

****Please refer to the 2nd page of the agenda for instructions on attending the virtual meeting ****

- **Call to Order – James Werth, Ph.D, Board Chair** Welcome and Introductions
 - Roll Call
 - Mission of the Board
-

Approval of Minutes

Board Meeting – February 11, 2020*

Ordering of Agenda

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.

Agency Director Report – David E. Brown, D.C.

Chair Report – Dr. Werth

- Virginia Academy of Clinical Psychologists (VACP) Conference
-

Legislation and Regulatory Actions – Elaine Yeatts, Department of Health Professions Sr. Policy Analyst

- Update on Regulatory Actions
 - Report from 2020 General Assembly
-

Staff Reports

Executive Director's Report – Jaime Hoyle, J.D., Executive Director, Boards of Counseling, Psychology and Social Work

Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work

Board Office Report – Deborah Harris, Licensing Manager, Board of Psychology

Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing for the Boards of Counseling, Psychology, and Social Work

Board Counsel Report – James Rutkowski, Office of the Attorney General

Committee Reports

Regulatory Committee Report – J.D. Ball, Ph.D.

- Review of Committee discussions and status of current and future agenda items
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- Review of Recommendations from the Regulatory Committee*
 - Consideration of any Waiver of Experience Requirements for Spouse of Active Duty Military or Veteran*
 - Consideration of Emergency Regulations for Implementation of Psychology Interjurisdictional Compact (PSYPACT)
 - Consideration of Legislation for 2021 General Assembly Requirement for Criminal Background Check*
 - Consideration of amendment or waivers to permit unlimited online continuing education*

 - Board of Health Professions Report – Herb Stewart, Ph.D.
-
-

New Business

Study of Mental Health Services for Minors ---Jaime Hoyle

Next Meeting – October 27, 2020

*Requires a Board Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Board of Psychology

Instructions for Accessing July 13, 2020 Virtual Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Public comment:** Comments will be received during the public hearings and during the full board meeting from those persons who have submitted an email to jaimе.һoуlе@dһp.virgіnіа.gov **no later than 5:00 pm on July 12, 2020** indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the Chair. Comments must be restricted to 3-5 minutes each.
- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise.
- Dial (804) 938-6243 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

JOIN BY AUDIO ONLY
1-408-418-9388

Meeting number (access code): 132 627 6673

Meeting password: DisRyG3Hj63 (34779434 from phones
and video systems)

JOIN THE INTERACTIVE MEETING

<https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=m323aa58db28fa95e07f77066796e6fe4>



Virginia Department of
Health Professions
Board of Psychology

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.

**VIRGINIA BOARD OF PSYCHOLOGY
QUARTERLY FULL BOARD
DRAFT MEETING MINUTES
February 11, 2020**

- TIME AND PLACE:** The Quarterly Meeting of the Virginia Board of Psychology (“Board”) convened for a meeting on Monday, February 11, 2020, 10:00 a.m. at the Department of Health Professions (DHP), 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, Virginia 23233.
- PRESIDING OFFICER:** James Werth, Jr. Ph.D., ABPP, Chair
- MEMBERS PRESENT;** J.D. Ball, Ph.D., ABPP, Vice-Chair
Sally Brodsky, Ph.D.
Christine Payne, BSN, MBA, Citizen Member
Peter Sheras, Ph.D., ABPP
Herbert Stewart, Ph.D.
Rebecca Vauter Ph.D., ABPP
Susan Brown Wallace, Ph.D.
- ABSENT MEMBERS:** Andrea Bailey, Citizen Member
- STAFF PRESENT:** Barbara Allison-Bryan, MD, DHP Chief Deputy
David Brown, DC, DHP Director
Deborah Harris, Licensing Manager
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director - Licensing
Jim Rutkowski, JD, Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst
- CALL TO ORDER:** Dr. Werth, called the meeting to order at 10:02 a.m. and read the emergency egress instructions.
- Dr. Werth congratulated Dr. Wallace on her reappointment and introduced and welcomed both Christine Payne, the newly appointed Citizen Member, and Sally Brodsky, Ph.D., newly appointed Clinical Psychologist, as well as Board members, staff, and members of the public. A quorum was established.
- APPROVAL OF MINUTES:** Dr. Sheras moved to approve the October 29, 2019 Quarterly Meeting minutes as written. The motion carried unanimously.
- ORDERING OF AGENDA:** The Board adopted the agenda after agreeing to move the Committee Chair reports after the Chair Report.
- PUBLIC COMMENT PERIOD:** Jennifer Morgan, Clinical Psychologist and member of Virginia Academy of Clinical Psychologists (VACP) reminded the Board about the VACP

Spring conference in April in Charlottesville and invited all Board members to be on the panel for the Conversation with the Board segment.

AGENCY DIRECTOR REPORT: Dr. Brown welcomed the new Board members gave an update on the 2020 General Assembly.

CHAIR REPORT: Dr. Werth provided additional information on agenda items and discussed the Committees and their roles.

COMMITTEE REPORTS: **Regulatory Committee Report:**
Dr. Ball thanked the Committee members and staff for their assistance. Dr. Ball provided an overview of the ideas and recommendations from the Regulatory Committee on Psychology Interjurisdictional Compact (PSYPACT), Bylaws, and public comment on the periodic review.

Board of Health Professions Report:
Dr. Stewart spoke about Conversion Therapy and asked Mr. Rutkowski to comment on the Psychologists and Torture law handout. Dr. Stewart provided a brief summary of the Board of Health Professions meeting. The latest Board of Health Professions meeting minutes were included in the agenda package.

LEGISLATION AND REGULATORY ACTIONS: **Legislation Actions Report:**
Ms. Yeatts discussed the bills in the General Assembly Session that were pertinent to DHP and Board of Psychology, including HB836 on conversion therapy and HB967 on expediting the issuance of credentials to spouses of military service members.

Ms. Yeatts discussed SB760 related to the Psychology Interjurisdictional Compact (PSYPACT). This legislation, if approved, will take effect on January 1, 2021. Ms. Yeatts suggested that the Board look to the Physical Therapy Compact to gain more understanding of the regulatory impact, and steps needed for implementation. If the Governor signs the bill into law, the Board will need to promulgate regulations.

After a lengthy discussion on the proposed regulations for PSYPACT, the Board agreed with the Regulatory Committee on the need for the Board to provide public comment to the Commission on questions and areas of concern. Board staff, with the approval of the Chair, will submit a list of concerns and clarifications to the Commission on behalf of the Board. The Board voted unanimously to accept the Regulatory Committee recommendations.

Regulatory Action Report:

Ms. Yeatts provided information on the chart of current regulatory actions as listed in the agenda packet.

- 18VAC 125-20 Regulations Governing the Practice of Psychology: Results of Periodic Review (action 4897);
Proposed-Register date: 11/25/19
Board to Adopt Final regulations 2/11/20
- 18VAC 125-20 Regulations Governing the Practice of Psychology: Unprofessional Conduct/conversion (action 5218);
Proposed – At Secretary’s Office for 42 days
- 18VAC 125-20 Regulations Governing the Practice of Psychology and 18VAC 125-30 Regulations Governing Certification of Sex Offender Treatment Providers: Handling fee (action 5417);
Fast Track—Register Date: 1/20/20
Effective 3/5/20
- 18VAC 125-20 Regulations Governing the Practice of Psychology: Reduction in renewal fee (action 5416);
Final—Register Date: 12/9/19
Effective: 1/8/2020

Consideration of Public Comment on Proposed Regulations and Adoption of Final Regulations

The Board discussed in detail the public comment from Virginia Academy of Clinical Psychologists (VACP) and from Walden and Capella Universities.

After extensive discussion, the Board provided the following comments regarding VACP’s comments:

1. No change to capitalizing the word “Board” as state guidelines require that “board” is not to be capitalized in administrative guidelines even though it is to be capitalized in legislation.
2. No change to include a definition stating that client and patient are interchangeable words. The Board purposefully used the words “client” and “patient” throughout the regulations because the intent was to sometimes refer to agencies and forensic clients who are not patients. The Board stated that they are aware that the two words are used in various places and commented that many hours were spent on this issue and the use of both client and patient was intentional.

3. No change to wording requiring that there be a specific designation of Continuing Education (CE) to address ethics, standards of practice, laws and regulations governing the profession. The Board stated that the certificates from CE providers need to be specific and no changes were need to this section of the regulations.
4. No change in the wording regarding not allowing torture after consulting with Board Counsel, Mr. Rutkowski, Assistant Attorney General.
5. The Board concurred that the proposed language may place an undue burden in the process of providing informed consent. Section 18VAC125-20-150(B)(16) will be amended to strike the “and alternatives to” language and will add a sentence on informed consent for alternatives that are not the accepted standard of care as used in the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct.
6. The Board concurred that the proposed language regarding record-keeping could be problematic for psychologists working in an institutional setting, but was necessary for psychologists working in non-institutional settings. The Board agreed to add the wording: “For a psychologist practicing in an institutional setting, the record-keeping shall follow the policies of the institution or public facility.”
7. The Board concurred that the language in 18VAC125-20-160(11) regarding history of actions in other jurisdictions should be amended and agreed to add the word “disciplinary” to the wording and to add the following: “or surrendering such a license, certification, or registration in lieu of disciplinary action.”

The Board voted on the Regulatory Committee’s recommendations to address the public comment issued by VACP and approved with minor amendments. The motion passed unanimously.

There also were public comments from Walden and Capella Universities. The Board discussed the requests for reconsideration of its proposed requirement for educational programs to be APA accredited and determined that requiring accreditation is the best way to maximize quality and competency. The Board has neither the

resources nor the expertise to judge equivalency of programs, so it must rely on accreditation bodies to make that determination. The proposed regulation allows acceptance of other accrediting bodies if evidence is presented demonstrating substantial equivalency with APA or CPA. Proposed regulations also have a delayed effective date to allow current students to complete their program.

The Board voted unanimously to accept the Regulatory Committee recommendations and to leave the wording regarding education requirements as written.

The Board considered the acceptance of the Psychological Clinical Science Accreditation System (PCSAS) as an accrediting body approved by the Board. After a detailed discussion, the Board voted on the Regulatory Committee's recommendation to not approve PCSAC as an accredited body approved by the Board at this time. The motion was seconded and carried with seven votes in favor and one opposed.

Adoption of Notice of Intended Periodic Review of the Regulations Governing the Certification of Sex Offender Treatment Providers

The Board discussed the Regulatory Committee's recommendations. The Board agreed to distribute a Notice of Intended Regulatory Action (NOIRA) with the creation of a Regulatory Advisory Panel (RAP) to provide guidance for the period review. The motion passed unanimously.

Bylaws

The Board discussed the recommendations from the Regulatory Committee and agreed with the changes as presented and amended. The motion passed unanimously.

STAFF REPORTS:

Executive Director Report:

Ms. Hoyle discussed the statistical information that was provided in the agenda packet along with updates on the Association of State and Provincial Psychology Boards (ASPPB), Virginia Academy of Clinical Psychologists' (VACP) Spring Conference, and Virginia Sex Offender Treatment Association (VSOTA) Conference.

Discipline Report:

Ms. Lang referenced the discipline report in the agenda packet.

Board Office Report:

Ms. Harris provided information on the number of licenses issued by the Board.

Licensing Report:

Ms. Lenart provided an update on projects and changes for the upcoming year as outlined in the Licensing Report in the agenda packet.

BOARD COUNSEL REPORT: Mr. Rutkowski had nothing to report.

UNFINISHED BUSINESS: The Association of State and Provincial Psychology Boards (ASPPB) delayed the rollout of the EPPP-Part 2 for early adopters until November 1, 2020.

After discussion, the Board agreed to postpone the stakeholders' meeting related to the EPPP-Part 2 and the developments associated with American Psychological Association (APA) Master's level program accreditations until next year.

NEW BUSINESS:

Consideration of Board column in VACP Newsletter

The Board discussed the possibility of providing a column for the VACP newsletter.

ASPPB Mid-Year Meeting Dates

The Board discussed the ASPPB Mid-Year Meeting in Montreal, Quebec April 23-26, 2020.

NEXT MEETING:

The next quarterly meeting is scheduled for April 7, 2020.

ADJOURNMENT:

The meeting adjourned at 2:55 p.m.

James Werth, Jr. Ph.D., ABPP, Chair

Date

Jaime Hoyle, J.D., Executive Director

Date

**Board of Psychology – Report on Regulatory Actions
As of July 1, 2020**

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<p><u>Unprofessional conduct/conversion therapy</u> [Action 5218]</p> <p>Proposed - At Governor's Office for 34 days</p>
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<p><u>Result of Periodic Review</u> [Action 4897]</p> <p>Final - At Governor's Office for 16 days</p>

Legislation in the 2020 General Assembly
(All passed except HB1040 – continued to 2021 for BHP study and
SB431 for DHP study by Behavioral Science and Medicine)

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 386 Conversion therapy; prohibited by certain health care providers.

Chief patron: Hope

Summary as passed House:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy with a person under 18 years of age, referring a person under 18 years of age for conversion therapy, or extending health benefits coverage for conversion therapy with a person under 18 years of age. This bill is identical to SB 245.

HB 967 Military service members and veterans; expediting issuance of credentials to spouses, application.

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 and is identical to SB 981.

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

HB 1328 Offender medical & mental health information & records; exchange of informa. to facility, liability.

Chief patron: Watts

Summary as passed:

Exchange of offender medical and mental health information and records. Provides that a health care provider who has been notified that a person to whom he has provided services within the last two years is committed to a local or regional correctional facility shall, upon request by the local or regional correctional facility, disclose to the local or regional correctional facility where the person is committed any information necessary to ensure the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent. This bill is identical to SB 656.

HB 1562 Music therapy; definition of music therapist, licensure.

Chief patron: Head

Summary as passed House:

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 SB 633.

SB 53 Social workers; licensure by endorsement.

Chief patron: Stanley

Summary as passed Senate:

Board of Social Work; reciprocal licensing agreements. Directs the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. The bill provides that reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.

SB 245 Conversion therapy; prohibited by certain health care providers.

Chief patron: Surovell

Summary as passed Senate:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy with a person under 18 years of age, referring a person under 18 years of age for conversion therapy, or extending health benefits coverage for conversion therapy with a person under 18 years of age. This bill is identical to HB 386.

SB 431 Provision of mental health services to a minor; access to health records.

Chief patron: Surovell

Summary as introduced:

Provision of mental health services to a minor; access to health records. Prohibits a health care provider from refusing to provide mental health services to a minor on the basis that the parents of such minor refuse to agree to limit their access to such minor's health care records or request that such health care provider testify in a court proceeding regarding the treatment of the minor.

SB 540 Health professionals; unprofessional conduct, reporting.

Chief patron: Vogel

Summary as passed Senate:

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 HB 471.

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.

SB 760 Psychologists; licensure, permitted to practice in Psychology Interjurisdictional Compact.

Chief patron: Deeds

Summary as introduced:

Licensure of psychologists; Psychology Interjurisdictional Compact. Authorizes Virginia to become a signatory to the Psychology Interjurisdictional Compact. The Compact permits eligible licensed psychologists to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2021, and directs the Board of Psychology to adopt emergency regulations to implement the provisions of the bill.

SB 1046 Clinical social workers; patient records, involuntary detention orders.

Chief patron: Deeds

Summary as introduced:

Clinical social workers; patient records; involuntary detention orders. Adds clinical social workers to the list of eligible providers that includes treating physicians and clinical psychologists who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

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.

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

	<u>108- Psychology</u>
Board Cash Balance as June 30, 2019	\$ 1,034,433
YTD FY20 Revenue	301,639
Less: YTD FY20 Direct and Allocated Expenditures	<u>533,356</u>
Board Cash Balance as May 31, 2020	<u><u>\$ 802,716</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending May 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	74,895.00	73,025.00	(1,870.00)	102.56%
4002406	License & Renewal Fee	216,860.00	539,030.00	322,170.00	40.23%
4002407	Dup. License Certificate Fee	629.00	115.00	(514.00)	546.96%
4002409	Board Endorsement - Out	3,945.00	2,050.00	(1,895.00)	192.44%
4002421	Monetary Penalty & Late Fees	5,075.00	5,755.00	680.00	88.18%
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	35.00	50.00%
	Total Fee Revenue	<u>301,439.00</u>	<u>620,045.00</u>	<u>318,606.00</u>	<u>48.62%</u>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	200.00	-	(200.00)	0.00%
	Total Sales of Prop. & Commodities	<u>200.00</u>	<u>-</u>	<u>(200.00)</u>	<u>0.00%</u>
	Total Revenue	<u>301,639.00</u>	<u>620,045.00</u>	<u>318,406.00</u>	<u>48.65%</u>
5011110	Employer Retirement Contrib.	7,825.64	8,668.00	842.36	90.28%
5011120	Fed Old-Age Ins- Sal St Emp	4,591.66	4,905.00	313.34	93.61%
5011140	Group Insurance	787.80	840.00	52.20	93.79%
5011150	Medical/Hospitalization Ins.	7,213.50	8,244.00	1,030.50	87.50%
5011160	Retiree Medical/Hospitalizatn	703.57	751.00	47.43	93.68%
5011170	Long term Disability Ins	372.73	398.00	25.27	93.65%
	Total Employee Benefits	<u>21,494.90</u>	<u>23,806.00</u>	<u>2,311.10</u>	<u>90.29%</u>
5011200	Salaries				
5011230	Salaries, Classified	60,302.10	64,113.00	3,810.90	94.06%
	Total Salaries	<u>60,302.10</u>	<u>64,113.00</u>	<u>3,810.90</u>	<u>94.06%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	850.00	2,350.00	1,500.00	36.17%
5011380	Deferred Compnstrn Match Pmts	524.00	556.00	32.00	94.24%
	Total Special Payments	<u>1,374.00</u>	<u>2,906.00</u>	<u>1,532.00</u>	<u>47.28%</u>
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	304.48	-	(304.48)	0.00%
	Total Terminatn Personal Svce Costs	<u>304.48</u>	<u>-</u>	<u>(304.48)</u>	<u>0.00%</u>
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	<u>83,475.48</u>	<u>90,825.00</u>	<u>7,349.52</u>	<u>91.91%</u>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	4,691.82	4,560.00	(131.82)	102.89%
5012150	Printing Services	26.39	82.00	55.61	32.18%
5012160	Telecommunications Svcs (VITA)	253.69	425.00	171.31	59.69%
5012190	Inbound Freight Services	35.28	-	(35.28)	0.00%
	Total Communication Services	<u>5,007.18</u>	<u>5,239.00</u>	<u>231.82</u>	<u>95.58%</u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending May 31, 2020

Account			Amount		Under/(Over)	
Number	Account Description	Amount	Budget	Budget	% of Budget	
5012200	Employee Development Services					
5012210	Organization Memberships	2,750.00	2,750.00	-	100.00%	
	Total Employee Development Services	2,750.00	2,750.00	-	100.00%	
5012400	Mgmnt and Informational Svcs	-				
5012420	Fiscal Services	10,301.58	8,270.00	(2,031.58)	124.57%	
5012440	Management Services	179.16	330.00	150.84	54.29%	
5012460	Public Infrmntl & Relatn Svcs	590.86	-	(590.86)	0.00%	
5012470	Legal Services	-	250.00	250.00	0.00%	
	Total Mgmnt and Informational Svcs	11,071.60	8,850.00	(2,221.60)	125.10%	
5012500	Repair and Maintenance Svcs					
5012510	Custodial Services	23.51	-	(23.51)	0.00%	
5012530	Equipment Repair & Maint Srvc	934.64	-	(934.64)	0.00%	
	Total Repair and Maintenance Svcs	958.15	-	(958.15)	0.00%	
5012600	Support Services					
5012640	Food & Dietary Services	319.50	432.00	112.50	73.96%	
5012660	Manual Labor Services	69.37	427.00	357.63	16.25%	
5012670	Production Services	510.89	935.00	424.11	54.64%	
5012680	Skilled Services	6,952.56	13,815.00	6,862.44	50.33%	
	Total Support Services	7,852.32	15,609.00	7,756.68	50.31%	
5012700	Technical Services					
5012760	C.Operating Svcs (By VITA)	63.25	-	(63.25)	0.00%	
	Total Technical Services	63.25	-	(63.25)	0.00%	
5012800	Transportation Services					
5012820	Travel, Personal Vehicle	2,635.67	3,572.00	936.33	73.79%	
5012830	Travel, Public Carriers	1,483.83	-	(1,483.83)	0.00%	
5012850	Travel, Subsistence & Lodging	2,895.38	1,101.00	(1,794.38)	262.98%	
5012880	Trvl, Meal Reimb- Not Rprtble	958.00	1,139.00	181.00	84.11%	
	Total Transportation Services	7,972.88	5,812.00	(2,160.88)	137.18%	
	Total Contractual Svcs	35,675.38	38,260.00	2,584.62	93.24%	
5013000	Supplies And Materials					
5013100	Administrative Supplies					
5013120	Office Supplies	1,466.47	348.00	(1,118.47)	421.40%	
5013130	Stationery and Forms	116.52	1,554.00	1,437.48	7.50%	
	Total Administrative Supplies	1,582.99	1,902.00	319.01	83.23%	
5013400	Medical and Laboratory Supp.					
5013420	Medical and Dental Supplies	4.88	-	(4.88)	0.00%	
	Total Medical and Laboratory Supp.	4.88	-	(4.88)	0.00%	
5013500	Repair and Maint. Supplies					
5013520	Custodial Repair & Maint Matr	26.46	2.00	(24.46)	1323.00%	
5013530	Electrcal Repair & Maint Matr	1.26	-	(1.26)	0.00%	

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending May 31, 2020

Account				Amount	
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
	Total Repair and Maint. Supplies	27.72	2.00	(25.72)	1386.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	43.20	26.00	(17.20)	166.15%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
5013640	Laundry and Linen Supplies	0.92	-	(0.92)	0.00%
5013650	Personal Care Supplies	24.53	-	(24.53)	0.00%
	Total Residential Supplies	68.65	126.00	57.35	54.48%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	1,684.24	2,040.00	355.76	82.56%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	31.33	32.00	0.67	97.91%
	Total Insurance-Fixed Assets	31.33	32.00	0.67	97.91%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	495.04	540.00	44.96	91.67%
5015350	Building Rentals	16.80	-	(16.80)	0.00%
5015390	Building Rentals - Non State	5,580.86	6,662.00	1,081.14	83.77%
	Total Operating Lease Payments	6,092.70	7,202.00	1,109.30	84.60%
5015500	Insurance-Operations				
5015510	General Liability Insurance	112.46	120.00	7.54	93.72%
5015540	Surety Bonds	6.64	8.00	1.36	83.00%
	Total Insurance-Operations	119.10	128.00	8.90	93.05%
	Total Continuous Charges	6,243.13	7,362.00	1,118.87	84.80%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	9.59	-	(9.59)	0.00%
	Total Computer Hrdware & Sftware	9.59	-	(9.59)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	75.63	-	(75.63)	0.00%
	Total Specific Use Equipment	75.63	-	(75.63)	0.00%
	Total Equipment	85.22	122.00	36.78	69.85%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending May 31, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
Total Expenditures		<u>127,163.45</u>	<u>138,609.00</u>	<u>11,445.55</u>	91.74%
Allocated Expenditures					
20100	Behavioral Science Exec	121,298.01	138,765.60	17,467.59	87.41%
30100	Data Center	60,694.76	112,795.86	52,101.10	53.81%
30200	Human Resources	6,744.54	4,711.87	(2,032.67)	143.14%
30300	Finance	33,775.88	34,400.08	624.20	98.19%
30400	Director's Office	12,430.97	13,754.55	1,323.59	90.38%
30500	Enforcement	111,387.49	111,560.00	172.52	99.85%
30600	Administrative Proceedings	31,441.68	32,135.42	693.73	97.84%
30700	Impaired Practitioners	618.40	956.92	338.52	64.62%
30800	Attorney General	12,540.02	12,541.57	1.54	99.99%
30900	Board of Health Professions	9,268.02	10,008.45	740.42	92.60%
31100	Maintenance and Repairs	-	857.56	857.56	0.00%
31300	Emp. Recognition Program	139.54	213.22	73.68	65.45%
31400	Conference Center	90.11	205.52	115.41	43.84%
31500	Pgm Devlpmt & Implmentn	5,763.57	6,035.52	271.96	95.49%
Total Allocated Expenditures		<u>406,192.99</u>	<u>478,942.14</u>	<u>72,749.15</u>	84.81%
Net Revenue in Excess (Shortfall) of Expenditures		<u>\$ (231,717.44)</u>	<u>\$ 2,493.86</u>	<u>\$ 234,211.30</u>	9291.51%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending May 31, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
4002400	Fee Revenue												
4002401	Application Fee	5,595.00	5,315.00	10,505.00	10,090.00	9,150.00	5,185.00	6,435.00	4,730.00	6,995.00	5,100.00	5,795.00	74,895.00
4002406	License & Renewal Fee	9,195.00	2,630.00	2,260.00	470.00	1,215.00	1,015.00	815.00	550.00	1,590.00	1,030.00	196,090.00	216,860.00
4002407	Dup. License Certificate Fee	110.00	55.00	40.00	89.00	25.00	75.00	35.00	15.00	50.00	40.00	95.00	629.00
4002409	Board Endorsement - Out	400.00	350.00	210.00	335.00	300.00	300.00	500.00	425.00	250.00	375.00	500.00	3,945.00
4002421	Monetary Penalty & Late Fees	3,075.00	600.00	500.00	25.00	150.00	125.00	150.00	150.00	100.00	150.00	50.00	5,075.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-	-	-	-	-	35.00	-	-	-	35.00
	Total Fee Revenue	18,375.00	8,950.00	13,515.00	11,009.00	10,840.00	6,700.00	7,935.00	5,905.00	8,985.00	6,695.00	202,530.00	301,439.00
4003000	Sales of Prop. & Commodities												
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	-	-	-	200.00	-	-	-	200.00
	Total Sales of Prop. & Commodities	-	-	-	-	-	-	-	200.00	-	-	-	200.00
	Total Revenue	18,375.00	8,950.00	13,515.00	11,009.00	10,840.00	6,700.00	7,935.00	6,105.00	8,985.00	6,695.00	202,530.00	301,639.00
5011000	Personal Services												
5011100	Employee Benefits												
5011110	Employer Retirement Contrib.	894.52	605.96	605.96	714.90	714.90	714.90	714.90	714.90	714.90	714.90	714.90	7,825.64
5011120	Fed Old-Age Ins - Sal St Emp	507.94	340.25	340.24	436.69	423.71	423.69	423.69	423.70	423.69	423.71	424.35	4,591.66
5011140	Group Insurance	86.68	58.72	58.72	72.96	72.96	72.96	72.96	72.96	72.96	72.96	72.96	787.80
5011150	Medical/Hospitalization Ins.	1,030.50	687.00	687.00	-	687.00	687.00	687.00	687.00	687.00	687.00	687.00	7,213.50
5011160	Retiree Medical/Hospitalizatn	77.41	52.44	52.44	65.16	65.16	65.16	65.16	65.16	65.16	65.16	65.16	703.57
5011170	Long term Disability Ins	41.01	27.78	27.78	34.52	34.52	34.52	34.52	34.52	34.52	34.52	34.52	372.73
	Total Employee Benefits	2,638.06	1,772.15	1,772.14	1,324.23	1,998.25	1,998.23	1,998.23	1,998.24	1,998.23	1,998.25	1,998.89	21,494.90
5011200	Salaries												
5011230	Salaries, Classified	6,723.00	4,482.00	4,482.00	5,630.98	5,569.16	5,569.16	5,569.16	5,569.16	5,569.16	5,569.16	5,569.16	60,302.10
	Total Salaries	6,723.00	4,482.00	4,482.00	5,630.98	5,569.16	5,569.16	5,569.16	5,569.16	5,569.16	5,569.16	5,569.16	60,302.10
5011340	Specified Per Diem Payment	-	100.00	-	50.00	250.00	100.00	-	-	350.00	-	-	850.00
5011380	Deferred Comprstn Match Pmnts	60.00	40.00	40.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	524.00
	Total Special Payments	60.00	140.00	40.00	98.00	298.00	148.00	48.00	48.00	398.00	48.00	48.00	1,374.00
5011600	Terminatn Personal Svce Costs												
5011660	Defined Contribution Match - Hy	-	-	-	38.06	38.06	38.06	38.06	38.06	38.06	38.06	38.06	304.48
	Total Terminatn Personal Svce Costs	-	-	-	38.06	38.06	38.06	38.06	38.06	38.06	38.06	38.06	304.48
	Total Personal Services	9,421.06	6,394.15	6,294.14	7,091.27	7,903.47	7,753.45	7,653.45	7,653.46	8,003.45	7,653.47	7,654.11	83,475.48
5012000	Contractual Svcs												
5012100	Communication Services												
5012140	Postal Services	807.50	1,351.63	465.61	-	352.62	48.16	763.84	45.29	92.95	161.24	602.98	4,691.82
5012150	Printing Services	-	-	-	-	-	-	-	-	26.39	-	-	26.39
5012160	Telecommunications Svcs (VITA)	23.89	22.98	22.98	22.98	22.98	22.98	22.98	22.98	22.98	22.98	22.98	253.69
5012190	Inbound Freight Services	15.00	-	-	-	15.00	-	-	-	4.98	-	0.30	35.28
	Total Communication Services	846.39	1,374.61	488.59	22.98	390.60	71.14	786.82	68.27	147.30	184.22	626.26	5,007.18
5012200	Employee Development Services												
5012210	Organization Memberships	-	-	2,750.00	-	-	-	-	-	-	-	-	2,750.00
	Total Employee Development Services	-	-	2,750.00	-	-	-	-	-	-	-	-	2,750.00
5012400	Mgmtnt and Informational Svcs												
5012420	Fiscal Services	151.33	9,815.06	41.87	-	34.40	10.80	208.18	9.64	11.44	7.22	11.64	10,301.58
5012440	Management Services	-	25.85	52.62	-	32.54	-	15.27	-	7.00	-	45.88	179.16
5012460	Public Infrmntl & Relatn Svcs	14.00	26.00	10.00	-	66.00	58.00	16.00	362.86	36.00	2.00	-	590.86
	Total Mgmtnt and Informational Svcs	165.33	9,866.91	104.49	-	132.94	68.80	239.45	372.50	54.44	9.22	57.52	11,071.60
5012500	Repair and Maintenance Svcs												
5012510	Custodial Services	-	-	-	-	23.51	-	-	-	-	-	-	23.51
5012530	Equipment Repair & Maint Svc	-	-	-	-	931.31	-	-	1.57	-	-	1.76	934.64
	Total Repair and Maintenance Svcs	-	-	-	-	954.82	-	-	1.57	-	-	1.76	958.15
5012600	Support Services												
5012640	Food & Dietary Services	-	42.80	-	-	258.12	-	-	12.00	6.58	-	-	319.50
5012660	Manual Labor Services	6.19	29.73	-	-	14.50	8.75	-	8.75	1.45	-	-	69.37
5012670	Production Services	-	91.15	-	-	364.00	9.60	-	19.50	26.64	-	-	510.89
5012680	Skilled Services	708.34	558.34	558.34	558.34	558.34	558.34	783.34	575.10	718.88	800.10	575.10	6,952.56
	Total Support Services	714.53	722.02	558.34	558.34	1,194.96	576.69	783.34	615.35	753.55	800.10	575.10	7,852.32
5012700	Technical Services												
5012760	C.Operating Svcs (By VITA)	-	-	-	-	-	-	-	63.25	-	-	-	63.25
	Total Technical Services	-	-	-	-	-	-	-	63.25	-	-	-	63.25
5012800	Transportation Services												
5012820	Travel, Personal Vehicle	-	336.40	-	155.44	1,024.28	216.92	-	-	902.63	-	-	2,635.67
5012830	Travel, Public Carriers	-	-	-	1,236.70	92.90	-	-	-	154.23	-	-	1,483.83
5012850	Travel, Subsistence & Lodging	-	106.50	-	-	1,509.38	108.77	-	-	1,170.73	-	-	2,895.38
5012880	Trvl Meal Reimb- Not Rptble	-	62.25	-	-	443.50	62.25	-	-	390.00	-	-	958.00
	Total Transportation Services	-	505.15	-	1,392.14	3,070.06	387.94	-	-	2,617.59	-	-	7,972.88
	Total Contractual Svcs	1,726.25	12,468.69	3,901.42	1,973.46	5,743.38	1,104.57	1,809.61	1,120.94	3,572.88	993.54	1,260.64	35,675.38
5013000	Supplies And Materials												
5013100	Administrative Supplies												
5013120	Office Supplies	112.48	79.10	171.34	-	349.12	199.81	51.59	54.25	247.95	166.86	33.97	1,466.47
5013130	Stationery and Forms	-	25.41	-	-	-	91.11	-	-	-	-	-	116.52
	Total Administrative Supplies	112.48	104.51	171.34	-	349.12	290.92	51.59	54.25	247.95	166.86	33.97	1,582.99
5013400	Medical and Laboratory Supp.												
5013420	Medical and Dental Supplies	-	-	-	-	-	-	-	-	-	4.88	-	4.88
	Total Medical and Laboratory Supp.	-	-	-	-	-	-	-	-	-	4.88	-	4.88
5013500	Repair and Maint. Supplies												
5013520	Custodial Repair & Maint Matr	-	-	-	-	-	-	-	-	-	26.46	-	26.46
5013530	Electrical Repair & Maint Matr	-	-	-	-	-	0.94	-	-	-	0.32	-	1.26
	Total Repair and Maint. Supplies	-	-	-	-	-	0.94	-	-	-	26.78	-	27.72
5013600	Residential Supplies												
5013620	Food and Dietary Supplies	-	-	-	-	43.20	-	-	-	-	-	-	43.20

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2019 and Ending May 31, 2020

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5013640	Laundry and Linen Supplies	-	-	-	-	-	0.92	-	-	-	-	-	0.92
5013650	Personal Care Supplies	-	-	-	-	-	-	-	-	-	24.53	-	24.53
	Total Residential Supplies	-	-	-	-	43.20	0.92	-	-	-	24.53	-	68.65
	Total Supplies And Materials	112.48	104.51	171.34	-	392.32	292.78	51.59	54.25	247.95	223.05	33.97	1,684.24
5015000	Continuous Charges												-
5015100	Insurance-Fixed Assets												-
5015160	Property Insurance	31.33	-	-	-	-	-	-	-	-	-	-	31.33
	Total Insurance-Fixed Assets	31.33	-	-	-	-	-	-	-	-	-	-	31.33
5015300	Operating Lease Payments												-
5015340	Equipment Rentals	-	53.50	48.70	-	99.00	48.70	50.34	48.70	48.70	48.70	48.70	495.04
5015350	Building Rentals	3.60	-	-	3.60	-	-	4.80	-	-	-	4.80	16.80
5015390	Building Rentals - Non State	496.44	562.20	489.52	502.74	528.23	496.60	505.80	531.83	491.66	438.05	537.79	5,580.86
	Total Operating Lease Payments	500.04	615.70	538.22	506.34	627.23	545.30	560.94	580.53	540.36	486.75	591.29	6,092.70
5015500	Insurance-Operations												-
5015510	General Liability Insurance	112.46	-	-	-	-	-	-	-	-	-	-	112.46
5015540	Surety Bonds	6.64	-	-	-	-	-	-	-	-	-	-	6.64
	Total Insurance-Operations	119.10	-	-	-	-	-	-	-	-	-	-	119.10
	Total Continuous Charges	650.47	615.70	538.22	506.34	627.23	545.30	560.94	580.53	540.36	486.75	591.29	6,243.13
5022000	Equipment												-
5022170	Other Computer Equipment	-	-	-	-	-	2.50	-	-	-	7.09	-	9.59
	Total Computer Hardware & Software	-	-	-	-	-	2.50	-	-	-	7.09	-	9.59
5022710	Household Equipment	-	5.81	-	-	69.82	-	-	-	-	-	-	75.63
	Total Specific Use Equipment	-	5.81	-	-	69.82	-	-	-	-	-	-	75.63
	Total Equipment	-	5.81	-	-	69.82	2.50	-	-	-	7.09	-	85.22
	Total Expenditures	11,910.26	19,588.86	10,905.12	9,571.07	14,736.22	9,698.60	10,075.59	9,409.18	12,364.64	9,363.90	9,540.01	127,163.45
	Allocated Expenditures												-
20100	Behavioral Science Exec	14,794.40	10,256.33	10,399.90	8,857.25	10,923.02	10,590.75	10,902.14	11,641.94	10,845.82	10,829.54	11,256.92	121,298.01
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-	-	-
20600	Funeral/TCA/PT	-	-	-	-	-	-	-	-	-	-	-	-
30100	Data Center	6,877.10	7,390.25	2,924.87	5,562.97	8,732.90	2,801.68	7,939.29	4,816.45	6,619.32	4,284.33	2,745.61	60,694.76
30200	Human Resources	670.09	62.27	41.16	5,381.74	72.38	47.73	67.81	162.40	41.34	145.51	52.12	6,744.54
30300	Finance	3,125.02	2,478.19	2,268.59	5,484.30	(713.26)	2,973.79	2,970.97	5,560.76	3,349.11	2,803.31	3,475.10	33,775.88
30400	Director's Office	1,495.64	1,015.62	1,003.39	988.07	1,310.96	1,133.69	1,099.18	1,154.75	1,058.36	1,058.49	1,112.83	12,430.97
30500	Enforcement	12,569.55	8,059.24	8,773.54	8,429.22	11,530.82	11,058.28	10,720.55	9,828.46	9,527.30	9,048.31	11,842.22	111,387.49
30600	Administrative Proceedings	-	3,673.32	6,996.77	5,379.13	5,143.49	2,351.78	4,565.30	2,470.21	-	235.97	625.70	31,441.68
30700	Impaired Practitioners	75.00	45.98	45.05	44.06	69.40	47.02	63.35	64.50	48.61	65.02	50.40	618.40
30800	Attorney General	-	-	-	-	6,269.23	-	3,135.40	-	-	3,135.40	-	12,540.02
30900	Board of Health Professions	1,075.53	867.50	655.79	834.35	905.28	680.73	832.93	878.90	925.65	912.72	698.65	9,268.02
31000	SRTA	-	-	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	-	-
31300	Emp. Recognition Program	1.75	-	-	-	2.77	-	-	42.55	82.37	10.10	-	139.54
31400	Conference Center	6.01	14.07	(2.97)	4.65	19.79	8.69	8.67	15.46	(1.54)	8.81	8.46	90.11
31500	Pgm Devpmt & Implmntn	636.77	510.81	457.40	412.70	629.66	477.93	556.98	476.77	681.15	426.58	496.81	5,763.57
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	41,326.88	34,373.59	33,563.48	41,378.43	44,896.44	32,172.09	42,862.57	37,113.15	33,177.47	32,964.08	32,364.81	406,192.99
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (34,862.14)	\$ (45,012.45)	\$ (30,953.60)	\$ (39,940.50)	\$ (48,792.66)	\$ (35,170.69)	\$ (45,003.16)	\$ (40,417.33)	\$ (36,557.11)	\$ (35,632.98)	\$ 160,625.18	(231,717.44)

Applications Received by Type and Subtype	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	Year to Date Totals
Certifications							
CSOTP	2	2	5	2	2	0	13
CSOTP Trainee	0	1	4	2	1	3	11
Total Certification Applications	2	3	8	4	3	0	20
Licenses	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	Year to Date Totals
Applied	0	1	2	1	2	0	6
Resident in School	1	0	0	1	0	0	2
School	0	2	0	0	1	0	3
School-Psychologist Limited	4	5	2	2	4	2	19
Clinical Psychologist	27	16	28	23	23	33	150
Resident in Training Initial	6	5	3	0	0	3	17
Resident in Training Add/Change	3	1	1	0	0	0	5
Total Licence Applications	41	30	36	27	30	0	164
Total Applications Received	43	33	44	31	33	0	184

Registrations Issued	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	Year to Date Totals
Resident in School	1	0	0	0	1	0	2
Resident in Training	3	1	5	1	0	1	11
CSOTP Trainee	3	0	5	1	1	0	10
Total Registrations Issued	7	1	10	2	2	1	23
Certifications Issued	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	Year to Date Totals
CSOTP	4	2	4	1	3	0	14
Total Certifications Issued	4	2	4	1	3	0	14
Licenses Issued	January Totals	February Totals	March Totals	April Totals	May Totals	June Totals	Year to Date Totals
School Psychologist	0	0	0	0	0	0	0
School Psychologist-Limited by Application	5	10	2	2	4	1	24
School Psychologist limited by Reinstatement	2	1	0	0	1	0	4
Applied	0	1	1	0	0	0	2
COVID 19 TEMP	0	0	0	122	174	116	412
Clinical by Reinstatement	0	0	2	0	2	3	7
Clinical by Examination	18	1	12	5	9	9	54
Clinical by Endorsement	9	5	14	16	14	8	66
Total Licenses Issued	34	18	31	145	204	137	569
Total Registrations, Certifications, Licenses Issued	45	21	45	148	209	138	606

Board of Psychology Applications By Year

Psychology	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Applied	3	5	5	2	7	1	2	3	4	6
Clinical	333	257	310	274	240	231	226	189	273	212
Initial Resident in Training	62	99	113	128	119	116	103	116	72	78
Add/Change Clinical Supervisor	15	25								
School	3	3	3	11	3	7	9	7	5	4
Resident in School Psychology	4									
School Psy Limited	81	62	58	120	49	122	44	56	53	58
SOTP	26	21	32	23	29	25	19	21	41	24
SOTP Trainee	42	25								
Add/Change Trainee Supervisor	13	17								
	572	514	521	558	447	502	403	392	448	382

Discipline Reports

01/25/2020 to 06/18/2020

NEW CASES RECEIVED IN BOARD 01/25/2020 to 06/18/2020

	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	122	46	42	<i>210</i>

OPEN CASES (as of 06/18/2020)

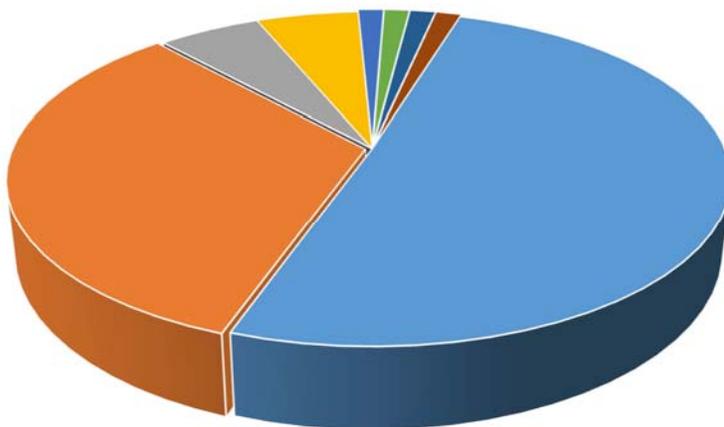
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	51	42	3	
Scheduled for Informal Conferences	37	1	1	
Scheduled for Formal Hearings	6	1	0	
Other (on hold, pending settlement, etc)	19	7	15	
Cases with APD for processing (IFC, FH, Consent Order)	4	1	5	
TOTAL CASES AT BOARD LEVEL	117	52	24	<i>193</i>
OPEN INVESTIGATIONS	65	32	28	<i>125</i>
TOTAL OPEN CASES	182	84	52	<i>318</i>

UPCOMING CONFERENCES AND HEARINGS

Informal Conferences	TBD
Formal Hearings	Following scheduled board meetings, as necessary

CASES CLOSED (01/25/2020 to 06/18/2020)	
Closed – no violation	65
Closed – undetermined	4
Closed – violation	4
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	73

Closed Case Categories



- Diagnosis/Treatment (37)
(Violations - 1)
- No jurisdiction (24)
- Inappropriate Relationship (4)
(Violations - 2)
- Business Practice Issue (4)
- Abuse/Abandonment/Neglect (1)
- Inability to Safely Practice (1)
(Violations - 1)
- Scope of Practice (1)
- Records Release (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	262 days
Avg. time in Enforcement (investigations)	102 days
Avg. time in APD (IFC/FH preparation)	68 days
Avg. time in Board (includes hearings, reviews, etc).	158 days
Avg. time with board member (probable cause review)	47 days

PSYCHOLOGY LICENSING REPORT

As of July 1, 2020

Application Satisfaction Survey	
3rd Quarter (January 1 – March 31, 2020)	
Satisfaction Percentage:	95 %

TOTALS AS OF JULY 1, 2020

There were 5,781 licensees, certificate holders and registrants as of July 1, 2020. The number of current licenses, certifications and registrations are listed in the chart below.
(The numbers do not reflect recently expired licenses)

Current Licenses	
Clinical Psychologists	3,696
Resident in Training	859
Applied Psychologist	28
School Psychologists	91
Resident in School Psychology	10
School Psychologist-Limited	548
Sex Offender Treatment Provider	409
Sex Offender Treatment Provider Trainee	140
Total	5,781

FEBRUARY 2020

There were 26 licenses issued for Psychology for the month of **February**. The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 34 new applications.

Current Licenses	
Clinical Psychologists	11
Resident in Training	1
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	12
Sex Offender Treatment Provider	2
Sex Offender Treatment Provider Trainee	0
Total	26

MARCH 2020

There were 44 licenses issued for Psychology for the month of **March**. The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 51 new applications.

Current Licenses	
Clinical Psychologists	27
Resident in Training	5
Applied Psychologist	1
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	2
Sex Offender Treatment Provider	4
Sex Offender Treatment Provider Trainee	5
Total	44

APRIL 2020

There were 148 licenses issued for Psychology for the month of **April**. The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 33 new applications (not including temporary license applications).

Current Licenses	
Clinical Psychologists	20
Temporary Clinical Psychologist	123
Resident in Training	1
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	2
Sex Offender Treatment Provider	1
Sex Offender Treatment Provider Trainee	1
Total	148



MAY 2020

There were 209 licenses, certifications, registrations issued for Psychology for the month of **May**. The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 40 applications (not including temporary license applications).

Current Licenses	
Clinical Psychologists	25
Temporary Clinical Psychologist	174
Resident in Training	0
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	1
School Psychologist-Limited	5
Sex Offender Treatment Provider	3
Sex Offender Treatment Provider Trainee	1
Total	209

JUNE 2020

There were 138 licenses, certifications, registrations issued for Psychology for the month of **June**. The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 45 applications (not including temporary license applications).

Current Licenses	
Clinical Psychologists	20
Temporary Clinical Psychologist	116
Resident in Training	1
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	1
Sex Offender Treatment Provider	0
Sex Offender Treatment Provider Trainee	0
Total	138



- **Renewals:**

- One-time free reduction in renewal fees for 2020 was effective May 1, 2020 through June 30, 2020.
 - Renewal email notifications were sent to all licensees and certification holders on May 6, 2020 and again on June 11, 2020. Those who renew after June 30, 2020 will be required to pay the established fees as outlined in the Regulations.
 - The Board granted a one-year extension for continuing education (CE) to all licensees and certification holders. Each licensee and certification holder will have until June 30, 2021 to complete the required CEs. This extension did not apply to those individuals who must complete CEs as part of a Board order.
- During the 2021 renewal, all licensees and certificate holders will be required to attest to completing the required CE hours for both 2020 and 2021.

- **Temporary Psychology Licenses:**

- Pursuant to Governor Northam's Executive Order No. 57 (effective April 17, 2020 and amended on June 10, 2020) Clinical psychologists *with an active license issued by another state may be issued a temporary license by endorsement as a health care practitioner of the same type for which such license is issued in another state upon submission of an application and information requested by the applicable licensing board and the board's verification that the applicant's license issued by another state is active in good standing and there are no current reports in the United States Department of Health and Human Services National Practitioner Data Bank. Such temporary license shall expire **September 8, 2020**. During such time the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.*
- *Health care practitioners with an active license issued by another state may provide continuity of care to their current patients who are Virginia residents through telehealth services for the duration of Amended Executive Order 51. Establishment of a relationship with a new patient requires a Virginia license.*
- As of June 30, 2020, the Board has issued 419 Temporary Clinical Psychology licenses (April-June).

- **Staffing and Building Information:**

- The Department of Health Professions reception areas remain closed for walk-in services.
- Board staff continues to work primarily from home, which has caused a slight delay in the processing of applications, but the Board is still well within the 30-day process guidelines established by the Agency.



Upcoming Board Meetings	
Regulatory Committee Meetings	October 26, 2020
Quarterly Board Meetings	October 27, 2020

Consideration of any waiver of experience requirements for spouse of active duty military or veteran

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 28

An Act to amend and reenact § 54.1-119 of the Code of Virginia, relating to professions and occupations; expediting the issuance of credentials to spouses of military service members.

[H 967]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-119 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-119. Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc.

A. Notwithstanding any other law to the contrary and unless an applicant is found by the board to have engaged in any act that would constitute grounds for disciplinary action, a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board named in this title shall expedite the issuance of a license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth to an applicant whose application has been deemed complete by the board and (i) who holds the same or similar license, permit, certificate, or other document required for the practice of any business, profession, or occupation issued by another jurisdiction; (ii) whose spouse is the subject of a military transfer to the Commonwealth (a) on federal active duty orders pursuant to Title 10 of the United States Code or (b) a veteran, as that term is defined in § 2.2-2000.1, who has left active-duty service within one year of the submission of an application to a board; and (iii) who accompanies the applicant's spouse to Virginia the Commonwealth or an adjoining state or the District of Columbia, if, in the opinion of the board, the requirements for the issuance of the license, permit, certificate, or other document in such other jurisdiction are substantially equivalent to those required in the Commonwealth. A board may waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such a waiver.

B. If a board is unable to (i) complete the review of the documentation provided by the applicant or (ii) make a final determination regarding substantial equivalency within 20 days of the receipt of a completed application, the board shall issue a temporary license, permit, or certificate, provided the applicant otherwise meets the qualifications set out in subsection A. Any temporary license, permit, or certification issued pursuant to this subsection shall be limited for a period not to exceed 12 months and shall authorize the applicant to engage in the profession or occupation while the board completes its review of the documentation provided by the applicant or the applicant completes any specific requirements that may be required in Virginia that were not required in the jurisdiction in which the applicant holds the license, permit, or certificate.

C. The provisions of this section shall apply regardless of whether a regulatory board has entered into a reciprocal agreement with the other jurisdiction pursuant to subsection B of § 54.1-103.

D. Any regulatory board may require the applicant to provide documentation it deems necessary to make a determination of substantial equivalency.

Experience requirement for licensure

18VAC125-20-41. Requirements for licensure by examination.

A. Every applicant for examination for licensure by the board shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, or 18VAC125-20-56 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and

2. Submit the following:

a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55 or 18VAC125-20-56; and

e. Verification of any other health or mental health professional license or certificate ever held in another jurisdiction.

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination must achieve a passing score on the Examination for Professional Practice of Psychology.

C. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

18VAC125-20-42. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;

3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;
4. Verification of all other health and mental health professional licenses or certificates ever held in any jurisdiction. In order to qualify for endorsement, the applicant shall not have surrendered a license or certificate while under investigation and shall have no unresolved action against a license or certificate;
5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
 - a. A current listing in the National Register of Health Service Psychologists;
 - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - d. Ten years of active licensure in a category comparable to the one in which licensure is sought, with an appropriate degree as required in this chapter documented by an official transcript; or
 - e. If less than 10 years of active licensure, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following:
 - (1) Documentation of post-licensure active practice for at least 24 of the last sixty months immediately preceding licensure application;
 - (2) Verification of a passing score on the Examination for Professional Practice of Psychology as established in Virginia for the year of that administration; and
 - (3) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

Consideration of Emergency regulations for implementation of Psychology Interjurisdictional Compact

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 1162

An Act to amend the Code of Virginia by adding a section numbered 54.1-3606.2, relating to Psychology Interjurisdictional Compact.

[S 760]

Approved April 11, 2020

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-3606.2 as follows:

§ 54.1-3606.2. Psychology Interjurisdictional Compact.

ARTICLE I.

PURPOSE.

Whereas, states license psychologists, in order to protect the public through verification of education, training, and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day-to-day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state; and

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. *Increase public access to professional psychological services by allowing for telepsychological practice across state lines, as well as temporary in-person, face-to-face services into a state in which the psychologist is not licensed to practice psychology;*
2. *Enhance the states' ability to protect the public's health and safety, especially client/patient safety;*
3. *Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;*
4. *Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions, and disciplinary history;*
5. *Promote compliance with the laws governing psychological practice in each Compact State; and*
6. *Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.*

ARTICLE II.

DEFINITIONS.

A. *"Adverse Action" means any action taken by a State Psychology Regulatory Authority that finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.*

B. *"Association of State and Provincial Psychology Boards" (ASPPB) means the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.*

C. *"Authority to Practice Interjurisdictional Telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.*

D. *"Bylaws" means those bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance, or for directing and controlling its actions and conduct.*

E. *"Client/Patient" means the recipient of psychological services, whether psychological services are delivered in the context of health care, corporate, supervision, and/or consulting services.*

F. *"Commissioner" means the voting representative appointed by each State Psychology Regulatory*

Authority pursuant to Article X.

G. "Compact State" means a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.

H. "Coordinated Licensure Information System," also referred to as "Coordinated Database," means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

I. "Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

J. "Day" means any part of a day in which psychological work is performed.

K. "Distant State" means the Compact State where a psychologist is physically present (not through the use of telecommunications technologies) to provide temporary in-person, face-to-face psychological services.

L. "E.Passport" means a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

M. "Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

N. "Home State" means a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

O. "Identity History Summary" means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-Person, Face-to-Face" means interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional Practice Certificate (IPC)" means a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one's qualifications for such practice.

R. "License" means authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

S. "Non-Compact State" means any State which is not at the time a Compact State.

T. "Psychologist" means an individual licensed for the independent practice of psychology.

U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means the national administration of which all Compact States are members.

V. "Receiving State" means a Compact State where the client/patient is physically located when the telepsychological services are delivered.

W. "Rule" means a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.

X. "Significant Investigatory Information" means:

1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. Investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means a state, commonwealth, territory, or possession of the United States.

Z. "State Psychology Regulatory Authority" means the Board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means the provision of psychological services using telecommunication technologies.

BB. "Temporary Authorization to Practice" means a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another

Compact State.

CC. "Temporary In-Person, Face-to-Face Practice" means where a psychologist is physically present (not through the use of telecommunications technologies) in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III.

HOME STATE LICENSURE.

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

- 1. Currently requires the psychologist to hold an active E.Passport;*
- 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;*
- 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;*
- 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation (FBI), or other designee with similar authority, no later than 10 years after activation of the Compact; and*
- 5. Complies with the Bylaws and Rules of the Commission.*

F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:

- 1. Currently requires the psychologist to hold an active IPC;*
- 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;*
- 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;*
- 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the FBI, or other designee with similar authority, no later than 10 years after activation of the Compact; and*
- 5. Complies with the Bylaws and Rules of the Commission.*

ARTICLE IV.

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY.

A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact.

B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

b. A foreign college or university deemed to be equivalent to 1 a by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and

2. Hold a graduate degree in psychology that meets the following criteria:

a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree; and

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violate the Rules of the Commission;

5. Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;

6. Possess a current, active E.Passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V.

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE.

A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States (Distant States) in which the psychologist is not licensed, as provided in the Compact.

B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:

a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR

b. A foreign college or university deemed to be equivalent to 1 a above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND

2. Hold a graduate degree in psychology that meets the following criteria:

a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees;

j. The program includes an acceptable residency as defined by the Rules of the Commission;

3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State;

4. No history of adverse action that violate the Rules of the Commission;

5. No criminal record history that violates the Rules of the Commission;

6. Possess a current, active IPC;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI.

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE.

A. A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State;

2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII.

ADVERSE ACTIONS.

A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.

B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.

1. All Home State disciplinary orders that impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.

2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.

3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

D. A Home State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.

E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice that occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in

determining any adverse action against a psychologist's Temporary Authorization to Practice.

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C.

ARTICLE VIII.

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY.

A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:

1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.

B. During the course of any investigation, a psychologist may not change his Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

ARTICLE IX.

COORDINATED LICENSURE INFORMATION SYSTEM.

A. The Commission shall provide for the development and maintenance of a Coordinated Licensure Information System (Coordinated Database) and reporting system containing licensure and disciplinary action information on all psychologists individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against a psychologist's license;
5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;
6. Non-confidential information related to alternative program participation information;
7. Any denial of application for licensure, and the reasons for such denial; and
8. Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X.

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION.

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

1. The Commission is a body politic and an instrumentality of the Compact States.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdiction defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings.

1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:

a. Executive Director, Executive Secretary or similar executive;

b. Current member of the State Psychology Regulatory Authority of a Compact State; OR

c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.

2. Any Commissioner may be removed or suspended from office as provided by the law of the state from which the Commissioner is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the Compact State in which the vacancy exists.

3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.

4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws.

5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

a. Non-compliance of a Compact State with its obligations under the Compact;

b. The employment, compensation, discipline or other personnel matters, or practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation against the Commission;

d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;

e. Accusation against any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law-enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal and state statute.

7. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. For the establishment and meetings of other committees; and

b. Governing any general or specific delegation of any authority or function of the Commission;

3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of

individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;

4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;

6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;

7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;

8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the Compact States;

9. The Commission shall maintain its financial records in accordance with the Bylaws; and

10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the Bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rule shall have the force and effect of law and shall be binding in all Compact States;

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Psychology Regulatory Authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State;

5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;

8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees comprised of Members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

E. The Executive Board.

1. The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the Commission according to the terms of this Compact. The Executive Board shall be comprised of six members:

a. Five voting members who are elected from the current membership of the Commission by the Commission;

b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

2. The ex-officio member must have served as staff or member on a State Psychology Regulatory Authority and will be selected by its respective organization.

3. The Commission may remove any member of the Executive Board as provided in Bylaws.

4. The Executive Board shall meet at least annually.

5. The Executive Board shall have the following duties and responsibilities:

- a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
- b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
- c. Prepare and recommend the budget;
- d. Maintain financial records on behalf of the Commission;
- e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
- f. Establish additional committees as necessary; and
- g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission.

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.
4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and with the authority of the Compact State.
5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification.

1. The members, officers, Executive Director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

**ARTICLE XI.
RULEMAKING.**

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any Compact State.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission; and
2. On the website of each Compact States' Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least 25 persons who submit comments independently of each other;
2. A governmental subdivision or agency; or
3. A duly-appointed person in an association that has having at least 25 members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not fewer than five business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or Compact State funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII.

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT.

A. Oversight.

1. The executive, legislative, and judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have

standing as statutory law.

2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination.

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States.

4. A Compact State which has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.

5. The Commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution.

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact which arise among Compact States and between Compact and Non-Compact States. 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE XIII.

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS.

A. The Compact shall come into effect on the date on which the Compact is enacted into law in the seventh Compact State. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

1. A Compact State's withdrawal shall not take effect until six months after enactment of the repealing statute.

2. *Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.*

D. *Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.*

E. *This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.*

ARTICLE XIV.

CONSTRUCTION AND SEVERABILITY.

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

2. **That the Board of Psychology shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.**

3. **That the provisions of this act shall become effective on January 1, 2021.**

Project 6421 - none

BOARD OF PSYCHOLOGY

Implementing PsyPact

Part I

General Provisions

18VAC125-20-10. Definitions.

The following words and terms, in addition to the words and terms defined in § 54.1-3600 and 54.1-3606.2 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"ASPPB" means the Association of State and Provincial Psychology Boards.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"Board" means the Virginia Board of Psychology.

"Candidate for licensure" means a person who has satisfactorily completed the appropriate educational and experience requirements for licensure and has been deemed eligible by the board to sit for the required examinations.

"Compact" means the Psychology Interjurisdictional Compact.

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, and populations served, for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"E.Passport" means a certificate issued by ASPPB that authorizes telepsychology services in a Compact state.

"Internship" means an ongoing, supervised and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"IPC" means an interjurisdictional practice certification issued by ASPPB that grants temporary authority to practice in a Compact state.

"NASP" means the National Association of School Psychologists.

"NCATE" means the National Council for the Accreditation of Teacher Education.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Professional psychology program" means an integrated program of doctoral study designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the United States Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"School psychologist-limited" means a person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance and instruction with respect to the skills and competencies of the person supervised.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person.

Part VI

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC125-20-150. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

B. Persons licensed by the board and persons practicing in Virginia with an E.Passport or an IPC shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use;
2. When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading;
3. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;
4. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;

5. Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;
6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);
7. Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;
8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;
9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under § 32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;

10. Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated;
11. Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative;
12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;
13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;
14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics; and
15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology.

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license or authorization to practice in Virginia with an E.Passport or an IPC for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude;
2. Procuring of a license by fraud or misrepresentation;
3. Misuse of drugs or alcohol to the extent that it interferes with professional functioning;
4. Negligence in professional conduct or violation of practice standards including but not limited to this chapter;

5. Performing functions outside areas of competency;
 6. Mental, emotional, or physical incompetence to practice the profession;
 7. Failure to comply with the continued competency requirements set forth in this chapter;
- or
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.



Reducing Regulatory Barriers. Increasing Access to Mental Health Care.

April 21, 2020

To Whom it May Concern:

Welcome! We are excited about your state joining PSYPACT. As part of participating in PSYPACT, your State Psychology Regulatory Authority must appoint a voting representative to serve as your state's Commissioner on the PSYPACT Commission. As stated in Article X.B.1 of the PSYPACT legislation, this representative shall be empowered to act on behalf of the Compact State and shall be limited to:

1. Executive Director, Executive Secretary or similar executive; OR
2. Current member of the State Psychology Regulatory Authority of a Compact State; OR
3. Designee empowered with the appropriate delegate authority to act on behalf of the Compact.

In appointing your Commissioner, please consider the following:

1. **Availability of your Representative:** It is expected that there could be significant involvement with face-to-face meetings, conference calls, committee assignments and emails as the governing documents and implementation components for PSYPACT are created and updated.
2. **Ongoing Participation:** The Commission must meet at least once a year. As the Commission is an ongoing entity, providing continuity of representation will make this a more cohesive and functional group.
3. **Knowledge of State Statutes/Regulations and PSYPACT Legislation:** It will be helpful to have a working knowledge of your State Psychology Regulatory Authority Statutes, Regulations, and PSYPACT in order to assist the Commission in the development of governing documents and to guide the decision-making process regarding specific components of PSYPACT.
4. **Conflict of Interest:** A state should consider if any real or potential conflict of interest exists when selecting a Commissioner.

Please find the PSYPACT Commission Registration Form attached with this letter. Please complete the registration form and return it along with a formal letter of appointment signed by the appropriate representative of the State Psychology Regulatory Authority to Janet Orwig (jorwig@asppb.org). Again, we are excited to have your state join PSYPACT and look forward to working with you on this important initiative for the profession of psychology.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet Orwig".

Janet Orwig, MBA, CAE
Executive Director, PSYPACT
(678) 216-1188
jorwig@asppb.org

Psychology Interjurisdictional Compact (PSYPACT)

215 Market Road • PO Box 849 • Tyrone, Georgia • 30290 • (678) 216-1175 •

www.psypact.org



Reducing Regulatory Barriers. Increasing Access to Mental Health Care.

PSYPACT Commission Registration Form

Commissioner Contact Information

First Name: _____

Last Name: _____

Suffix: _____

Role (select one): Psychology Board Executive Director/Board Administrator

Psychology Board Member

Designee Appointed by Psychology Board

(Please Specify Position): _____

Address: _____

City/State/Zip: _____

Phone: _____ Alt Phone: _____

Email: _____

Is the Commissioner interested in running for a position on the Executive Board (Chair, Vice Chair, Treasurer, and Two Member-at-Large Positions)? Yes No

State-Specific Information

of Licensees (from previous year): _____

Does your state currently require Identity History Summaries (criminal background checks) at the initial point of licensure for psychologists? Yes No

Does your psychology licensing board currently report to the ASPPB Disciplinary Data System (DDS)? Yes No

of Complaints (from previous year): _____

of Complaints that Led to Official Investigations (from previous year): _____

of Psychologists who Participated in an Alternative Program (from previous year): _____

**Continuing education requirements – Consideration of amendment
or waivers to permit unlimited on-line CE**

Law and Regulation on Continuing Education

§ 54.1-3606.1. Continuing education.

A. The Board shall promulgate regulations governing continuing education requirements for psychologists licensed by the Board. Such regulations shall require the completion of the equivalent of 14 hours annually in Board-approved continuing education courses for any license renewal or reinstatement after the effective date.

B. The Board shall include in its regulations governing continuing education requirements for licensees a provision allowing a licensee who completes continuing education hours in excess of the hours required by subsection A to carry up to seven hours of continuing education credit forward to meet the requirements of subsection A for the next annual renewal cycle.

C. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of school psychology, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations. Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.

D. All course providers shall furnish written certification to licensed psychologists attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of four years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course provider. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary to ensure compliance with continuing education requirements.

E. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.
2000, c. 83; 2015, c. 359.

18VAC125-20-121. Continuing education course requirements for renewal of an active license.

A. Licensees shall be required to have completed a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter and participants during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for specific educational experiences to include:

a. Preparation for or presentation of a continuing education program, seminar, workshop or course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

3. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

DRAFT

9960 Mayland Dr, Henrico, VA 23233

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the provisions of Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as presented on the agenda necessary for the board to discharge its lawful purposes, duties and responsibilities.

The recorded meeting may be found here: <https://youtu.be/Jr6FrJ8v96U>

In Attendance Sahil Chaudhary, Citizen Member
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
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
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 Sheila E. Battle, MHS, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
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
Laura Jackson, MSHSA, Operations Manager BHP
Rajana Siva, MBA, Research Analyst BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Elaine Yeatts, Senior Policy Analyst DHP

DHP Staff Cont'd	Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Kelli Moss, Deputy Executive Director, Boards of Audiology & Speech-Language Pathology, Optometry and Veterinary Medicine Anthony Morales, DHP Staff Celia Wilson, DHP Staff
OAG	Charis Mitchell, Assistant Attorney General
Speakers	No speakers signed-up to provide virtual comment.
Call to Order	Dr. Stewart, Board Vice Chair, chaired this meeting as Board Chair, Dr. Allen Jones, Jr. was unable to attend. Time: 10:07 a.m. Quorum: Established with 11 members in attendance
Public Comment	No public comment was provided to Dr. Carter prior to the June 25, 2020 8:00 a.m. deadline
Approval of Minutes	Minutes from the February 27, 2020 meeting were approved as presented.
Director's Report	Dr. Brown provided information regarding the Governor's Executive Orders relating to the COVID19 pandemic. He noted provisions that permit electronic meetings; issuance of temporary licenses by the behavioral science, nursing and medical boards; and greater use of telemedicine. He also noted that the Executive Orders provide key information on the specific phases of reopening the state. He reported that, overall, COVID19 patients have not overrun Virginia hospitals. He stated that DHP will continue to hold meetings, virtually and in person based upon current social distancing requirements. He reported that DHP has utilized teleworking to allow employees to continue the work of the Boards. At this time, DHP has approximately 75% of its positions teleworking. Teleworking protects the public, as well as staff, as there are less people in the building allowing for social distancing and the use of masks. DHP is working with the Secretary's office on getting expired board members seats filled.
Legislative and Regulatory Report	Ms. Yeatts provided documents that are included in the agenda packet.

Board Chair Report	Dr. Stewart informed attendees that Dr. Watkins (Board of Dentistry) and Dr. O'Connor (Board of Medicine) have come to the end of their terms on their boards as well as BHP. He thanked them on behalf of the Board for their time and service to the Commonwealth.
Executive Director's Report	Board Budget and Agency Statistics/Performance Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance. The 2020 Board work plan will be updated to include the two studies currently underway.
Virginia Board of Health Professions Amendments to Guidance Document 75-4 Bylaws	At the February 27, 2020 Full Board meeting, a request was made that the Board consider adding a new position of 2nd Vice Chair to the existing board positions. This necessitates amending the Bylaws. The following details the recommended changes: Under ARTICLE IV-Officers and Election. Item 1 should be changed to read as follows: "1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair." Under ARTICLE V-Duties of Officers. Item 2 should be changed to read as follows:"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."
Motion to Amend Article 75-4 Board Bylaws	Ms. Hershkowitz moved that the Bylaws be amended as noted above. It was properly seconded. In response to discussion, Ms. Hershkowitz amended the motion to include that the term "Chairman" be replaced with the term "Chair" throughout the entire document.
Amended Motion	The amended motion was seconded by Dr. Doyle. The motion passed with all members in favor, none opposed.
Healthcare Workforce Data Center	Dr. Carter and Dr. Shobo provided an update on the Center's workforce reports, presentations, and data requests.
Board Studies	The General Assembly has requested that the Board of Health Professions perform sunrise reviews on the following two professions: Diagnostic Medical Sonographer and Naturopathic Physician.
Diagnostic Medical Sonographer Motion	Ms. Jackson presented the workplan for the Diagnostic Medical Sonographer. A motion was made by Mr. Wells to proceed with the study and was seconded by Dr. Watkins. All members were in favor, none opposed.
Naturopathic Physician	Dr. Carter presented the workplan for the Naturopathic Physician.

Motion A motion was made by Dr. Doyle and seconded by Ms. Hershkowitz. All members were in favor, none opposed. Both studies will be moved to the Boards Regulatory Research Committee.

- Individual Board Reports**
- Board of Nursing - Ms. Hershkowitz (Attachment 1)
- Board of Dentistry - Dr. Watkins (Attachment 2)
- Board of Counseling - Dr. Doyle (Attachment 3)
- Board of Social Work - Mr. Salay (Attachment 4)
- Board of Long-Term Care Administrators - Mr. Kendall (Attachment 5)
- Board of Veterinary Medicine - Dr. Karras (Attachment 6)
- Board of Psychology - Dr. Stewart (Attachment 7)
- Board of Audiology & Speech-Language Pathology - Dr. King (Attachment 8)
- Board of Funeral Directors & Embalmers - Mr. Jones (Attachment 9)
- Board of Optometry - Dr. Clayton-Jeter was not in attendance (Attachment 10)
- Board of Medicine - Dr. O'Connor was not in attendance
- Board of Pharmacy - Mr. Logan was not in attendance
- Board of Physical Therapy - Dr. Jones, Jr. was not in attendance

New Business There was no new business.

Next Full Board Meeting Dr. Stewart advised the Board that the next meeting is scheduled for August 20, 2020 at 10:00 a.m.

Adjourned The meeting adjourned at 11:47 a.m.

Vice Chair Signature Herbert Stewart, PhD
_____ / _____ / _____

Board Exec. Director Signature Elizabeth A. Carter, PhD
_____ / _____ / _____

**Virginia Board of Nursing
Board of Health Professions Report**

June 25, 2020

Since the last BHP meeting of February 27, 2020, much has changed for the Board of Nursing, as for the entire world. The ramifications of COVID-19 have affected every area of activity of the BON. Below are a number of current issues for the Board.

1. Executive Orders provided the authority for the Director of DHP to waive a number of requirements **for the duration of the emergency** (extending 90 days for some items), including:

- for RNs and LPNs with licenses on inactive status: waiver of application fee and evidence of continuing education for the move from inactive to active practice (within four years of leaving active practice);

- for new graduate RNs and LPNs: waiver of 90 day limit of provisional practice after taking the NCLEX and before reporting on results, and allowing the use of "RN/LPN Applicant" for the duration;

- for Nurse Practitioners: waiver of the six-month limit on provisional practice for new graduates;

- for Medication Aides: waiver of 120-day limit on provisional practice (pre-testing);

- for Nursing Education Programs:

- a. Waiver of 25% limit on simulation as part of clinical experience;

- b. Waiver of 50% limit on simulation as part of one course;

- c. Waiver of reevaluation of program approval for programs not

meeting approval requirements.

- for Nurse Aide Education Programs:

- a. Waiver of requirement that "other instructional personnel" be RN or LPN;

- b. Waiver of requirement that "all instructional personnel must demonstrate competence to teach adults."

2. As a result of "stay at home" orders, all Board meetings, including Business, Committee, Formal and Informal Hearings were cancelled since mid-March, 2020. Meetings will resume in mid-July, with a brief Business Meeting, and Formal Hearings taking place. Informal Hearings will resume in August. The Board Summarily Suspended the licenses of six individuals via conference call during this period.

3. Board Staff have capably handled all routine Board functions with the majority of staff teleworking. The highest priority has been licensing of Nurse Practitioners, nurses and support staff to ensure an adequate workforce to take care of the demands of the pandemic. The processing of discipline cases by Staff continues, including probable cause review. Additionally, Staff has dealt with many issues

raised by educational programs during this period, especially regarding concerns about the availability clinical sites needed to ensure graduate nurses had the requisite number of clinical hours. A high volume of inquiries has been received from licensees regarding current and future concerns, including practice issues, availability of PPE (improving in hospitals but still an area of concern for LTC facilities), layoffs and planning for the future (as, for example, by school nurses).

3. Delays in delivery of examinations for Nurses, Nurse Aides and Medication Aides have increased the reliance on temporary waivers (state and federal). Testing capacity is gradually increasing based on social distancing requirements and availability of test center staff and proctors. Testing is not at full capacity at this time.

4. The Committee of the Joint Boards of Medicine and Nursing has several issues of note, including:

- implementing the joining of NP and CNM licenses with Prescriptive Authority licenses, effective 3/4/2020;
- implementing prescriptive authority for CRNAs, as passed by the General Assembly and effective 7/1/20; and
- implementing the one time electronic prescribing waiver process.

The Board of Nursing will next meet for a brief Business Meeting and Formal Hearings July 21-22, 2020. The next meeting of the Committee of the Joint Boards is scheduled for October 21, 2020.

Respectfully submitted,

Louise Hershkowitz, CRNA, MSHA

June 25, 2020

Report of the Board of Dentistry to BHP by Dr. James D. Watkins

Our dental board had its last meeting on March 13, 2020.

Issues covered included:

- 1. Status of sedation inspections done**
- 2. Clinical competency examination requirements**
- 3. Revisions to the definition of dentistry to include allowing for A1c testing in dental offices**
- 4. Reports of our Board liaison committees**
- 5. E-prescribing issues**
- 6. Oral Health Workforce Research Dental Hygiene Graph**

Covid-19 closings postponed all informal conferences since that meeting through today.

We had one conference call which led to a summary suspension of a dental license.

We had two virtual full board meetings to address licensure testing of recent graduates of the dental and dental hygiene schools.



Virginia Department of
Health Professions
Board of Counseling

Counseling Monthly Snapshot for May 2020

Counseling has closed more cases in May than received cases. Counseling has closed 17 patient care cases and 11 non-patient care cases for a total of 28 cases.

Cases Closed	
Patient Care	17
Non-Patient Care	11
Total	28

The board has received 11 patient care cases and 8 non-patient care cases for a total of 19 cases.

Cases Received	
Patient Care	11
Non-Patient Care	8
Total	19

As of May 31, 2020 there are 123 patient care cases open and 70 non-patient care cases open for a total of 193 cases.

Case Open	
Patient Care	123
Non-Patient Care	70
Total	193

There are 487 Counseling licensees as of June 1, 2020. The number of current licenses are broken down by profession in the following chart.

License Issued	
Profession	License Issued
<i>Certified Substance Abuse Counselor</i>	3
<i>Licensed Marriage and Family Therapist</i>	37
<i>Licensed Professional Counselor</i>	169
<i>Pre-Education Review-Counseling</i>	3
<i>Qualified Mental Health Prof-Adult</i>	52
<i>Qualified Mental Health Prof-Child</i>	49
<i>Registered Peer Recovery Specialist</i>	1
<i>Resident In Counseling</i>	34
<i>Resident in Marriage and Family Therapy</i>	2
<i>Substance Abuse Counseling Assistant</i>	2
<i>Substance Abuse Trainee</i>	20
<i>Substance Abuse Treatment Practitioner</i>	7
<i>Trainee for Qualified Mental Health Prof</i>	108
Total for Counseling	487

There were 487 licenses issued for Counseling for the month of May. The number of licenses issued are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses Issued in May
<i>Certified Substance Abuse Counselor</i>	⁷³ 3

<i>Licensed Marriage and Family Therapist</i>	37
<i>Licensed Professional Counselor</i>	169
<i>Pre-Education Review-Counseling</i>	3
<i>Qualified Mental Health Prof-Adult</i>	52
<i>Qualified Mental Health Prof-Child</i>	49
<i>Registered Peer Recovery Specialist</i>	1
<i>Resident In Counseling</i>	34
<i>Resident in Marriage and Family Therapy</i>	2
<i>Substance Abuse Counseling Assistant</i>	2
<i>Substance Abuse Trainee</i>	20
<i>Substance Abuse Treatment Practitioner</i>	7
<i>Trainee for Qualified Mental Health Prof</i>	108
Total for Counseling	487

Current Licenses	
Profession	Current Licensees
<i>Certified Substance Abuse Counselor</i>	1968
<i>Licensed Marriage and Family Therapist</i>	938
<i>Licensed Professional Counselor</i>	6553
<i>Certified Rehab Counselor</i>	192
<i>Qualified Mental Health Prof-Adult</i>	7901
<i>Qualified Mental Health Prof-Child</i>	7025
<i>Registered Peer Recovery Specialist</i>	311
<i>Resident In Counseling</i>	4172
<i>Resident in Marriage and Family Therapy</i>	224
<i>Resident in Substance Abuse Treatment</i>	9
<i>Substance Abuse Counseling Assistant</i>	279
<i>Substance Abuse Trainee</i>	2035
<i>Substance Abuse Treatment Practitioner</i>	305
<i>Trainee for Qualified Mental Health Prof</i>	3805
Total for Counseling	35,717

Regulatory Changes

Section	Change	Stage
18VAC115-20	Handling Fee – Returned Check	Fast Track; At the Governor’s office
18VAC115-20	Periodic Review for Professional Counseling	Proposed: At the Secretary’s Office
18VAC115-40	Periodic Review for Certified Rehab Providers	Proposed at the Governor’s Office
18VAC115-20	Resident License: Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.	Proposed: At the Governor’s Office.
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to “Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare” precludes the provision of conversion therapy and to define what conversion therapy is and is not.	Proposed: At Governor’s Office
18VAC-115-80	Regulations governing the registration of QMHP trainees	Fast Track: At the Governor’s Office

Actions Taken in Response to Covid-19:

-Asked the Governor for a Waiver for the required internship hours as many of the sites were closed.

-We gave all licensees a one year extension for CEs

-We began issuing Temporary licenses. As of today we have issued 294 temporary LPC licenses and 70 LMFT licenses. The temporary license expire 9.8.2020 and the hope is that many of these individuals apply by endorsement.

On the horizon: Art Therapists and an advisory board.

NEXT MEETING: August 21 2020



Virginia Department of Health Professions

Board of Social Work

Social Work Monthly Snapshot for May 2020

Social Work has closed more cases in May than received. Social Work has closed 15 patient care cases and 6 non-patient care cases for a total of 21 cases.

Cases Closed	
Patient Care	15
Non-Patient Care	6
Total	21

The department has received 7 patient care case and 1 non-patient care case for a total of 8 cases.

Cases Received	
Patient Care	7
Non-Patient Care	1
Total	8

As of May 31, 2020 there are 60 patient care cases open and 18 non-patient care cases open for a total of 78 cases.

Case Open	
Patient Care	60
Non-Patient Care	18
Total	78

There are 10322 Social Work licensees as of June 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Associate Social Worker</i>	1
<i>Licensed Clinical Social Worker</i>	7246
<i>Licensed Social Worker</i>	859
<i>LSW Supervision</i>	6
<i>Registered Social Worker</i>	10
<i>Registration of Supervision</i>	2200
Total for Social Work	10322

There were 262 licenses issued for Social Work for the month of May. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Profession	License Issued
<i>Licensed Clinical Social Worker</i>	216
<i>Licensed Master's Social Worker</i>	7
<i>Registration of Supervision</i>	39
Total for Social Work	262

Regulatory Changes

Section	Change	Stage
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: At Governor's office
18VAC140-20	Correction to qualification for LBSW	Fast Track: At Governor's Office

News Update:

The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met. The Board is also discussing the LMSW in more detail to determine that it is in line with the ASWB model Act and promotes mobility.

Actions taken during Covid:

- Gave each licensee a year extension to complete CEs
- Issued Temporary licenses. As of today, we have issued 282 LCSW licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

Also will be adding Music Therapists and an Advisory Board this year pursuant to recent legislation.

Next Board Meeting:

September 25, 2020

Board of Long-Term Care Administrators

Last Meeting: December 17, 2019

Next Meeting: September 15, 2020

Updates:

- The Board last met in December 2019; the May and June quarterly meetings were cancelled due to the pandemic. So far, the Board does plan to convene a business meeting on September 15, 2020.
- In response to COVID, the Board has taken a number of steps to address the issues that impact individual administrator licensees, particularly issues with the timing of licensure renewal – namely a blanket extension of CE requirements for 6 months; allowances for remote CE courses; and flexibility for administrators-in-training. The Board also has been represented by its Executive Director on the Governor’s Long-Term Care Task Force, which was convened by the Governor to address outbreak-specific issues in the long-term care setting (e.g. data reporting, testing, PPE, emergency staffing, communication with families and residents, etc.)
- In terms of current regulatory actions, at the Board’s meeting in December, the Board initiated changes to the regulations for training of prospective administrators, or "Administrators-in-Training," in the assisted living and nursing home settings.

**Virginia Board of Veterinary Medicine
Board of Health Professions Meeting
June 25, 2020**

Attachment 6

Statistics

Last board meeting held on March 5, 2020. Next board meeting scheduled for July 28, 2020.

Complaints

FY2017 Received - 259	FY2018 Received - 217	FY2019 Received - 247	1 st , 2 nd , and 3 rd Qtr. FY2020 Received – 404
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Licenses

Type of Licensee	Total # of Licensees
Veterinarian	4,387
Faculty Veterinarian	82
Intern/Resident Veterinarian	66
Veterinary Technician	2,300
Equine Dental Technician	23
Veterinary Establishment – Ambulatory	288
Veterinary Establishment - Stationary	878

Activities of the Board:

- Board staff is 100% teleworking. Licensing staff shifted to paperless licensure files. Discipline staff has shifted to paperless activities wherever possible and just implemented SharePoint. Board members are now able to access electronic case discipline files on a shared, secure platform.
- Change to handling fee for dishonored payment became effective on 3/5/20.
- Leslie Knachel, Executive Director, made three presentation at the Virginia Veterinary Medical Association meeting on 2/28/20.
- Board staff supported VDH in two webinar presentations on COVID-19 for the veterinary community. Emails were sent by the Board on behalf of VDH with links to the webinar. The webinar included strategies for the veterinary community such as curbside drop-off to limit veterinary staff and public interaction, telemedicine when appropriate, and tips for employers on maintain compliance with CDC guidelines.
- Regulatory change to licensure by endorsement is effective on 3/5/20.



Virginia Department of
Health Professions
 Board of Psychology

Psychology Monthly Snapshot for May 2020

Psychology has closed more cases in May than received. Psychology has closed 11 patient care cases and 6 non-patient care cases for a total of 17 cases.

Cases Closed	
Patient Care	11
Non-Patient Care	6
Total	17

The department has received 7 patient care cases and 1 non-patient care case for a total of 8 cases.

Cases Received	
Patient Care	7
Non-Patient Care	1
Total	8

As of May 31, 2020 there are 75 patient care cases open and 14 non-patient care cases open for a total of 89 cases.

Case Open	
Patient Care	75
Non-Patient Care	14
Total	89

There are 5908 Psychology licensees as of June 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	Current Licenses
<i>Direct Access Certification</i>	1252
<i>Physical Therapist</i>	8159
<i>Physical Therapist Assistant</i>	3502
<i>Physical Therapy</i>	12913
<i>Applied Psychologist</i>	29
<i>Clinical Psychologist</i>	3715
<i>Resident in School Psychology</i>	8
<i>Resident in Training</i>	865
<i>School Psychologist</i>	100
<i>School Psychologist-Limited</i>	601
<i>Sex Offender Treatment Provider</i>	437
<i>SOTP Trainee</i>	153
Total for Psychology	5908

There were 15 licenses issued for Psychology for the month of May. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Profession	License Issued
<i>Resident in School Psychology</i>	5

<i>School Psychologist-Limited</i>	5
<i>Sex Offender Treatment Provider</i>	4
<i>SOTP Trainee</i>	1
Total for Psychology	15

Regulatory Changes

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

Actions Taken During Covid:

- Gave all licensees a one-year extension to complete CEs.
- We began issuing Temporary Licenses. As of today we have issued 377 LCP licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

On the Horizon:

- Implementation of PSYPACT
- Changes to the EPPP

Next Meeting:

October 26, 2020

Virginia Board of Audiology and Speech-Language Pathology
Board of Health Professions Meeting
June 25, 2020

Attachment 8

Statistics

Last board meeting held on February 25, 2020. The July 7, 2020, board meeting is cancelled and the next board meeting scheduled for November 3, 2020.

Complaints

FY2017 Received - 30	FY2018 Received - 17	FY2019 Received - 43	1 st , 2 nd and 3 rd Qtr. FY2020 Received - 10
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Licenses

Audiologist	565
SLP	4618
School SLP	471

Activities of the Board:

- Board staff is 100% teleworking. Licensing staff shifted to paperless licensure files. Discipline staff has shifted to paperless activities wherever possible and just implemented SharePoint. Board members are now able to access electronic case discipline files on a shared, secure platform.
- Renewal is currently underway and ends on June 30.
- Continuing education audit is underway.
- Regulatory change to licensure by endorsement is effective on 3/5/20.
- Regulatory action to add a CE provider is effective on 3/5/20.
- Professional association continues with the development of a certification for assistants.
- Board is in a holding position with the licensure compact. There has been no response to requests for how the compact commission will be funded. This is problematic because the compact states that the members of the compact will be responsible for ensuring that the compact is fully funded. There are currently four out of the needed 10 states that have enacted compact legislation.
- Executive Director, Leslie Knachel, and Board Member, Dr. Alison King, participated in a licensure presentation to speech-language pathology graduate students at Longwood University on June 15, 2020.

Board of Funeral Directors and Embalmers

Last Meeting: October 10, 2019

Next Meeting: July 14, 2020

Updates:

- In response to COVID, the Board has taken a number of steps:
 - The Board’s meeting scheduled for April 16, 2020, was cancelled due to the COVID pandemic. The Board does plan to meet virtually on July 14, 2020.
 - Because the start of COVID restrictions happened around the same time as license renewals, the Board granted a 6 month blanket extension of time for completion of the 5 hours of CE due by March 31, 2020.
 - The Office of the Chief Medical Examiner (OCME) convened a Mass Fatality Task Force. The role of the Task Force is to ensure coordination and cooperation among relevant stakeholder agencies, private entities, and provider associations in the event that COVID fatalities rise to a level that exceeds local capacity for storage and processing. The Task Force has helped to facilitate information sharing at the state and local levels, and has facilitated access to PPE through local emergency management coordinators. The Board has been represented by its Executive Director on the Task Force.
- On the legislative front, SB 1044, was passed by the General Assembly and requires the Board to promulgate regulations to begin re-issuing separate licenses for funeral directors and embalmers, in addition to the combined funeral service license that is currently issued by the Board. The legislation has an expedited enactment clause, so the Board would be required to promulgate regulations within 280 days of the bill’s effective date, or by January 14, 2021. The Board plans to convene a Regulatory Advisory Panel with meetings in August and September to make recommendations to the full Board regarding emergency regulations.

**Virginia Board of Optometry
Board of Health Professions Meeting
June 25, 2020**

Statistics

Last board meeting held on February 5, 2020. Next board meeting scheduled for July 17, 2020.

Complaints

FY2017 Received - 36	FY2018 Received - 42	FY2019 Received - 29	1 st , 2 nd , and 3 rd Qtr FY2020 Received - 20
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Licenses

Y-T-D as of 02/20/19

Total – 2,028	TPA – 1,575	DPA – 86	Professional Designations - 257
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Activities of the Board:

- Board staff is 100% teleworking. Licensing staff shifted to paperless licensure files. Discipline staff has shifted to paperless activities wherever possible and just implemented SharePoint. Board members are now able to access electronic case discipline files on a shared, secure platform.
- Renewal period ended on 3/31/20.
- Regulatory action to repeal Professional Designations is currently being reviewed by the Governor’s office
- Regulatory action for e-prescribing waiver is being review by the Governor’s office. Board delegated authority to the Executive Director to issue waivers for “economic hardship” and “technological limitations” but requested the ED consult with the Board President prior to granting a waiver when “other exceptional circumstances” are identified. To date only four waiver requests have been received and granted.
- Change to handling fee for dishonored payment became effective on 3/5/20.
- Board will consider at its next meeting in July as to whether it will conduct a CE audit for 2019.

20100739D

SENATE BILL NO. 431

Offered January 8, 2020

Prefiled January 7, 2020

A BILL to amend and reenact §§ 20-124.6 and 54.1-2915 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617, relating to provision of mental health services to a minor; access to health records.

Patron—Surovell

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 20-124.6 and 54.1-2915 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617 as follows:

§ 20-124.6. Access to minor's records.

A. Notwithstanding any other provision of law, neither parent, regardless of whether such parent has custody, shall be denied access to the academic or health records of that parent's minor child unless otherwise ordered by the court for good cause shown or pursuant to subsection B.

B. In the case of health records, access may also be denied if the minor's treating physician or the minor's treating clinical psychologist has made a part of the minor's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the requesting parent of such health records would be reasonably likely to cause substantial harm to the minor or another person. If a health care entity denies a parental request for access to, or copies of, a minor's health record, the health care entity denying the request shall comply with the provisions of subsection F of § 32.1-127.1:03. The minor or his parent, either or both, shall have the right to have the denial reviewed as specified in subsection F of § 32.1-127.1:03 to determine whether to make the minor's health record available to the requesting parent.

C. No health care provider shall refuse to provide mental health services to a minor solely on the basis that a parent of such minor does not consent to having his access to the health records of such minor limited or denied for any reason other than those provided in subsections A and B.

D. For the purposes of this section, the meaning of the term "health record" or the plural thereof and the term "health care entity" shall be as "health care entity," "health care provider," and "health record" mean the same as those terms are defined in subsection B of § 32.1-127.1:03.

§ 54.1-2915. Unprofessional conduct; grounds for refusal or disciplinary action.

A. The Board may refuse to issue a certificate or license to any applicant; reprimand any person; place any person on probation for such time as it may designate; impose a monetary penalty or terms as it may designate on any person; suspend any license for a stated period of time or indefinitely; or revoke any license for any of the following acts of unprofessional conduct:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of any branch of the healing arts;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients;

4. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

5. Restriction of a license to practice a branch of the healing arts in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, or for an entity of the federal government;

6. Undertaking in any manner or by any means whatsoever to procure or perform or aid or abet in procuring or performing a criminal abortion;

7. Engaging in the practice of any of the healing arts under a false or assumed name, or impersonating another practitioner of a like, similar, or different name;

8. Prescribing or dispensing any controlled substance with intent or knowledge that it will be used otherwise than medicinally, or for accepted therapeutic purposes, or with intent to evade any law with respect to the sale, use, or disposition of such drug;

9. Violating provisions of this chapter on division of fees or practicing any branch of the healing arts

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59 in violation of the provisions of this chapter;

60 10. Knowingly and willfully committing an act that is a felony under the laws of the Commonwealth
61 or the United States, or any act that is a misdemeanor under such laws and involves moral turpitude;

62 11. Aiding or abetting, having professional connection with, or lending his name to any person
63 known to him to be practicing illegally any of the healing arts;

64 12. Conducting his practice in a manner contrary to the standards of ethics of his branch of the
65 healing arts;

66 13. Conducting his practice in such a manner as to be a danger to the health and welfare of his
67 patients or to the public;

68 14. Inability to practice with reasonable skill or safety because of illness or substance abuse;

69 15. Publishing in any manner an advertisement relating to his professional practice that contains a
70 claim of superiority or violates Board regulations governing advertising;

71 16. Performing any act likely to deceive, defraud, or harm the public;

72 17. Violating any provision of statute or regulation, state or federal, relating to the manufacture,
73 distribution, dispensing, or administration of drugs;

74 18. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100
75 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the Board;

76 19. Engaging in sexual contact with a patient concurrent with and by virtue of the practitioner and
77 patient relationship or otherwise engaging at any time during the course of the practitioner and patient
78 relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive;

79 20. Conviction in any state, territory, or country of any felony or of any crime involving moral
80 turpitude;

81 21. Adjudication of legal incompetence or incapacity in any state if such adjudication is in effect and
82 the person has not been declared restored to competence or capacity;

83 22. Performing the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time
84 such services are performed, the person performing such services is not listed on the National Registry
85 of Certified Medical Examiners as provided in 49 C.F.R. § 390.109 or fails to meet the requirements for
86 continuing to be listed on the National Registry of Certified Medical Examiners as provided in 49
87 C.F.R. § 390.111; ~~or~~

88 23. Failing or refusing to complete and file electronically using the Electronic Death Registration
89 System any medical certification in accordance with the requirements of subsection C of § 32.1-263.
90 However, failure to complete and file a medical certification electronically using the Electronic Death
91 Registration System in accordance with the requirements of subsection C of § 32.1-263 shall not
92 constitute unprofessional conduct if such failure was the result of a temporary technological or electrical
93 failure or other temporary extenuating circumstance that prevented the electronic completion and filing
94 of the medical certification using the Electronic Death Registration System; *or*

95 24. *Conditioning the delivery of mental health services to a minor on the agreement of the minor's*
96 *parent or guardian to refrain from requesting or subpoenaing medical records or court testimony.*

97 B. The commission or conviction of an offense in another state, territory, or country, which if
98 committed in Virginia would be a felony, shall be treated as a felony conviction or commission under
99 this section regardless of its designation in the other state, territory, or country.

100 C. The Board shall refuse to issue a certificate or license to any applicant if the candidate or
101 applicant has had his certificate or license to practice a branch of the healing arts revoked or suspended,
102 and has not had his certificate or license to so practice reinstated, in another state, the District of
103 Columbia, a United States possession or territory, or a foreign jurisdiction.

104 **§ 54.1-3506.2. Conditioning of mental health treatment for minors prohibited.**

105 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
106 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
107 *subpoenaing medical records or court testimony.*

108 **§ 54.1-3617. Conditioning of mental health treatment for minors prohibited.**

109 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
110 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
111 *subpoenaing medical records or court testimony.*