Wolf requested to defer the discussion of applicants with barrier crimes to a future meeting.

## **BREAK**

The Board recessed at 12:50 p.m. The Board reconvened at 1:06 p.m.

### *Approval of Revised Memorandum of Understanding with the Virginia Department of Health, Office of Licensure and Certification (Guidance Document 95-1)*

Ms. Tillman Wolf provided a brief summary of the proposed updates to the Memorandum that currently exists between the Board and the Virginia Department of Health, Office of Licensure and Certification, and which is included in the Board's Guidance Documents as 95-1.

Upon a **MOTION** by Ms. Hunt, and properly seconded by Ms. Banks, the Board voted accept the revised Memorandum of Understanding with the Virginia Department of Health, Office of Licensure and Certification (Guidance Document 95-1). The motion passed unanimously.

### *Consideration of Adoption of Fast Track Regulation Related to Agency Subordinate Proceedings*

Ms. Yeatts provided an overview of draft regulations related to the use of agency subordinates for informal fact-finding proceedings. Regulations relating to the use of agency subordinates are not currently included in the Board's regulations.

Upon a **MOTION** by Mr. Kendall, and properly seconded by Mr. Faruk, the Board voted to adopt new Chapter 15 Regulations Governing Delegation to an Agency Subordinate for proceedings involving both NHA and ALFA by a fast-track action as drafted and presented. The motion passed unanimously.

## **ELECTIONS**

Mr. Davis opened the floor for nominations for Chair of the Board of Long-Term Care Administrators. Mr. Kendall nominated Mr. Davis for the position of Chair. The nominations were closed.

Upon a **MOTION** by Ms. Hunt, and properly seconded by Ms. Jackson, the Board voted to elect Mr. Davis as Chair of the Board of Long-Term Care Administrators. The motion passed unanimously.

Mr. Davis opened the floor for nominations for Vice-Chair of the Board of Long-Term Care Administrators. Ms. Hunt nominated Ms. Pantone for the position of Vice-Chair. The nominations were closed.

Upon a **MOTION** by Dr. Inker, and properly seconded by Mr. Kendall, the Board voted to elect Ms. Pantone as Vice-Chair of the Board of Long-Term Care Administrators. The motion passed unanimously.

## **RECOGNITION OF BOARD MEMBER**

Mr. Davis recognized Ms. Stanfield for her contributions to the Board. He presented Ms. Stanfield with a plaque and thanked her for her years of dedication to the Board.

**NEXT MEETING**

Mr. Davis announced the next full Board meeting will be held on March 24, 2020. He reminded the Board that the meeting will begin at 9:30 a.m. Further, he reminded the Board of Dementia Friends training to be provided by LeadingAge during lunch on that date in March.

**ADJOURNMENT**

With all business concluded, the meeting adjourned at 1:20 p.m.

\_\_\_\_\_  
Mitchell P. Davis, NHA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, J.D., Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Virginia Assisted Living Association

*“Virginia’s Unified Voice for Assisted Living”*

To: Virginia Board of Long-Term Care Administrators

From: Judy Hackler, Executive Director  
Virginia Assisted Living Association, PO Box 71266, Henrico, VA 23255  
(804) 332-2111~ [jhackler@valainfo.org](mailto:jhackler@valainfo.org)

Date: December 16, 2019

Re: Public Comments – Potential Changes to AIT Requirements

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The Virginia Assisted Living Association (VALA) represents licensed assisted living communities from throughout Virginia. We thank the Board of Long-Term Care Administrators for considering areas of improvement and support regarding the recruitment, licensure, and retention of licensed assisted living facility administrators. Below are a couple of comments

- **Collaboration with provider associations on the industry and available resources** – VALA supports the collaboration between Virginia agencies/departments and associations and is proud to report that links are now available on the association’s website for several of the areas referenced by the Regulatory Advisory Panel including the Virginia Healthcare Occupational Roadmap, the available NAB preceptor training, the voluntary Preceptor listing.
- **Board to consider adding an alternative pathway to registration for AIT training based upon experience in a long-term care setting** – VALA supports an additional pathway to registration as an Administrator-in-Training that would include consideration for employment history within an assisted living community. The current minimum requirement of at least 30 semester hours from a college/university or graduation from an LPN or RN program limits the workforce pool of desirable candidates passionate about caring for the elderly and possibly discriminates against individuals with a lower income that could not afford college/university education.
- **Board to consider restricting the pathway to registration for AIT training based upon the chosen coursework for the college/university hours received** – Due to the current shortage of licensed administrators and the impending retirement of a large portion of the administrator workforce, VALA opposes adding a restriction to registration as an AIT by limiting the subject areas allowed for entrance into the AIT program. One of the primary reasons for requesting the Commonwealth to review requirements of the AIT program was to ease the current burdens experienced by the industry in recruitment of candidates, and adding a coursework requirement would further impede entrance to the administrator-in-training program for potential licensure. VALA recognizes that the AIT program with the varied requirements of 320-640 training hours is designed to review areas of strengths and weaknesses for AITs to provide an in-depth training that covers the core domains of practice an individual would need to learn to become a safe and competent administrator.

Please let me know if you have any questions regarding these comments.

**Unapproved**  
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS**  
**FORMAL ADMINISTRATIVE HEARING**  
**MINUTES**

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**December 17, 2019**

**Department of Health Professions**  
**Perimeter Center**  
**9960 Mayland Drive**  
**Henrico, Virginia 23233**

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**CALL TO ORDER:** The formal hearing of the Board was called to order at 1:40 p.m.

**MEMBERS PRESENT:** Mitchell Davis, NHA, Board Chair  
Martha Hunt, ALFA  
Jenny Inker, ALFA  
Ashley Jackson, NHA  
Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member  
Ali Faruk, Citizen Member

**BOARD COUNSEL:** Erin L. Barrett, Assistant Attorney General

**DHP STAFF PRESENT:** Kelley Palmatier, Deputy Executive Director  
Sarah Georgen, Licensing and Operations Manager

**COURT REPORTER:** Able Forces Professional Services, Inc.

**PARTIES ON BEHALF OF COMMONWEALTH:** James Schliessmann, Senior Assistant Attorney General  
Jessica Kelley, Adjudication Specialist

**COMMONWEALTH'S WITNESSES:** Robin Carroll, Senior Investigator, DHP  
Michele (Wright) Pennings, DSS Licensing Inspector  
Angel Hurd, Russell County Adult Protective Services

**RESPONDENT'S WITNESS:** Betty Beutler

**OTHERS PRESENT:** Trasean Boatwright  
Betty Beutler  
Corie Tillman Wolf  
Leslie Knachel

Kelli Moss  
Celia Wilson  
Laura Paasch

**MATTER:** **Leasha Carol Pridemore Kiser, ALFA**  
**License No. 1706-000406**  
**Case No.'s: 187676 & 189963**

**ESTABLISHMENT OF A QUORUM:** With seven (7) members present, a quorum was established.

**DISCUSSION:** Ms. Kiser appeared before the Board in accordance with a Notice of Formal Hearing dated July 25, 2019. The Formal Hearing was continued and a letter was sent by first class and certified mail on September 3, 2019 notifying Ms. Kiser of the continuance. Ms. Kiser was not represented by counsel.

The Board received evidence and sworn testimony on behalf of the Commonwealth and Ms. Kiser regarding the allegations in the Notice.

**CLOSED SESSION:** Upon a motion by Martha Hunt, and duly seconded by Ashley Jackson, the Board voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Leasha Carol Pridemore Kiser, ALFA. Additionally, she moved that Ms. Palmatier, Ms. Georgen and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

**RECONVENE:** Mr. Davis certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

**DECISION:** Upon a motion by Martha Hunt, and duly seconded by Shervonne Banks, the Board moved to Revoke the license of Leasha Carole Pridemore Kiser, ALFA to practice as an Assisted Living Administrator in Virginia. The motion carried.



**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The Board adjourned at 3:43 p.m.

\_\_\_\_\_  
Mitchell P. Davis, NHA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, JD, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Unapproved**  
**VIRGINIA BOARD OF LONG TERM CARE ADMINISTRATORS**  
**FORMAL ADMINISTRATIVE HEARING**  
**MINUTES**

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**December 17, 2019**

**Department of Health Professions**  
**Perimeter Center**  
**9960 Mayland Drive**  
**Henrico, Virginia 23233**

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**CALL TO ORDER:** The formal hearing of the Board was called to order at 4:07 p.m.

**MEMBERS PRESENT:** Derrick Kendall, NHA, Chair  
Jenny Inker, ALFA  
Ashley Jackson, NHA  
Basil Acey, Citizen Member  
Shervonne Banks, Citizen Member  
Ali Faruk, Citizen Member

**BOARD COUNSEL:** Erin L. Barrett, Assistant Attorney General

**DHP STAFF PRESENT:** Corie Tillman Wolf, Executive Director  
Kelley Palmatier, Deputy Executive Director  
Angela Pearson, Senior Discipline Manager

**COURT REPORTER:** Able Forces Professional Services, Inc.

**PARTIES ON BEHALF OF COMMONWEALTH:** James Schliessmann, Senior Assistant Attorney General  
Jessica Kelley, Adjudication Specialist

**COMMONWEALTH'S WITNESS:** Robin Carroll, Senior Investigator, DHP

**MATTER:** Chad Edward Williams, NHA  
License No. 1701-002297  
Case No.'s: 172535

**ESTABLISHMENT OF A QUORUM:** With six (6) members present, a quorum was established.

**DISCUSSION:**

Chad Williams did not appear before the Board in accordance with a Notice of Formal Hearing dated August 13, 2018. The Formal Hearing date was continued and a continuance letter was sent by mail and email on November 25, 2019. The Certified mail was returned to the Board on December 12, 2019 but the first class mail was not returned. Mr. Williams was not represented by legal counsel.

Mr. Schliessmann stated that proper notice of the hearing was provided to Chad Williams to the address of record with the Board.

Mr. Kendall ruled that proper notice of the hearing was provided to Chad Williams and the Board proceeded in his absence. The Board received evidence and sworn testimony on behalf of the Commonwealth regarding the allegations in the Notice.

**CLOSED SESSION:**

Upon a motion by Jenny Inker, and duly seconded by Shervonne Banks, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Chad Edward Williams, NHA. Additionally, she moved that Ms. Barrett, Ms. Tillman Wolf, Ms. Palmatier, and Ms. Pearson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations

**RECONVENE:**

Mr. Kendall certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

**DECISION:**

Upon a motion by Jenny Inker and duly seconded by Ali Faruk, the Board moved to Dismiss the case against Chad Edward Williams, NHA. The motion carried.

**VOTE:**

The vote was unanimous.

**ADJOURNMENT:**

The Board adjourned at 5:05 p.m.

\_\_\_\_\_  
Derrick Kendall, NHA, Chair

\_\_\_\_\_  
Corie Tillman Wolf, JD, Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Staff Reports

Virginia Department of Health Professions  
Cash Balance  
As of January 31, 2020

	<b>114- Long Term Care Administrators</b>
<b>Board Cash Balance as June 30, 2019</b>	\$ 44,674
<b>YTD FY20 Revenue</b>	69,220
<b>Less: YTD FY20 Direct and Allocated Expenditures</b>	<u>297,197</u>
<b>Board Cash Balance as January 31, 2020</b>	<u><u>\$ (183,304)</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	56,350.00	86,355.00	30,005.00	65.25%
4002406	License & Renewal Fee	10,115.00	468,485.00	458,370.00	2.16%
4002407	Dup. License Certificate Fee	175.00	175.00	-	100.00%
4002409	Board Endorsement - Out	1,015.00	1,925.00	910.00	52.73%
4002421	Monetary Penalty & Late Fees	1,565.00	11,030.00	9,465.00	14.19%
	<b>Total Fee Revenue</b>	<u>69,220.00</u>	<u>567,970.00</u>	<u>498,750.00</u>	<u>12.19%</u>
	<b>Total Revenue</b>	69,220.00	567,970.00	498,750.00	12.19%
5011110	Employer Retirement Contrib.	5,147.73	10,529.00	5,381.27	48.89%
5011120	Fed Old-Age Ins- Sal St Emp	2,996.56	6,471.00	3,474.44	46.31%
5011140	Group Insurance	533.15	1,021.00	487.85	52.22%
5011150	Medical/Hospitalization Ins.	10,739.30	24,315.00	13,575.70	44.17%
5011160	Retiree Medical/Hospitalizatn	476.10	912.00	435.90	52.20%
5011170	Long term Disability Ins	252.41	483.00	230.59	52.26%
	<b>Total Employee Benefits</b>	<u>20,145.25</u>	<u>43,731.00</u>	<u>23,585.75</u>	<u>46.07%</u>
5011200	Salaries				
5011230	Salaries, Classified	40,775.10	77,873.00	37,097.90	52.36%
5011250	Salaries, Overtime	726.72	-	(726.72)	0.00%
	<b>Total Salaries</b>	<u>41,501.82</u>	<u>77,873.00</u>	<u>36,371.18</u>	<u>53.29%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,050.00	2,650.00	1,600.00	39.62%
5011380	Deferred Compnstrn Match Pmts	48.00	720.00	672.00	6.67%
	<b>Total Special Payments</b>	<u>1,098.00</u>	<u>3,370.00</u>	<u>2,272.00</u>	<u>32.58%</u>
5011400	Wages				
5011410	Wages, General	-	6,699.00	6,699.00	0.00%
	<b>Total Wages</b>	<u>-</u>	<u>6,699.00</u>	<u>6,699.00</u>	<u>0.00%</u>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	354.62	-	(354.62)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<u>354.62</u>	<u>-</u>	<u>(354.62)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits				
	<b>Total Personal Services</b>	<u>63,099.69</u>	<u>131,673.00</u>	<u>68,573.31</u>	<u>47.92%</u>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	142.00	142.00	0.00%
5012120	Outbound Freight Services	5.05	-	(5.05)	0.00%
5012140	Postal Services	849.92	1,300.00	450.08	65.38%
5012150	Printing Services	3.87	500.00	496.13	0.77%
5012160	Telecommunications Svcs (VITA)	123.90	1,320.00	1,196.10	9.39%
5012190	Inbound Freight Services	34.75	-	(34.75)	0.00%
	<b>Total Communication Services</b>	<u>1,017.49</u>	<u>3,262.00</u>	<u>2,244.51</u>	<u>31.19%</u>
5012200	Employee Development Services				
5012210	Organization Memberships	1,500.00	1,500.00	-	100.00%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	<b>Total Employee Development Services</b>	1,500.00	1,500.00	-	100.00%
5012300	<b>Health Services</b>				
5012360	X-ray and Laboratory Services	-	110.00	110.00	0.00%
	<b>Total Health Services</b>	-	110.00	110.00	0.00%
5012400	<b>Mgmnt and Informational Svcs</b>	-			
5012420	Fiscal Services	694.62	7,990.00	7,295.38	8.69%
5012440	Management Services	116.73	6.00	(110.73)	1945.50%
5012470	Legal Services	24.30	500.00	475.70	4.86%
	<b>Total Mgmnt and Informational Svcs</b>	835.65	8,496.00	7,660.35	9.84%
5012500	<b>Repair and Maintenance Svcs</b>				
5012510	Custodial Services	21.38	-	(21.38)	0.00%
5012520	Electrical Repair & Maint Srvc	-	17.00	17.00	0.00%
5012530	Equipment Repair & Maint Srvc	846.85	500.00	(346.85)	169.37%
	<b>Total Repair and Maintenance Svcs</b>	868.23	517.00	(351.23)	167.94%
5012600	<b>Support Services</b>				
5012630	Clerical Services	-	27.00	27.00	0.00%
5012640	Food & Dietary Services	377.17	783.00	405.83	48.17%
5012660	Manual Labor Services	304.09	1,182.00	877.91	25.73%
5012670	Production Services	1,742.95	2,960.00	1,217.05	58.88%
5012680	Skilled Services	1,675.02	1,408.00	(267.02)	118.96%
	<b>Total Support Services</b>	4,099.23	6,360.00	2,260.77	64.45%
5012800	<b>Transportation Services</b>				
5012820	Travel, Personal Vehicle	2,109.11	2,680.00	570.89	78.70%
5012850	Travel, Subsistence & Lodging	177.75	500.00	322.25	35.55%
5012880	Trvl, Meal Reimb- Not Rprtbl	171.02	400.00	228.98	42.76%
	<b>Total Transportation Services</b>	2,457.88	3,580.00	1,122.12	68.66%
	<b>Total Contractual Svcs</b>	10,778.48	23,825.00	13,046.52	45.24%
5013000	<b>Supplies And Materials</b>				
5013100	<b>Administrative Supplies</b>				
5013120	Office Supplies	974.95	1,200.00	225.05	81.25%
5013130	Stationery and Forms	105.95	100.00	(5.95)	105.95%
	<b>Total Administrative Supplies</b>	1,080.90	1,300.00	219.10	83.15%
5013500	<b>Repair and Maint. Supplies</b>				
5013530	Electrcal Repair & Maint Matrl	0.86	2.00	1.14	43.00%
	<b>Total Repair and Maint. Supplies</b>	0.86	2.00	1.14	43.00%
5013600	<b>Residential Supplies</b>				
5013620	Food and Dietary Supplies	32.38	81.00	48.62	39.98%
5013630	Food Service Supplies	30.51	-	(30.51)	0.00%
5013640	Laundry and Linen Supplies	0.83	-	(0.83)	0.00%
	<b>Total Residential Supplies</b>	63.72	81.00	17.28	78.67%
	<b>Total Supplies And Materials</b>	1,145.48	1,383.00	237.52	82.83%
5014000	<b>Transfer Payments</b>				



Virginia Department of Health Professions  
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Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5014100	Awards, Contrib., and Claims				
5014130	Premiums	-	300.00	300.00	0.00%
	<b>Total Awards, Contrib., and Claims</b>	-	300.00	300.00	0.00%
	<b>Total Transfer Payments</b>	-	300.00	300.00	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	28.96	25.00	(3.96)	115.84%
	<b>Total Insurance-Fixed Assets</b>	28.96	25.00	(3.96)	115.84%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	7.29	-	(7.29)	0.00%
5015350	Building Rentals	4.80	-	(4.80)	0.00%
5015390	Building Rentals - Non State	2,767.28	5,148.00	2,380.72	53.75%
	<b>Total Operating Lease Payments</b>	2,779.37	5,148.00	2,368.63	53.99%
5015500	Insurance-Operations				
5015510	General Liability Insurance	103.96	91.00	(12.96)	114.24%
5015540	Surety Bonds	6.13	6.00	(0.13)	102.17%
	<b>Total Insurance-Operations</b>	110.09	97.00	(13.09)	113.49%
	<b>Total Continuous Charges</b>	2,918.42	5,270.00	2,351.58	55.38%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	10.52	-	(10.52)	0.00%
	<b>Total Computer Hrdware &amp; Sftware</b>	10.52	-	(10.52)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	36.00	36.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	-	36.00	36.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	17.00	17.00	0.00%
5022640	Office Machines	-	100.00	100.00	0.00%
	<b>Total Office Equipment</b>	-	117.00	117.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	75.11	-	(75.11)	0.00%
	<b>Total Specific Use Equipment</b>	75.11	-	(75.11)	0.00%
	<b>Total Equipment</b>	85.63	153.00	67.37	55.97%
	<b>Total Expenditures</b>	78,027.70	162,604.00	84,576.30	47.99%
	<b>Allocated Expenditures</b>				
20600	Funeral/LTCA/PT	60,904.97	95,801.10	34,896.13	63.57%
30100	Data Center	34,553.92	93,637.97	59,084.04	36.90%
30200	Human Resources	5,547.93	5,215.58	(332.35)	106.37%
30300	Finance	12,039.53	25,456.44	13,416.91	47.29%
30400	Director's Office	5,212.30	10,178.52	4,966.23	51.21%
30500	Enforcement	69,460.85	162,378.09	92,917.24	42.78%
30600	Administrative Proceedings	10,328.83	53,528.38	43,199.55	19.30%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11400 - Long-Term Care Administrators  
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
30700	Impaired Practitioners	172.90	-	(172.90)	0.00%
30800	Attorney General	14,728.51	16,990.17	2,261.66	86.69%
30900	Board of Health Professions	3,792.45	7,406.36	3,613.92	51.21%
31100	Maintenance and Repairs	-	609.39	609.39	0.00%
31300	Emp. Recognition Program	4.06	236.01	231.94	1.72%
31400	Conference Center	38.92	146.04	107.13	26.65%
31500	Pgm Devlpmnt & Implmntn	2,384.50	4,356.09	1,971.59	54.74%
<b>Total Allocated Expenditures</b>		<u>219,169.66</u>	<u>475,940.14</u>	<u>256,770.48</u>	<u>46.05%</u>
<b>Net Revenue in Excess (Shortfall) of Expenditures</b>		<u>\$ (227,977.36)</u>	<u>\$ (70,574.14)</u>	<u>\$ 157,403.22</u>	<u>323.03%</u>

## Long Term Care Administrators Monthly Snapshot for January 2020

Long Term Care Administrators has closed more cases in January than received. Long Term Care Administrators has closed 10 patient care cases and 2 non-patient care cases for a total of 12 cases.

Cases Closed	
Patient Care	10
Non Patient care	2
<b>Total</b>	<b>12</b>

Long Term Care Administrators has received 2 patient care case and 1 non-patient care cases for a total of 3 cases.

Cases Received	
Patient Care	2
Non Patient care	1
<b>Total</b>	<b>3</b>

As of January 31 2020, there were 73 Patient care cases open and 16 non-patient care cases open for a total of 89 cases.

Cases Open	
Patient Care	73
Non Patient care	16
<b>Total</b>	<b>89</b>

There were 2281 Long Term Care Administrators licensees as of January 31, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Total for Acting ALF-Administrator-In-Training	5
Total for ALF-Administrator-In-Training	96
Total for Assisted Living Facility Administrator	677
Total for Assisted Living Facility Preceptor	217
Total for NH-Administrator-in-Training	76
Total for Nursing Home Administrator	974
Total for Nursing Home Preceptor	236
Total for Long-Term Care Administrators	2281

There were 27 licenses issued for Long Term Care Administrators for the month of January. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Acting ALF-Administrator-In-Training	1
ALF-Administrator-In-Training	3

Assisted Living Facility Administrator	6
Assisted Living Facility Preceptor	3
NH-Administrator-in-Training	5
Nursing Home Administrator	8
Nursing Home Preceptor	1
<b>Long-Term Care Administrators</b>	<b>27</b>

# Committee and Board Member Reports

***DRAFT***

**9960 Mayland Dr, Henrico, VA 23233**

**In Attendance**

Sheila E. Battle, MHS, Citizen Member  
Helene Clayton-Jeter, OD, Board of Optometry  
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling  
Louise Hershkowitz, CRNA, MSHA, Board of Nursing  
Allen Jones, Jr., DPT, PT, Board of Physical Therapy  
Louis Jones, FSL, Board of Funeral Directors and Embalmers  
Steve Karras, DVM, Board of Veterinary Medicine  
Derrick Kendall, NHA, Board of Long-Term Care Administrators  
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology  
Ryan Logan, RPh, Board of Pharmacy  
Kevin O'Connor, MD, Board of Medicine  
John Salay, MSW, LCSW, Board of Social Work  
Herb Stewart, PhD, Board of Psychology  
James Watkins, DDS, Board of Dentistry  
James Wells, RPh, Citizen Member

**Absent**

Sahil Chaudhary, Citizen Member  
Martha Rackets, PhD, Citizen Member  
Maribel Ramos, Citizen Member

**DHP Staff**

Barbara Allison-Bryan, MD, Deputy Director DHP  
David Brown, DC, Director DHP  
Elizabeth A. Carter, PhD, Executive Director BHP  
Jaime Hoyle, JD, Executive Director Boards of Counseling, Psychology and Social Work  
Laura Jackson, MSHSA, Operations Manager BHP  
Charis Mitchell, Assistant Attorney General  
Rajana Siva, MBA, Research Analyst BHP  
Yetty Shobo, PhD, Deputy Executive Director BHP  
Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Physical Therapy  
Elaine Yeatts, Senior Policy Analyst DHP

**Speakers**

No speakers signed-in

**Observers**

Rebekah Allen, VDH

**Emergency Egress**

Dr. Carter

<b>Call to Order</b>	Dr. Stewart, Board Vice Chair, filled-in for Dr. Jones, Jr. who was delayed by traffic. Time: 10:04 a.m. Quorum: Established
<b>Public Comment</b>	No public comment was provided.
<b>Board Member Introduction</b>	With two newly appointed board members, Dr. Stewart asked each board member to introduce themselves.
<b>Approval of Minutes</b>	Dr. Stewart
Motion	A clarification was made by Ms. Hershkowitz to the Board of Nursing report that a second additional license for NP prescriptive authority has been eliminated. With this change, a motion to accept the edited meeting minutes from the December 2, 2019 Full Board meeting was made and properly seconded. All members were in favor, none opposed.
<b>Director's Report</b>	Dr. Brown shared that this years General Assembly has been exceedingly busy, with a lot of interest in health care. He provided an overview of CBD oils, hemp and medical marijuana, who is permitted to prescribe and the progress being made by the Board of Pharmacy in licensing dispensaries.
<b>Legislative and Regulatory Report</b>	Ms. Yeatts stated that there are 65 actions, in different stages, that relate to DHP. She reviewed the bills associated with DHP and provided additional information for specific professions. The Art Therapy study was approved requiring licensure for art therapists, placing this new profession under the Board of Counseling; and the Music Therapy study was also approved requiring licensure of music therapists, placing this new profession under the Board of Social Work. The Board of Health Professions has been tasked with studying Diagnostic Medical Sonography and Naturopathic Doctors. Board staff will be assisting as needed with the SJ 49 study request into the Need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation.
<b>Board Chair Report</b>	Dr. Jones, Jr. introduced newly appointed Board of Health Professions board members Sheila Battle, Citizen Member and Steve Karras with the Board of Veterinary Medicine.
<b>Executive Director's Report</b>	Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance. The Boards mission statement needs to be revised and board members were tasked with providing input on changes for the May 27, 2020 meeting. The 2020 Board work plan was also reviewed.  Dr. O'Connor will be providing detailed information to the Director's Office regarding a study on Certified Anesthesiology Assistants. The last study on this profession was completed in October 2017 with the Boards unanimous conclusion that the criteria for regulation by Virginia had not been met.

**Executive  
Director's Report-  
Continued**

Extending the current one year term to a two year term for the positions of Board Chair and Vice Chair was discussed. It was determined that the Board would follow a similar structure to that of the Board of Nursing which has three seats: President, First Vice President and Second Vice President. The matter will need to be addressed following Guidance Document amendment procedures.

**Healthcare  
Workforce Data  
Center**

Dr. Carter and Dr. Shobo provided an update on the Center's workforce reports and data requests.

**Lunch**

11:49 a.m.

**Individual Board  
Reports**

Board of Counseling - Dr. Doyle (Attachment 1)

Board of Pharmacy - Mr. Logan stated that the board voted unanimously to adopt the Regulation Committee's recommendation to send a recommendation to the Health Commissioner that he also consider taking a more immediate action to prohibit CBD or THC-A formulations intended to be vaped or inhaled from containing Vitamin E acetate. Mr. Logan also discussed immunization administration recordkeeping to be used by hospital pharmacists.

Board of Funeral Directors & Embalmers - Mr. Jones (Attachment 2)

Board of Long-Term Care Administrators - Mr. Kendall (Attachment 3)

Board of Social Work - Mr. Salay (Attachment 4)

Board of Dentistry - Dr. Watkins (Attachment 5)

Board of Psychology - Dr. Stewart (Attachment 6)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 7)

Board of Optometry- Dr. Clayton-Jeter (Attachment 8)

Board of Veterinary Medicine - Dr. Karras (Attachment 9)

Board of Audiology & Speech-Language Pathology - Dr. King (Attachment 10)

Board of Medicine - Dr. O'Connor stated that the board met last week and at that meeting it was determined that an ad-hoc committee would be formed to discuss stem-cells. FSMBs 2020 meeting will be held in San Diego and five (5) Board of Medicine members will be attending. Half of the current board member terms will be expiring June 30, 2020.

Board of Nursing - Ms. Hershkowitz (Attachment 11)



**New Business**

There was discussion on the steps being taken by the Commonwealth in regards to the coronavirus. Dr. Allison-Bryan advised that she would be sharing a letter that she received from the Virginia Department of Health on this subject matter.

**Next Full Board Meeting**

Dr. Jones, Jr. advised the Board that the next meeting is scheduled for May 27, 2020 at 10:00 a.m.

**Adjourned**

1:12 p.m.

**Chair  
Signature**

Allen Jones, Jr., DPT, PT

\_\_\_\_\_ / / \_\_\_\_\_

**Board Executive  
Director  
Signature**

Elizabeth A. Carter, PhD

\_\_\_\_\_ / / \_\_\_\_\_

Board of Health Professions attachments can be found at  
[https://www.dhp.virginia.gov/bhp/bhp\\_calendar.htm](https://www.dhp.virginia.gov/bhp/bhp_calendar.htm)

# Legislative and Regulatory Report

**Report on Regulatory Actions  
Board of Long-Term Care Administrators  
(as of March 10, 2019)**

18 VAC 95 - 1 5]	Regulations Governing Delegation to an Agency Subordinate	<p><u>Replacement of section from Chapter 20 on delegation to an agency subordinate</u> [Action 5465]</p> <p>Fast-Track - <i>AT Attorney General's Office</i> [Stage 8873]</p>
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	<p><u>Handling fee</u> [Action 5399]</p> <p>Fast-Track - <i>Register Date: 12/23/19</i> <i>Effective: 3/5/20</i></p>
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	<p><u>Recommendations of RAP on qualifications for licensure</u> [Action 5471]</p> <p>NOIRA - <i>At Secretary's Office for 47 days</i></p>

**Report of the 2020 General Assembly  
Board of Long-Term Care Administrators**

**HB 347 Commonwealth's medical cannabis program; SHHR to convene work group to review & make recommendation.**

*Chief patron:* Davis

*Summary as passed House:*

**Tetrahydrocannabinol products; permits to process and dispense cannabidiol oil and THC-A oil.** Directs the Secretary of Health and Human Resources to convene a work group to review the Commonwealth's medical cannabis program and issues of critical importance to the medical cannabis industry and patients, including expansion of the medical cannabis program and the medical use of cannabis flowers, and to report its findings and recommendations, including any legislative recommendations, to the Governor, the Attorney General, and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than October 1, 2020.

**HB 362 Physician assistant; capacity determinations.**

*Chief patron:* Rasoul

*Summary as passed House:*

**Capacity determinations; physician assistant.** Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant. This bill is identical to SB 544.

**HB 471 Health professionals; unprofessional conduct, reporting.**

*Chief patron:* Collins

*Summary as passed House:*

**Health professionals; unprofessional conduct; reporting.** Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. This bill is identical to SB 540.

**HB 908 Naloxone; possession and administration, employee or person acting on behalf of a public place.**

*Chief patron:* Hayes

*Summary as passed House:*

**Naloxone; possession and administration; employee or person acting on behalf of a public place.** Authorizes an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465 and HB 1466.

**HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.**

*Chief patron:* Willett

*Summary as passed House:*

**Professions and occupations; expediting the issuance of credentials to spouses of military service members.** Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active duty service within one year of the submission of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver. This bill incorporates HB 930.

**HB 1147 Epinephrine; certain public places may make available for administration.**

*Chief patron:* Keam

*Summary as passed House:*

**Epinephrine permitted in certain public places.** Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers

or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

**HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.**

*Chief patron:* Sickles

*Summary as passed House:*

**Pharmacists; prescribing, dispensing, and administration of controlled substances.** Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, and to convene a workgroup to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

**HB 1531 Drug disposal; Bd. of Pharmacy to develop public awareness of proper methods.**

*Chief patron:* Jenkins

*Summary as passed House:*

**Prescription drug disposal program; hospitals and clinics.** Directs the Board of Pharmacy to enhance public awareness of proper drug disposal methods by assembling a group of stakeholders to develop strategies to increase the number of permissible drug disposal sites and options for the legal disposal of drugs. The Board is directed to report its findings and recommendations to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than November 15, 2020.

**SB 633 Music therapy; definition of music therapist, licensure.**

*Chief patron:* Vogel

*Summary as passed Senate:*

**Music therapy; licensure.** Requires the Board of Social Work to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board. This bill is identical to HB 1562.

**SB 713 Art therapists and art therapy associates; definitions, licensure.**

*Chief patron:* McClellan

*Summary as passed Senate:*

**Board of Counseling; licensure of art therapists and art therapist associates.** Requires the Board of Counseling to adopt regulations establishing a regulatory structure to license art

therapists and art therapist associates, as those terms are defined in the bill, in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of art therapy or hold himself out or otherwise represent himself as an art therapist or art therapist associate unless he is licensed by the Board.

**SJ 49 Social workers; DHP to study need for additional, etc., workers.**

*Chief patron:* McClellan

*Summary as introduced:*

**Study; Department of Health Professions; need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation; report.** Requests that the Department of Health Professions convene a work group, which shall include certain stakeholders listed in the bill, to (i) identify the number of social workers needed in the Commonwealth to adequately serve the population; (ii) identify opportunities for the Commonwealth's social work workforce to successfully serve and respond to increasing biopsychosocial needs of individuals, groups, and communities in areas related to aging, child welfare, social services, military and veterans affairs, criminal justice, juvenile justice, corrections, mental health, substance abuse treatment, and other health and social determinants; (iii) gather information about current social workers in the Commonwealth related to level of education, school of social work attended, level of licensure, job title and classification, years of experience, gender, employer, and compensation; (iv) analyze the impact of compensation levels on social workers' job satisfaction and performance, as well as its impact on the likelihood of other persons entering the profession and any complications to such compensation levels caused by student debt; and (v) make recommendations for additional sources of funding to adequately compensate social workers and increase the number of social workers in the Commonwealth.



20107146D

**SENATE BILL NO. 397**  
AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the Senate Committee on Education and Health  
on January 30, 2020)

(Patron Prior to Substitute—Senator Kiggans)

*A BILL to direct the Department of Health to convene a work group related to increasing the availability of the clinical workforce for nursing homes in the Commonwealth.*

**Be it enacted by the General Assembly of Virginia:**

*1. § 1. That the Department of Health shall convene a work group to review and make recommendations on increasing the availability of the clinical workforce for nursing homes in the Commonwealth. The work group shall include representatives from the Virginia Health Care Association, the Virginia Center for Assisted Living, Dignity for the Aged, the Virginia Nurses Association, LeadingAge Virginia, and other stakeholders as appropriate. The Department shall collaborate with the Department of Health Professions, the Governor's Chief Workforce Development Advisor, and other state agencies as appropriate. The Department shall report all recommendations to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions on or before November 15, 2020.*

SENATE  
SUBSTITUTE

SB397S1

20105723D

SENATE BILL NO. 185

AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the Senate Committee on Education and Health  
on February 6, 2020)

(Patron Prior to Substitute—Senator Dunnavant)

A BILL to amend and reenact § 32.1-127 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 18.2-251.1:2, by adding in Article 7 of Chapter 5 of Title 32.1 a section numbered 32.1-162.6:1, and by adding a section numbered 63.2-1803.01, relating to nursing homes, hospice, hospice facilities, assisted living facilities; possession and administration of cannabidiol or THC-A oil.

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-127 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 18.2-251.1:2, by adding in Article 7 of Chapter 5 of Title 32.1 a section numbered 32.1-162.6:1, and by adding a section numbered 63.2-1803.01 as follows:

§ 18.2-251.1:2. Possession or distribution of cannabidiol oil or THC-A oil; nursing homes and certified nursing facilities; hospice and hospice facilities; assisted living facilities.

No person employed by a nursing home, hospice, hospice facility, or assisted living facility and authorized to possess, distribute, or administer medications to patients or residents shall be prosecuted under § 18.2-248, 18.2-248.1, 18.2-250, or 18.2-250.1 for the possession or distribution of cannabidiol oil or THC-A oil for the purposes of storing, dispensing, or administering cannabidiol oil or THC-A oil to a patient or resident who has been issued a valid written certification for the use of cannabidiol oil or THC-A oil in accordance with subsection B of § 54.1-3408.3 and has registered with the Board of Pharmacy.

§ 32.1-127. Regulations.

A. The regulations promulgated by the Board to carry out the provisions of this article shall be in substantial conformity to the standards of health, hygiene, sanitation, construction and safety as established and recognized by medical and health care professionals and by specialists in matters of public health and safety, including health and safety standards established under provisions of Title XVIII and Title XIX of the Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.).

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to ensure the environmental protection and the life safety of its patients, employees, and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities. For purposes of this paragraph, facilities in which five or more first trimester abortions per month are performed shall be classified as a category of "hospital";

2. Shall provide that at least one physician who is licensed to practice medicine in this Commonwealth shall be on call at all times, though not necessarily physically present on the premises, at each hospital which operates or holds itself out as operating an emergency service;

3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing hospitals and nursing homes by bed capacity and by type of specialty or service;

4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS regulations for routine contact, whereby the provider's designated organ procurement organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The protocol shall ensure that the hospital collaborates with the designated organ procurement organization to inform the family of each potential

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SB185SI

- 60 donor of the option to donate organs, tissues, or eyes or to decline to donate. The individual making  
61 contact with the family shall have completed a course in the methodology for approaching potential  
62 donor families and requesting organ or tissue donation that (a) is offered or approved by the organ  
63 procurement organization and designed in conjunction with the tissue and eye bank community and (b)  
64 encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the  
65 relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement  
66 organization in educating the staff responsible for contacting the organ procurement organization's  
67 personnel on donation issues, the proper review of death records to improve identification of potential  
68 donors, and the proper procedures for maintaining potential donors while necessary testing and  
69 placement of potential donated organs, tissues, and eyes takes place. This process shall be followed,  
70 without exception, unless the family of the relevant decedent or patient has expressed opposition to  
71 organ donation, the chief administrative officer of the hospital or his designee knows of such opposition,  
72 and no donor card or other relevant document, such as an advance directive, can be found;
- 73 5. Shall require that each hospital that provides obstetrical services establish a protocol for admission  
74 or transfer of any pregnant woman who presents herself while in labor;
- 75 6. Shall also require that each licensed hospital develop and implement a protocol requiring written  
76 discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall  
77 require that the discharge plan be discussed with the patient and that appropriate referrals for the mother  
78 and the infant be made and documented. Appropriate referrals may include, but need not be limited to,  
79 treatment services, comprehensive early intervention services for infants and toddlers with disabilities  
80 and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C.  
81 § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to  
82 the extent possible, the father of the infant and any members of the patient's extended family who may  
83 participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant  
84 to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to  
85 federal law restrictions, the community services board of the jurisdiction in which the woman resides to  
86 appoint a discharge plan manager. The community services board shall implement and manage the  
87 discharge plan;
- 88 7. Shall require that each nursing home and certified nursing facility fully disclose to the applicant  
89 for admission the home's or facility's admissions policies, including any preferences given;
- 90 8. Shall require that each licensed hospital establish a protocol relating to the rights and  
91 responsibilities of patients which shall include a process reasonably designed to inform patients of such  
92 rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to  
93 patients on admission, shall be consistent with applicable federal law and regulations of the Centers for  
94 Medicare and Medicaid Services;
- 95 9. Shall establish standards and maintain a process for designation of levels or categories of care in  
96 neonatal services according to an applicable national or state-developed evaluation system. Such  
97 standards may be differentiated for various levels or categories of care and may include, but need not be  
98 limited to, requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;
- 99 10. Shall require that each nursing home and certified nursing facility train all employees who are  
100 mandated to report adult abuse, neglect, or exploitation pursuant to § 63.2-1606 on such reporting  
101 procedures and the consequences for failing to make a required report;
- 102 11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or  
103 hospital policies and procedures, to accept emergency telephone and other verbal orders for medication  
104 or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute  
105 to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable  
106 period of time not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and  
107 regulations or hospital policies and procedures, by the person giving the order, or, when such person is  
108 not available within the period of time specified, co-signed by another physician or other person  
109 authorized to give the order;
- 110 12. Shall require, unless the vaccination is medically contraindicated or the resident declines the offer  
111 of the vaccination, that each certified nursing facility and nursing home provide or arrange for the  
112 administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal  
113 vaccination, in accordance with the most recent recommendations of the Advisory Committee on  
114 Immunization Practices of the Centers for Disease Control and Prevention;
- 115 13. Shall require that each nursing home and certified nursing facility register with the Department of  
116 State Police to receive notice of the registration or reregistration of any sex offender within the same or  
117 a contiguous zip code area in which the home or facility is located, pursuant to § 9.1-914;
- 118 14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission,  
119 whether a potential patient is a registered sex offender, if the home or facility anticipates the potential  
120 patient will have a length of stay greater than three days or in fact stays longer than three days;
- 121 15. Shall require that each licensed hospital include in its visitation policy a provision allowing each

122 adult patient to receive visits from any individual from whom the patient desires to receive visits,  
 123 subject to other restrictions contained in the visitation policy including, but not limited to, those related  
 124 to the patient's medical condition and the number of visitors permitted in the patient's room  
 125 simultaneously;

126 16. Shall require that each nursing home and certified nursing facility shall, upon the request of the  
 127 facility's family council, send notices and information about the family council mutually developed by  
 128 the family council and the administration of the nursing home or certified nursing facility, and provided  
 129 to the facility for such purpose, to the listed responsible party or a contact person of the resident's  
 130 choice up to six times per year. Such notices may be included together with a monthly billing statement  
 131 or other regular communication. Notices and information shall also be posted in a designated location  
 132 within the nursing home or certified nursing facility. No family member of a resident or other resident  
 133 representative shall be restricted from participating in meetings in the facility with the families or  
 134 resident representatives of other residents in the facility;

135 17. Shall require that each nursing home and certified nursing facility maintain liability insurance  
 136 coverage in a minimum amount of \$1 million, and professional liability coverage in an amount at least  
 137 equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries  
 138 and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such  
 139 minimum insurance shall result in revocation of the facility's license;

140 18. Shall require each hospital that provides obstetrical services to establish policies to follow when a  
 141 stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and  
 142 their families and other aspects of managing stillbirths as may be specified by the Board in its  
 143 regulations;

144 19. Shall require each nursing home to provide a full refund of any unexpended patient funds on  
 145 deposit with the facility following the discharge or death of a patient, other than entrance-related fees  
 146 paid to a continuing care provider as defined in § 38.2-4900, within 30 days of a written request for  
 147 such funds by the discharged patient or, in the case of the death of a patient, the person administering  
 148 the person's estate in accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.);

149 20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol  
 150 that requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct  
 151 verbal communication between the on-call physician in the psychiatric unit and the referring physician,  
 152 if requested by such referring physician, and prohibits on-call physicians or other hospital staff from  
 153 refusing a request for such direct verbal communication by a referring physician and (ii) a patient for  
 154 whom there is a question regarding the medical stability or medical appropriateness of admission for  
 155 inpatient psychiatric services due to a situation involving results of a toxicology screening, the on-call  
 156 physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct  
 157 verbal communication, either in person or via telephone, with a clinical toxicologist or other person who  
 158 is a Certified Specialist in Poison Information employed by a poison control center that is accredited by  
 159 the American Association of Poison Control Centers to review the results of the toxicology screen and  
 160 determine whether a medical reason for refusing admission to the psychiatric unit related to the results  
 161 of the toxicology screen exists, if requested by the referring physician;

162 21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop  
 163 a policy governing determination of the medical and ethical appropriateness of proposed medical care,  
 164 which shall include (i) a process for obtaining a second opinion regarding the medical and ethical  
 165 appropriateness of proposed medical care in cases in which a physician has determined proposed care to  
 166 be medically or ethically inappropriate; (ii) provisions for review of the determination that proposed  
 167 medical care is medically or ethically inappropriate by an interdisciplinary medical review committee  
 168 and a determination by the interdisciplinary medical review committee regarding the medical and ethical  
 169 appropriateness of the proposed health care; and (iii) requirements for a written explanation of the  
 170 decision reached by the interdisciplinary medical review committee, which shall be included in the  
 171 patient's medical record. Such policy shall ensure that the patient, his agent, or the person authorized to  
 172 make medical decisions pursuant to § 54.1-2986 (a) are informed of the patient's right to obtain his  
 173 medical record and to obtain an independent medical opinion and (b) afforded reasonable opportunity to  
 174 participate in the medical review committee meeting. Nothing in such policy shall prevent the patient,  
 175 his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 from obtaining  
 176 legal counsel to represent the patient or from seeking other remedies available at law, including seeking  
 177 court review, provided that the patient, his agent, or the person authorized to make medical decisions  
 178 pursuant to § 54.1-2986, or legal counsel provides written notice to the chief executive officer of the  
 179 hospital within 14 days of the date on which the physician's determination that proposed medical  
 180 treatment is medically or ethically inappropriate is documented in the patient's medical record;

181 22. Shall require every hospital with an emergency department to establish protocols to ensure that  
 182 security personnel of the emergency department, if any, receive training appropriate to the populations

183 served by the emergency department, which may include training based on a trauma-informed approach  
184 in identifying and safely addressing situations involving patients or other persons who pose a risk of  
185 harm to themselves or others due to mental illness or substance abuse or who are experiencing a mental  
186 health crisis;

187 23. Shall require that each hospital establish a protocol requiring that, before a health care provider  
188 arranges for air medical transportation services for a patient who does not have an emergency medical  
189 condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized  
190 representative with written or electronic notice that the patient (i) may have a choice of transportation by  
191 an air medical transportation provider or medically appropriate ground transportation by an emergency  
192 medical services provider and (ii) will be responsible for charges incurred for such transportation in the  
193 event that the provider is not a contracted network provider of the patient's health insurance carrier or  
194 such charges are not otherwise covered in full or in part by the patient's health insurance plan; and

195 24. Shall establish an exemption, for a period of no more than 30 days, from the requirement to  
196 obtain a license to add temporary beds in an existing hospital or nursing home when the Commissioner  
197 has determined that a natural or man-made disaster has caused the evacuation of a hospital or nursing  
198 home and that a public health emergency exists due to a shortage of hospital or nursing home beds; and

199 25. *Shall permit nursing home staff members who are authorized to possess, distribute, or administer*  
200 *medications to residents to store, dispense, or administer cannabidiol oil or THC-A oil to a resident*  
201 *who has been issued a valid written certification for the use of cannabidiol oil or THC-A oil in*  
202 *accordance with subsection B of § 54.1-3408.3 and has registered with the Board of Pharmacy.*

203 C. Upon obtaining the appropriate license, if applicable, licensed hospitals, nursing homes, and  
204 certified nursing facilities may operate adult day care centers.

205 D. All facilities licensed by the Board pursuant to this article which provide treatment or care for  
206 hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot  
207 numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to  
208 be contaminated with an infectious agent, those hemophiliacs who have received units of this  
209 contaminated clotting factor may be apprised of this contamination. Facilities which have identified a lot  
210 which is known to be contaminated shall notify the recipient's attending physician and request that he  
211 notify the recipient of the contamination. If the physician is unavailable, the facility shall notify by mail,  
212 return receipt requested, each recipient who received treatment from a known contaminated lot at the  
213 individual's last known address.

214 **§ 32.1-162.6:1. Possession or administration of cannabidiol oil or THC-A oil.**

215 *Hospice and hospice facility employees who are authorized to possess, distribute, or administer*  
216 *medications to patients shall be permitted to store, dispense, or administer cannabidiol oil or THC-A oil*  
217 *to a patient who has been issued a valid written certification for the use of cannabidiol oil or THC-A*  
218 *oil in accordance with subsection B of § 54.1-3408.3 and has registered with the Board of Pharmacy.*

219 **§ 63.2-1803.01. Possession or administration of cannabidiol oil or THC-A oil.**

220 *Assisted living facility staff members who are authorized to possess, distribute, or administer*  
221 *medications to residents in accordance with the facility's written plan for medication management shall*  
222 *be permitted to store, dispense, or administer cannabidiol oil or THC-A oil to a resident who has been*  
223 *issued a valid written certification for the use of cannabidiol oil or THC-A oil in accordance with*  
224 *subsection B of § 54.1-3408.3 and has registered with the Board of Pharmacy.*