Virginia Department of Health Professions
Board of Psychology

Agenda
Full Board Meeting- VIRTURAL
February 9, 2020
10:00 A.M.

****Please refer to the 3rd page of the agenda for instructions on attending the virtual meeting ****

Call to Order – James Werth, Jr., Ph.D, Board Chair

- Welcome and Introductions / Roll Call
- Mission of the Board Page 4

Adoption 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.

Approval of Minutes

- Board Meeting – October 27, 2020* Page 5
- Informal Conferences – January 12, 2021 (For Informational Purposes Only) Page 11

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

Chair Report – Dr. Werth

Staff Reports

Legislation and Regulatory Actions – Elaine Yeatts, DHP Sr. Policy Analyst

- Update on 2021 Virginia General Assembly Page 13
- Update on Regulatory Actions Page 18
- Adoption of Final Regulations on Conversion Therapy* Page 19
  - Revised Section of Code of Virginia Page 20
  - Public Comments Page 21
  - Proposed Regulations Page 24

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

Executive Director's Report – Jaime Hoyle, JD, Executive Director for the Boards of Counseling, Psychology and Social Work Page 29

- December Financials Page 29
- BSU Year End Report Page 37
- PSYPACT Commission Page 48
- ASPPB Midyear Meeting Page 52

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

Committee Reports

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

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- Development of Social Media Guidance Document Discussion — Page 64
  - Guidance Document 125-7 — Page 64
  - APA Proposed Guidelines for Use of Social Media — Page 71
  - APA Presentation on Proposed Social Media Guidelines — Page 115
  - Oregon Board of Psychology Social Media Do's and Don'ts — Page 156
  - APA Seeking Practitioner Guidance — Page 158
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  - APA Article — Page 164

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

- BHP Minutes — Page 170

Next Meeting – April 13, 2021

Adjournment

*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 February 9, 2021 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. Disregard any reference to the Board of Dentistry as a shared subscription to WebEx is being utilized. 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 jaime.hoyle@dhp.virginia.gov **no later than 9 am on February 9, 2020** indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the chairman. 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 THE INTERACTIVE MEETING

https://virginia-dhp.my.webex.com/virginia-dhp.my/j.php?MTID=m00904abff129574b135002017ed33957

Meeting number (access code): 132 392 5005

Meeting password: 7qJqtTfj3y4 (77578835 from phones and video systems)

JOIN BY PHONE +1-408-418-9388 United States Toll Global call-in numbers
https://virginia-dhp.my.webex.com/virginia-dhp.my/globalcallin.php?MTID=mbe9faf203710e4b6b758e81b4d7f44d3

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
October 27, 2020

TIME AND PLACE:	Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.
PRESIDING OFFICER:	James Werth, Jr. Ph.D., ABPP, Chair
MEMBERS PRESENT;	J.D. Ball, Ph.D., ABPP, Vice-Chair 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:	Sally Brodsky, Ph.D.
STAFF PRESENT:	Barbara Allison-Bryan, MD, DHP Chief Deputy David Brown, DC, DHP Director Christy Evans, Discipline Case Specialist Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Deputy Executive Director – Licensing Jared McDonough, Administrative Assistant Jim Rutkowski, JD, Assistant Attorney General Rebecca Schultz, DHP Policy Specialist Sharniece Vaughn, Licensing Specialist Elaine Yeatts, DHP Senior Policy Analyst/Agency Regulatory Coordinator
CALL TO ORDER:	Dr. Werth called the meeting to order at 10:08 a.m. After completing a roll call of Board members and staff, Ms. Hoyle indicated that with seven Board members present a quorum was established.
APPROVAL OF MINUTES:	Dr. Sheras made a motion, which was properly seconded, to approve the July 13, 2020 Quarterly meeting minutes as written. The motion carried unanimously.
ORDERING OF AGENDA:	The Board adopted the agenda as written.
PUBLIC COMMENT:	Jennifer Morgan, Clinical Psychologist and member of Virginia Academy of Clinical Psychologists (VACP) indicated that she was attending the meeting to hear updates from the Board regarding its interest in attending the spring conversation hour and information related to PSYPACT.

AGENCY DIRECTOR REPORT: Dr. Brown provided an update on the DHP functions during the COVID-19 pandemic and stated that DHP has closed the building to the public and invested in telework options. He stated that DHP continues to abide by the mandate to wear masks in the building and has continued to conduct meetings virtually. He stated that if in-person meetings are necessary, DHP is ensuring adequate social distancing in the meeting rooms.

Dr. Brown discussed DHP's roll when the Virginia Department of Health receives a complaint regarding practitioners not complying with the face mask mandate.

Dr. Brown provided information on the three workgroups studying marijuana/cannabis in Virginia. The Secretary of Health and Human Resources (HHS) is examining the expansion of medical marijuana program. The Virginia Department of Agriculture and Consumer Services (VDACS) is looking into the legalization and recreational use of cannabis for adults. The Joint Legislative Audit and Review Commission (JLARC) has been asked to make recommendations on the legalization of marijuana.

Dr. Allison-Bryan stated she has been working closely with VDH involving the COVID-19 vaccine. She stated that VDH holds a leadership role in Virginia and the nation in planning the launch of the vaccine. Dr. Allison-Bryan wanted everyone to know that while the development of the COVID vaccine is moving quickly, researchers are not cutting any scientific corners. The federal government was able to cut out the business aspect which allows companies to develop a vaccine at a quicker rate. She assured the Board members and the public that the launch would not compromise safety and efficacy for speed.

Ms. Payne stated that she is a member of a state workgroup for the vaccine and indicated that the FDA's published guidelines do a good job of taking the politics away from the advancement of the vaccines. Healthcare providers will be prioritized in the distribution of the vaccine.

Dr. Brown discussed the possibility of continuing to allow virtual meetings and said that the Agency will need to think carefully on this issue. Dr. Brown stated that the policy would be the same for each Board. Dr. Ball indicated that the Board of Psychology would prefer that all meetings, including discipline meetings, would be virtual.

CHAIR REPORT: Dr. Werth acknowledged and thanked staff and board members for their dedication and hard work.

Dr. Werth also wanted to thank the Regulatory Advisory Panel (RAP) members for their participation and guidance in drafting proposed regulations.

Dr. Werth indicated that there was a Public Hearing earlier today related to conversion therapy during which there was no public comment.

Dr. Werth indicated that the Board presented at the VACP Board Conversation Hour on September 12, 2020 and said it was well received and attended. The Board agreed that participating in the spring 2021 VACP Board Conversation Hour on either April 15th or April 16th would be beneficial and useful.

The Board discussed the possibility of holding future stakeholder meetings related to the EPPP Part 2 examination and Psychological Clinical Science Accreditation System (PCPAS). Dr. Ball stated that the Regulatory Committee will add these items to the February 2021 agenda.

LEGISLATION AND REGULATORY ACTIONS:

Legislation Actions Report:

Ms. Yeatts stated the 2020 General Assembly passed the PSYPACT legislation; however, the legislation lacked statutory authority to require criminal background checks, which has been proposed for the 2021 General Assembly.

Virginia's participation in the PSYPACT is to begin January 1, 2021; however, the Board will not be able to implement PSYPACT without the approval of the emergency regulations. She continues to be hopeful that the regulations will be approved by the end of the year.

Ms. Yeatts stated that the Board held a Public Hearing earlier today on its proposed regulations related to conversion therapy with no public comment. These regulations are in the final stages and will be ready for the Board to adopt at its next meeting.

Ms. Yeatts indicated that the periodic review of the regulations are currently in the final stage awaiting the Governor's approval.

Ms. Yeatts commended Dr. Werth and Dr. Ball on all of their hard work and stated that their work on the Regulations Governing the Certified Sex Offender Treatment Providers (CSOTP) was invaluable. Ms. Yeatts also stated that there were three other excellent panel members who provided much needed knowledge and expertise.

Ms. Yeatts discussed the RAP's recommended changes to the CSOTP regulations and recommendation to the Board to adopt as a fast track action rather than Notice of Intended Regulatory Action (NOIRA). She stated that if the fast track action was not approved then a NOIRA would be initiated but it would take longer to move through the process.

Dr. Sheras made a motion, which was properly seconded, to adopt the proposed changes to the Regulations Governing the Certification of Sex Offender Treatment Providers as amended and presented in the agenda as a fast track action. The motion carried unanimously.

The Board took a break at 12:00p.m. and reconvened at 12:30 p.m. Ms. Hoyle conducted a roll call and announced that with seven Board members present, the Board has a quorum.

PRESENTATION:

Dr. Shobo presented a PowerPoint Presentation to the Board on the 2020 survey finding for Virginia licensed clinical psychologist workforce.

STAFF REPORTS:

Executive Director Report:
Ms. Hoyle stated her appreciation of the Board members and staff for their continued dedication to the Board.

Ms. Hoyle discussed the financials and indicated that the Board had a reduction in the 2020 renewal fees.

Ms. Hoyle addressed Ms. Morgan's question related to whether Virginia licensees could apply for an E. Passport and take advantage of the temporary application fee waiver. Ms. Hoyle indicated the Human Resources and Services Administration (HRSA) awarded ASPPB federal funding to help provide support in hopes of increasing access to mental health care services via telepsychology, ASPPB announced that the E. Passport application ($400.00) will be waived starting July 20, 2020 through December 31, 2020 and Virginia licensees can take advantage of such wavier but would not be allowed to practice under PSYPACT until the Virginia Regulations became effective. After she attends the PSYPACT commission meeting, she will send out information to licensees and add information to the website.

Ms. Hoyle indicated that the Board is still waiting on reappointment information and the appointment of one citizen member.

Board members asked if students could use some of the Board's excess funds to assist with exam or licensing fees. Ms. Hoyle stated she would need to look into the matter further before she could answer that question. Ms. Yeatts wanted to remind the Board that Department is tied to a budget and the Agency is not designed to have a surplus. She explained that typically the surplus goes back to the licensees as they are the ones that created the surplus.

Dr. Wallace asked if there a way that the mental health organizations could get together and find a way to address the long term effects of COVID and for those who do not have access to services. Ms. Hoyle stated that she could discuss this question with the counseling and social work chairs to see if there is a need to meet to talk about the efforts being made in regard to access to care.

Ms. Hoyle asked the Board if they were interested having a question developed related to different languages used to provide services. The Board was interested in adding a question related to different languages to the workforce questionnaire.

Discipline Report:
Ms. Lang referenced the discipline report in the agenda packet. She stated the Board had 60 new cases with probable cause.

Licensing Report:
Ms. Lenart discussed the licensing report as listed in the agenda packet. She stated that the Board has received an increasing number of applications, which are primarily endorsement applications. As of September 8, 2020 the Board issued 648 temporary licenses for clinical psychologists which have now expired.

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

COMMITTEE REPORTS:

Regulatory Committee Report:
Dr. Ball discussed the concerns of Dr. Susan Wallace, Board member, related to increase in endorsement applications for Clinical Psychologists who have an educational background in school psychology. Dr. Ball reiterated that Virginia is unique in the way it separates doctoral level licenses into three different licensure categories (applied, clinical, and school) as mandated by the Code. The Committee agreed that two different Board members should review these types of applications. Ms. Hoyle and Dr. Stewart agreed to provide ASPPB with information on the different license structure in Virginia. Ms. Hoyle indicated that in the next few months staff will come up with new applications and will work on revamping the Board's website to provide clarity. The Board members acknowledged Dr. Wallace for her efforts and dedication to the Board.

Dr. Ball presented an updated draft on the proposed preparation of closure of a practice guidance document. The Committee's recommendation is for the Board to consider and vote on the closure of practice guidance document. The Board voted unanimously to accept the guidance document as presented.

Dr. Ball indicated that the Committee will continue to work on creating a separate guidance document on technology and social media. In addition, staff has updated the FAQs related to Continuing Education to state that "real-time interactive" includes Zoom, WebEx, or any video conferencing platform that provides a real-time interactive educational experience. Staff also began updating residents' expiration dates in the system.

Board of Health Professions Report:
Dr. Stewart provided a summary of the last Board of Health Profession Meeting. A copy of the minutes from that meeting was included in the agenda packet. Dr. Stewart gave a brief summary of the ASPPB annual meeting and thanked Board members and staff for their attendance.

UNFINISHED BUSINESS: Study of Mental Health of Minors

Ms. Hoyle provided an update on Senate Bill 431, which requested a Study of Mental Health needs for minors. This project was summarized in the information provided in the agenda packet. Dr. Wallace and Christine Payne participated in this workgroup.

NEXT MEETING: The next quarterly meeting is scheduled for February 9, 2021.

ADJOURNMENT: The meeting adjourned at 2:21 p.m.

_____ _____

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

_____ _____

Jaime Hoyle, J.D., Executive Director Date

VIRGINIA BOARD OF PSYCHOLOGY
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – JANUARY 12, 2021

CALL TO ORDER: A virtual meeting of a Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on January 12, 2021 at 10:04 a.m. via WebEx.

MEMBERS PRESENT: Susan Brown Wallace, PhD., LCP, LSP, Chairperson
John Ball, Ph.D., ABPP, LCP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Psychology
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

RESPONDENT: **Lynne Hahnemann, Ph.D., LCP**
Case No.: 176707
License #: 0810003474
Attorney: Sandra Havrilak, Esquire

DISCUSSION: Dr. Hahnemann appeared via video before the Committee, with legal counsel, and fully discussed the allegations contained in the Notice dated April 17, 2019, and Amended Notices dated January 6, 2020 and November 4, 2020.

CLOSED MEETING: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Lynne Hahnemann, Ph.D., LCP. Additionally, he moved that Jennifer Lang and Christy Evans attend the closed meeting because their presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee made certain findings of facts and conclusions of law and voted to dismiss the case. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 11:23 a.m.

As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.

Susan Brown Wallace
Susan Brown Wallace, PhD., LCP, LSP, Chairperson
Special Conference Committee of the Board of Psychology

1-19-2021
Date

Jennifer Lang
Jennifer Lang, Deputy Executive Director
Virginia Board of Psychology

01/20/2021
Date

VIRGINIA BOARD OF PSYCHOLOGY
SPECIAL CONFERENCE COMMITTEE (VIRTUAL)
INFORMAL CONFERENCES – JANUARY 12, 2021

CALL TO ORDER: A virtual meeting of a Special Conference Committee ("Committee") of the Board of Psychology ("Board") convened on January 12, 2021 at 2:04 p.m. via WebEx.

MEMBERS PRESENT: Susan Brown Wallace, PhD., LCP, LSP, Chairperson
John Ball, Ph.D., ABPP, LCP

STAFF PRESENT: Jennifer Lang, Deputy Executive Director, Board of Psychology
Christy Evans, Discipline and Compliance Case Manager, Board of Counseling
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division

RESPONDENT: **Jennifer Shaw, LCP Applicant**
Case No.: 189146, 199889, 201499, and 207057

DISCUSSION: Dr. Shaw appeared via video before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated November 10, 2020.

CLOSED MEETING: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Jennifer Shaw, LCP Applicant. Additionally, he moved that Jennifer Lang, Christy Evans, and Anne Joseph attend the closed meeting because their presence would aid the Committee in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

DECISION: Upon a motion by Dr. Ball, and duly seconded by Dr. Wallace, the Committee made certain findings of facts and conclusions of law and voted to deny Dr. Shaw's application for licensure to practice clinical psychology. The motion carried.

ADJOURN: With all business concluded, the Committee adjourned at 4:03 p.m.

As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.

Susan Brown Wallace
Susan Brown Wallace, PhD., LCP, LSP, Chairperson
Special Conference Committee of the Board of Psychology

1-19-2021
Date

Jennifer Lang
Jennifer Lang, Deputy Executive Director
Virginia Board of Psychology

01/20/2021
Date

Report of the 2021 General Assembly

Board of Psychology

HB 1737 Nurse practitioners; practice without a practice agreement.

Chief patron: Adams, D.M.

Summary as introduced:
Nurse practitioners; practice without a practice agreement. Reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement.

HB 1747 Clinical nurse specialist; licensure of nurse practitioners as specialists, etc.

Chief patron: Adams, D.M.

Summary as introduced:
Clinical nurse specialist; licensure; practice. Provides for the licensure of nurse practitioners as clinical nurse specialists by the Boards of Medicine and Nursing and provides that a nurse practitioner licensed as a clinical nurse specialist shall practice pursuant to a practice agreement between the clinical nurse specialist and a licensed physician. The bill requires the Boards of Medicine and Nursing to jointly issue a license to practice as a nurse practitioner in the category of a clinical nurse specialist to an applicant who is an advance practice registered nurse who has completed an advanced graduate-level education program in the specialty category of clinical nurse specialist and who is registered by the Board of Nursing as a clinical nurse specialist on July 1, 2021.

HB 1795 Counseling, Board of; licensure of professional counselors without examination.

Chief patron: Cole, M.L.

Summary as introduced:
Board of Counseling; licensure of professional counselors without examination. Requires the Board of Counseling to issue a license as a licensed professional counselor without examination to a person who has applied for such a license and who satisfies all other education, experience, and fitness to practice requirements set forth in regulation and who, in the judgment of the Board, is qualified to practice professional counseling.

HB 1862 Employee protections; medicinal use of cannabis oil.

Chief patron: Helmer

Summary as introduced:

Employee protections; medicinal use of cannabis oil. Prohibits an employer from discharging, disciplining, or discriminating against an employee for such employee's lawful use of cannabis oil pursuant to a valid written certification issued by a practitioner for the treatment or to eliminate the symptoms of the employee's diagnosed condition or disease. The bill provides that such prohibition does not (i) restrict an employer's ability to take any adverse employment action for any work impairment or to prohibit possession during work hours or (ii) require an employer to commit any act that would cause the employer to be in violation of federal law or that would result in the loss of a federal contract or federal funding.

HB 1913 Career fatigue and wellness in certain health care providers; programs to address, civil immunity.

Chief patron: Hope

Summary as introduced:

Programs to address career fatigue and wellness in certain health care providers; civil immunity. Expands civil immunity for health care professionals serving as members of or consultants to entities that function primarily to review, evaluate, or make recommendations related to health care services to include health care professionals serving as members of or consultants to entities that function primarily to address issues related to career fatigue and wellness in health care professionals licensed, registered, or certified by the Boards of Medicine, Nursing, or Pharmacy, or in students enrolled in a school of medicine, osteopathic medicine, nursing, or pharmacy located in the Commonwealth. The bill contains an emergency clause.

EMERGENCY

HB 1987 Telemedicine; coverage of telehealth services by an insurer, etc.

Chief patron: Adams, D.M.

Summary as introduced:

Telemedicine. Clarifies that nothing shall preclude coverage of telehealth services by an insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; a

corporation providing individual or group accident and sickness subscription contracts; or a health maintenance organization providing a health care plan for health care services. The bill requires the Board of Medical Assistance Services to amend the state plan for medical assistance to provide for payment of medical assistance for remote patient monitoring services provided via telemedicine for certain high-risk patients, and provides for the establishment of a practitioner-patient relationship via telemedicine for the prescribing of Schedule II through VI controlled substances.

HB 2218 Pharmaceutical processors; permits processors to produce & distribute cannabis products.

Chief patron: Hayes

Summary as introduced:
Pharmaceutical processors; cannabis products. Permits pharmaceutical processors to produce and distribute cannabis products other than cannabis oil. The bill defines the terms "botanical cannabis," "cannabis product," and "usable cannabis." The bill requires the Board of Pharmacy to establish testing standards for botanical cannabis and botanical cannabis products, establish a registration process for botanical cannabis products, and promulgate emergency regulations to implement the provisions of the bill. The bill allows the Board of Pharmacy to assess and collect a one-time botanical cannabis regulatory fee from each pharmaceutical processor, not to exceed $50,000, to cover costs associated with the implementation of the provisions of the bill, including costs for new personnel, training, promulgation of regulations and guidance documents, and information technology.

HB 2259 Governor; issuance of licenses to persons denied by regulatory board.

Chief patron: Scott

Summary as introduced:
Professions and occupations; licensure by Governor. Provides that the Governor may issue a license of the kind granted by a regulatory board under the Department of Professional and Occupational Regulation or the Department of Health Professions to any person whose application for such license to such board has been denied.

HB 2312 Marijuana; legalization of simple possession, etc.

Chief patron: Herring

Summary as introduced:

Marijuana; legalization of simple possession; penalties. Eliminates criminal penalties for possession of marijuana for persons who are 21 years of age or older. The bill also modifies several other criminal penalties related to marijuana and provides for an automatic expungement process for those convicted of certain marijuana-related crimes. The bill establishes a regulatory scheme for the regulation of marijuana cultivation facilities, marijuana manufacturing facilities, marijuana testing facilities, marijuana wholesalers, and retail marijuana stores by the Virginia Alcoholic Beverage Control Authority, renamed as the Virginia Alcoholic Beverage and Cannabis Control Authority. The bill imposes a tax on retail marijuana, retail marijuana products, and marijuana paraphernalia sold by a retail marijuana store, as well as non-retail marijuana and non-retail marijuana products at a rate of 21 percent and provides that localities may by ordinance levy a three percent tax on any such marijuana or marijuana products. The bill provides that net profits attributable to regulatory activities of the Authority's Board of Directors pursuant to this bill shall be appropriated as follows: (i) 40 percent to pre-kindergarten programs for at-risk three and four year olds, (ii) 30 percent to the Cannabis Equity Reinvestment Fund, established in the bill, (iii) 25 percent to substance use disorder prevention and treatment programs, and (iv) five percent to public health programs. The bill creates the Cannabis Control Advisory Board, the Cannabis Equity Reinvestment Board, and the Cannabis Public Health Advisory Council. The bill has a delayed effective date of January 1, 2023, with provisions for the Authority's Board of Directors to promulgate regulations for the implementation of the bill and for implementation of the automatic expungement process to begin in due course. In addition, the bill establishes three work groups to begin their efforts in due course: one focused on public health and safety issues, one focused on providing resources for teachers in elementary and secondary schools, and one focused on college-aged individuals. See H. B. 2312 General Laws Substitute PDF text:

https://lis.virginia.gov/000/housecannabisbillsub.pdf

HB 2333 COVID-19; administration of vaccine.

Chief patron: Bagby

Summary as introduced:
Facilitate the administration of the COVID-19 vaccine; emergency.

EMERGENCY

SB 1107 Medical malpractice; limitation on recovery.

Chief patron: Stanley

Summary as introduced:

Medical malpractice; limitation on recovery. Eliminates the cap on the recovery in actions against health care providers for medical malpractice where the act or acts of malpractice occurred on or after July 1, 2021.

SB 1189 Occupational therapists; licensure.

Chief patron: Hashmi

Summary as introduced:

Licensure of occupational therapists; Occupational Therapy Interjurisdictional Licensure Compact. Authorizes Virginia to become a signatory to the Occupational Therapy Interjurisdictional Licensure Compact. The Compact permits eligible licensed occupational therapists and occupational therapy assistants to practice in Compact member states provided they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2022, and directs the Board of Medicine to adopt emergency regulations to implement the provisions of the bill. The Compact takes effect when it is enacted by a tenth member state.

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

As of February 1, 2021

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Implementation of Psychology Interstate Compact [Action 5567] Emergency/NOIRA - *Register Date: 2/1/21* *Comment on NOIRA ends 3/3/21*
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Unprofessional conduct/conversion therapy [Action 5218] Proposed - *Register Date: 8/31/20* *Board to adopt final regulations: 2/9/21*
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Result of Periodic Review [Action 4897] Final - *At Governor's Office for 230 days*
[18 VAC 125 - 30]	Regulations Governing the Certification of Sex Offender Treatment Providers	Amendments resulting from a periodic review [Action 5660] Fast-Track - *DPB Review in progress*

Agenda Item: Board action on Final Regulation on Conversion Therapy

Included in your agenda package are:

Copy of revised section of the Code

Copy of comment on Townhall

Copy of revised regulations

Staff note:

There was a public hearing conducted on October 27, 2020; no comments were received.

The regulation in the agenda package includes the revision of the definition of "conversion therapy" to reference the definition in the Code of Virginia

Board action:

The Board can adopt the final amendments for a prohibition on conversion therapy or can amend the regulations included in the agenda package.

Code of Virginia

§ 54.1-2409.5. Conversion therapy prohibited.

A. As used in this section, "conversion therapy" means any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

B. No person licensed pursuant to this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall engage in conversion therapy with a person under 18 years of age. Any conversion therapy efforts with a person under 18 years of age engaged in by a provider licensed in accordance with the provisions of this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall constitute unprofessional conduct and shall be grounds for disciplinary action by the appropriate health regulatory board within the Department of Health Professions.

2020, cc. 41, 721.

Comments from Virginia Regulatory Townhall

Conversion Therapy

Commenter: Virginia Academy of Clinical Psychologists

Support of Regulatory Action

That VACP recommends the following as related to "conversion therapy" or engaging in sexual orientation change efforts:

- Significant research by both the American Psychological Association and the American Psychiatric Association substantiate that "conversion therapy" should be prohibited in that it has the potential to be harmful to patients.

- "Conversion therapy" or efforts to change a persons sexual orientation" shall mean any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

- "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.

- "Conversion therapy" should be considered as a violation standards practice in that rendering such services is considered as having real potential of jeopardizing the health and well being of patients.

- Above should be promptly adopted, as an emergency regulation if possible, and that this this regulatory policy be adopted so that it applies to any person licensed by a regulatory Board of the Virginia Department of Health Professions who performs counseling as part of their training, including those professions licensed by the Boards of Psychology, Counseling, Nurses and Medicine (meaning all such Boards would adopt such.)

- The Virginia Board of Psychology proceed immediately with the promulgation of such regulation as to set an example for other Boars under the Department.

CommentID: 87360

10/30/20 1:29 pm

Commenter: Todd Gathje, Ph.D., The Family Foundation

Support Biologically Affirming Counseling

The Family Foundation is deeply concerned about this regulatory action that would prevent licensed practitioners to have conversations to help a minor patient overcome unwanted sexual

desires or to feel comfortable in their own body. Therefore, we believe it's important that this board understand some of the inherent problems with this policy and its ultimate consequences.

First, and foremost, Virginia law makes clear that parents, not the government and its regulatory agencies, have a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child,", which includes seeking counseling that is consistent with their values and their judgement about their child's best interests. However, by prohibiting licensed professionals from simply talking about these issues, this regulatory action excludes an otherwise viable option for parents and their children to pursue.

Second, not only does the law passed by the 2020 General Assembly and this regulatory action prohibit licensed professionals from helping kids resolve confusing or unwanted feelings about their identity through talk therapy, it expressly allows a licensed professional to promote same-sex attractions or the transgender lifestyle, including hormone treatments and surgery. It states: "Conversion therapy" does not include – meaning these things are not prohibited - counseling that facilitates a person's coping and identity exploration and development. Therefore, the law, and this proposed regulation, actually promotes so-called "conversion therapy" because it will permit a licensed professional to encourage a boy or girl to explore or affirm their unnatural and often unwanted same-sex attractions or to undergo the process of changing their physical bodies and to present as the opposite sex.

Third, there are serious mental and physical health concerns that we cannot and must not overlook if licensed professionals are only allowed to encourage patients to expand their sexuality, and even to undergo physical bodily changes in order to look more like the opposite sex. This policy proposal comes at a time when young teens are being overwhelmed with what could only be described as a sexual revolution in our culture. And it shouldn't be shocking that the number and also the suicide rates of children who struggle with unwanted sexual desires or gender dysphoria are on the rise.

A corrected 2019 study in the "American Journal of Psychiatry" also that found that transgender surgeries offer no mental health benefits for those who receive them. If this will not make a person happier or provide mental health benefits, should a licensed health professional then be allowed to encourage a child to embrace these transgender feelings even to the point of hormone treatment or mutilating the bodies they were born in, let alone be prohibited from encouraging that child to embrace the body they were born with?

To subject a licensed professional to disciplinary action for working with a willing client using talk therapy to overcome same sex desires, or the desire to project a new identity of the opposite sex, but not apply the same disciplinary action should their ideologically-based opinions lead to serious outcomes like suicide or more mental anguish after going through medical treatments, is hypocritical and frankly outrageous.

Finally, this proposed action will violate the constitutionally-protected free speech rights of health professionals willing to help those who are struggling with their sexuality by implementing viewpoint-based restrictions, or more commonly "viewpoint discrimination." Viewpoint discrimination is clearly evident in the law and the draft regulation before this board.

A prohibition on some talk therapy but not others is a complete double standard. It doesn't actually prohibit licensed professionals from engaging in any sexual orientation or gender identity change efforts requested by a patient; indeed, it gives licensed professionals the ability to encourage and support patients to explore their sexuality in various ways, and even to undergo physical bodily changes in order to look more like the opposite sex. However, the same counselor would now be prohibited from encouraging a minor to accept their biological sex. Those who do could face the loss of their professional license.

Recently, the U.S. Supreme Court rejected this type of restriction on professional speech in *NIFLA v. Bacerra*, which struck down a California law that forced certain speech requirements on pro-life pregnancy centers. In his majority opinion, Justice Thomas stated that "states cannot choose the protection that speech receives under the First Amendment, a s that would give them a powerful tool to impose "invidious discrimination of disfavored subjects."

Justice Kennedy made an even more compelling and forceful admonition of viewpoint discrimination in his concurring opinion, opining that the California law "is a paradigmatic example of the serious threat presented when government seeks to i mpose its own message in the place of individual speech, thought, and expression" ... and that it "compels individuals to contradict their most deeply held beliefs, beliefs grounded in basic philosophical, ethical, or religious precepts, or all of these." *In that case, the Supreme Court actually reversed several similar bans on so-called "conversion therapy."*

We should expect that any regulatory action that subjects licensed health professionals to misconduct for engaging in this form of speech would receive the same judicial treatment. Fort these reasons, we are notifying this board that this regulatory language is wholly inconsistent with the Constitution, and will thus be ripe for a legal challenge if you approve it.

Project 5824 - Proposed

Board Of Psychology

Unprofessional conduct/conversion therapy

18VAC125-20-10. Definitions.

Part I

General Provisions

The following words and terms, in addition to the words and terms defined in § 54.1-3600 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.

"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.

"Conversion therapy" means any practice or treatment [~~that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender. Conversion therapy does not include:~~

~~1. Psychological services that provide assistance to a person undergoing gender transition; or~~

~~2. Psychological services that provide acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and~~

~~development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such services do not seek to change an individual's sexual orientation or gender identity in any direction~~ as defined in § 54.1-2409.5 (A) of the Code of Virginia] .

"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.

"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.

"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.

18VAC125-20-150. Standards of practice.

Part VI

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

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 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; and

16. Not engage in conversion therapy with any person younger than 18 years of age.

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

	108- Psychology
Board Cash Balance as June 30, 2020	$ 990,080
YTD FY21 Revenue	92,115
Less: YTD FY21 Direct and Allocated Expenditures	309,026
Board Cash Balance as December 31, 2020	$ 773,169

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	67,090.00	73,025.00	5,935.00	91.87%
4002406	License & Renewal Fee	21,730.00	571,065.00	549,335.00	3.81%
4002407	Dup. License Certificate Fee	315.00	115.00	(200.00)	273.91%
4002409	Board Endorsement - Out	2,930.00	2,050.00	(880.00)	142.93%
4002421	Monetary Penalty & Late Fees	50.00	5,755.00	5,705.00	0.87%
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00	0.00%
	Total Fee Revenue	92,115.00	652,080.00	559,965.00	14.13%
	Total Revenue	92,115.00	652,080.00	559,965.00	14.13%
5011110	Employer Retirement Contrib.	4,961.01	9,663.62	4,702.61	51.34%
5011120	Fed Old-Age Ins- Sal St Emp	3,062.39	5,112.50	2,050.11	59.90%
5011140	Group Insurance	484.20	895.52	411.32	54.07%
5011150	Medical/Hospitalization Ins.	3,778.50	8,244.00	4,465.50	45.83%
5011160	Retiree Medical/Hospitalizatn	406.86	748.50	341.64	54.36%
5011170	Long term Disability Ins	221.14	407.66	186.52	54.25%
	Total Employee Benefits	12,914.10	25,071.79	12,157.69	51.51%
5011200	Salaries				
5011230	Salaries, Classified	36,199.54	66,830.00	30,630.46	54.17%
5011250	Salaries, Overtime	4,046.58	-	(4,046.58)	0.00%
	Total Salaries	40,246.12	66,830.00	26,583.88	60.22%
5011300	Special Payments				
5011340	Specified Per Diem Payment	350.00	-	(350.00)	0.00%
5011380	Deferred Compnstn Match Pmts	312.00	576.00	264.00	54.17%
	Total Special Payments	662.00	576.00	(86.00)	114.93%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	247.39	-	(247.39)	0.00%
	Total Terminatn Personal Svce Costs	247.39	-	(247.39)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	54,069.61	92,477.79	38,408.18	58.47%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	39.64	172.00	132.36	23.05%
5012140	Postal Services	1,458.99	4,560.00	3,101.01	32.00%
5012150	Printing Services	1.62	82.00	80.38	1.98%
5012160	Telecommunications Svcs (VITA)	139.83	425.00	285.17	32.90%
5012190	Inbound Freight Services	3.68	-	(3.68)	0.00%
	Total Communication Services	1,643.76	5,239.00	3,595.24	31.38%
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	3,763.31	8,270.00	4,506.69	45.51%
5012440	Management Services	76.89	330.00	253.11	23.30%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012470	Legal Services	-	250.00	250.00	0.00%
	Total Mgmnt and Informational Svcs	3,840.20	8,850.00	5,009.80	43.39%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	85.00	-	(85.00)	0.00%
5012530	Equipment Repair & Maint Srvc	586.84	-	(586.84)	0.00%
	Total Repair and Maintenance Svcs	671.84	-	(671.84)	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	432.00	432.00	0.00%
5012660	Manual Labor Services	184.76	427.00	242.24	43.27%
5012670	Production Services	172.41	935.00	762.59	18.44%
5012680	Skilled Services	4,001.23	13,815.00	9,813.77	28.96%
	Total Support Services	4,358.40	15,609.00	11,250.60	27.92%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	351.90	3,572.00	3,220.10	9.85%
5012830	Travel, Public Carriers	-	5,000.00	5,000.00	0.00%
5012850	Travel, Subsistence & Lodging	98.57	1,101.00	1,002.43	8.95%
5012880	Trvl, Meal Reimb- Not Rprtble	62.25	1,139.00	1,076.75	5.47%
	Total Transportation Services	512.72	10,812.00	10,299.28	4.74%
	Total Contractual Svs	13,776.92	43,260.00	29,483.08	31.85%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	5.30	-	(5.30)	0.00%
5013120	Office Supplies	334.09	348.00	13.91	96.00%
5013130	Stationery and Forms	-	1,554.00	1,554.00	0.00%
	Total Administrative Supplies	339.39	1,902.00	1,562.61	17.84%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	1.01	-	(1.01)	0.00%
	Total Medical and Laboratory Supp.	1.01	-	(1.01)	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	2.66	-	(2.66)	0.00%
5013520	Custodial Repair & Maint Matrl	0.37	2.00	1.63	18.50%
	Total Repair and Maint. Supplies	3.03	2.00	(1.03)	151.50%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
	Total Residential Supplies	-	126.00	126.00	0.00%
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	343.43	2,040.00	1,696.57	16.83%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Insurance-Fixed Assets	-	32.00	32.00	0.00%
5015300	**Operating Lease Payments**				
5015340	**Equipment Rentals**	295.66	540.00	244.34	54.75%
5015350	**Building Rentals**	9.60	-	(9.60)	0.00%
5015390	**Building Rentals - Non State**	3,143.57	5,970.00	2,826.43	52.66%
	Total Operating Lease Payments	3,448.83	6,510.00	3,061.17	52.98%
5015500	**Insurance-Operations**				
5015510	**General Liability Insurance**	-	120.00	120.00	0.00%
5015540	**Surety Bonds**	-	8.00	8.00	0.00%
	Total Insurance-Operations	-	128.00	128.00	0.00%
	Total Continuous Charges	3,448.83	6,670.00	3,221.17	51.71%
5022000	**Equipment**				
5022100	**Computer Hrdware & Sftware**				
5022170	**Other Computer Equipment**	80.79	-	(80.79)	0.00%
	Total Computer Hrdware & Sftware	80.79	-	(80.79)	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%
	Total Equipment	80.79	122.00	41.21	66.22%
	Total Expenditures	71,719.58	144,569.79	72,850.21	49.61%
	Allocated Expenditures				
20100	**Behavioral Science Exec**	71,260.61	138,099.00	66,838.39	51.60%
30100	**Technology and Business Services**	25,633.10	72,278.51	46,645.41	35.46%
30200	**Human Resources**	8,868.49	8,863.04	(5.45)	100.06%
30300	**Finance**	20,435.12	39,548.55	19,113.44	51.67%
30400	**Director's Office**	7,115.44	14,210.13	7,094.69	50.07%
30500	**Enforcement**	86,551.19	138,414.46	51,863.27	62.53%
30600	**Administrative Proceedings**	5,318.74	34,139.27	28,820.54	15.58%
30700	**Health Practitioners' Monitoring Program**	568.90	1,055.56	486.66	53.90%
30800	**Attorney General**	2,474.42	5,330.34	2,855.92	46.42%
30900	**Board of Health Professions**	6,067.99	10,696.25	4,628.25	56.73%
31100	**Maintenance and Repairs**	227.07	1,418.47	1,191.40	16.01%
31300	**Employee Recognition Program**	4.70	595.63	590.94	0.79%
31400	**Conference Center**	(69.48)	205.52	275.00	33.81%
31500	**Program Development and Implementation**	2,850.10	6,371.02	3,520.92	44.74%
	Total Allocated Expenditures	237,306.37	471,225.75	233,919.38	50.36%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (216,910.95)	$ 36,284.45	$ 253,195.40	597.81%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
4002400	Fee Revenue							
4002401	Application Fee	10,085.00	7,745.00	14,285.00	15,815.00	9,655.00	9,505.00	67,090.00
4002406	License & Renewal Fee	9,845.00	2,700.00	4,490.00	2,585.00	1,775.00	335.00	21,730.00
4002407	Dup. License Certificate Fee	50.00	85.00	80.00	20.00	35.00	45.00	315.00
4002409	Board Endorsement - Out	775.00	760.00	645.00	275.00	250.00	225.00	2,930.00
4002421	Monetary Penalty & Late Fees	-	50.00	-	-	-	-	50.00
	Total Fee Revenue	20,755.00	11,340.00	19,500.00	18,695.00	11,715.00	10,110.00	92,115.00
	Total Revenue	20,755.00	11,340.00	19,500.00	18,695.00	11,715.00	10,110.00	92,115.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	1,124.71	767.26	767.26	767.26	767.26	767.26	4,961.01
5011120	Fed Old-Age Ins- Sal St Emp	680.23	477.29	428.33	484.71	470.87	520.96	3,062.39
5011140	Group Insurance	111.10	74.62	74.62	74.62	74.62	74.62	484.20
5011150	Medical/Hospitalization Ins.	1,030.50	687.00	687.00	687.00	687.00	-	3,778.50
5011160	Retiree Medical/Hospitalizatn	94.96	62.38	62.38	62.38	62.38	62.38	406.86
5011170	Long term Disability Ins	51.24	33.98	33.98	33.98	33.98	33.98	221.14
	Total Employee Benefits	3,092.74	2,102.53	2,053.57	2,109.95	2,096.11	1,459.20	12,914.10
5011200	Salaries							
5011230	Salaries, Classified	8,353.74	5,569.16	5,569.16	5,569.16	5,569.16	5,569.16	36,199.54
5011250	Salaries, Overtime	639.95	717.53	77.57	814.49	633.49	1,163.55	4,046.58
	Total Salaries	8,993.69	6,286.69	5,646.73	6,383.65	6,202.65	6,732.71	40,246.12
5011340	Specified Per Diem Payment	100.00	-	-	50.00	150.00	50.00	350.00
5011380	Deferred Compnstn Match Pmts	72.00	48.00	48.00	48.00	48.00	48.00	312.00
	Total Special Payments	172.00	48.00	48.00	98.00	198.00	98.00	662.00
5011600	Terminatn Personal Svce Costs							
5011660	Defined Contribution Match - Hy	57.09	38.06	38.06	38.06	38.06	38.06	247.39
	Total Terminatn Personal Svce Costs	57.09	38.06	38.06	38.06	38.06	38.06	247.39
	Total Personal Services	12,315.52	8,475.28	7,786.36	8,629.66	8,534.82	8,327.97	54,069.61

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
5012000	Contractual Svs							-
5012100	Communication Services							-
5012110	Express Services	-	-	-	-	39.64	-	39.64
5012140	Postal Services	334.37	63.53	275.51	156.14	217.33	412.11	1,458.99
5012150	Printing Services	-	-	-	-	-	1.62	1.62
5012160	Telecommunications Svcs (VITA)	22.98	23.37	23.37	23.37	23.37	23.37	139.83
5012190	Inbound Freight Services	0.15	-	0.21	-	3.20	0.12	3.68
	Total Communication Services	357.50	86.90	299.09	179.51	283.54	437.22	1,643.76
5012200	Employee Development Services							
5012210	Organization Memberships	-	2,750.00	-	-	-	-	2,750.00
	Total Employee Development Services	-	2,750.00	-	-	-	-	2,750.00
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	3,383.11	188.76	37.11	51.48	-	102.85	3,763.31
5012440	Management Services	44.68	-	21.81	-	10.40	-	76.89
	Total Mgmnt and Informational Svcs	3,427.79	188.76	58.92	51.48	10.40	102.85	3,840.20
5012500	Repair and Maintenance Svcs							
5012510	Custodial Services	-	17.00	17.00	-	51.00	-	85.00
5012530	Equipment Repair & Maint Srvc	-	1.27	-	584.30	1.27	-	586.84
	Total Repair and Maintenance Svcs	-	18.27	17.00	584.30	52.27	-	671.84
5012600	Support Services							
5012660	Manual Labor Services	7.25	108.35	-	8.50	20.73	39.93	184.76
5012670	Production Services	34.30	-	-	37.49	100.62	-	172.41
5012680	Skilled Services	575.10	575.10	921.82	648.34	647.21	633.66	4,001.23
	Total Support Services	616.65	683.45	921.82	694.33	768.56	673.59	4,358.40
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	351.90	-	-	-	-	-	351.90
5012850	Travel, Subsistence & Lodging	-	-	-	-	98.57	-	98.57
5012880	Trvl, Meal Reimb- Not Rprtble	62.25	-	-	-	-	-	62.25
	Total Transportation Services	414.15	-	-	-	98.57	-	512.72

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
	Total Contractual Svs	4,816.09	3,727.38	1,296.83	1,509.62	1,213.34	1,213.66	13,776.92
5013000	Supplies And Materials							
5013100	Administrative Supplies							-
5013110	Apparel Supplies	2.84	-	2.46	-	-	-	5.30
5013120	Office Supplies	65.12	58.64	58.45	-	109.36	42.52	334.09
	Total Administrative Supplies	67.96	58.64	60.91	-	109.36	42.52	339.39
5013400	Medical and Laboratory Supp.							
5013420	Medical and Dental Supplies	-	-	-	-	-	1.01	1.01
	Total Medical and Laboratory Supp.	-	-	-	-	-	1.01	1.01
5013500	Repair and Maint. Supplies							
5013510	Building Repair & Maint Materl	-	2.66	-	-	-	-	2.66
5013520	Custodial Repair & Maint Matrl	-	0.37	-	-	-	-	0.37
	Total Repair and Maint. Supplies	-	3.03	-	-	-	-	3.03
	Total Supplies And Materials	67.96	61.67	60.91	-	109.36	43.53	343.43
5015000	Continuous Charges							
5015300	Operating Lease Payments							
5015340	Equipment Rentals	50.71	48.70	48.70	1.45	97.40	48.70	295.66
5015350	Building Rentals	-	-	-	4.80	-	4.80	9.60
5015390	Building Rentals - Non State	538.70	548.31	526.12	500.12	530.62	499.70	3,143.57
	Total Operating Lease Payments	589.41	597.01	574.82	506.37	628.02	553.20	3,448.83
	Total Continuous Charges	589.41	597.01	574.82	506.37	628.02	553.20	3,448.83
5022000	Equipment							
5022170	Other Computer Equipment	-	-	71.70	(37.66)	46.75	-	80.79
	Total Computer Hrdware & Sftware	-	-	71.70	(37.66)	46.75	-	80.79
	Total Equipment	-	-	71.70	(37.66)	46.75	-	80.79

Virginia Department of Health Professions

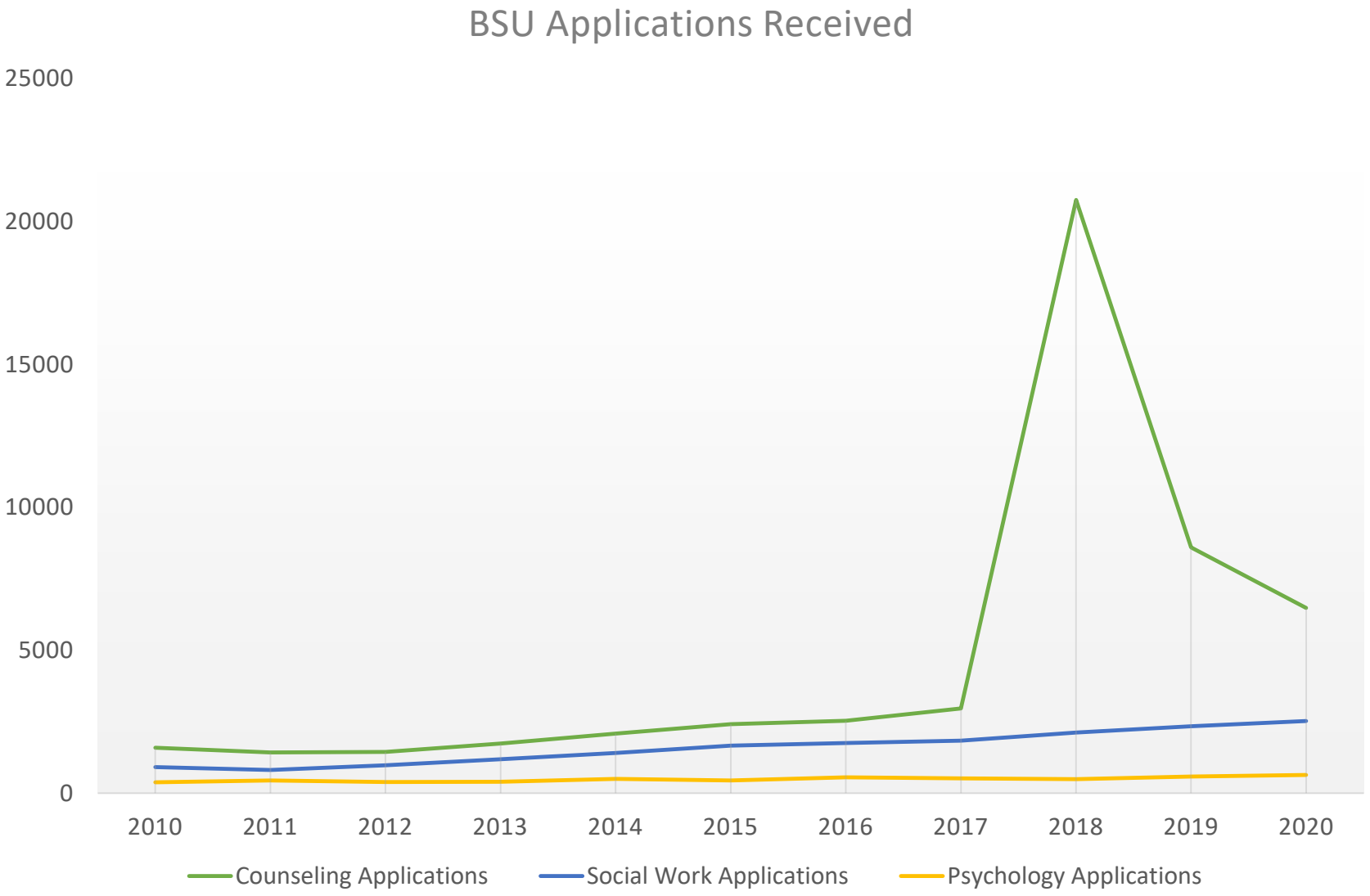
Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2020 and Ending December 31, 2020

Account Number	Account Description	July	August	September	October	November	December	Total
	Total Expenditures	17,788.98	12,861.34	9,790.62	10,607.99	10,532.29	10,138.36	71,719.58
	Allocated Expenditures							
20100	Behavioral Science Exec	16,152.36	10,871.63	10,939.07	11,387.25	11,469.93	10,440.37	71,260.61
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-
30100	Technology and Business Services	5,175.93	3,736.39	4,825.19	3,847.12	2,660.48	5,387.98	25,633.10
30200	Human Resources	48.57	46.56	54.05	8,478.81	82.17	158.33	8,868.49
30300	Finance	4,309.02	3,077.83	3,196.63	5,112.26	1,617.76	3,121.62	20,435.12
30400	Director's Office	1,578.30	1,090.74	1,077.22	1,091.27	1,245.22	1,032.69	7,115.44
30500	Enforcement	22,531.09	13,393.27	13,852.21	13,212.55	13,250.70	10,311.38	86,551.19
30600	Administrative Proceedings	1,075.37	-	1,220.34	509.97	1,489.60	1,023.45	5,318.74
30700	Health Practitioners' Monitoring Program	71.77	480.06	3.81	4.99	4.27	4.01	568.90
30800	Attorney General	1,114.97	-	-	1,359.45	-	-	2,474.42
30900	Board of Health Professions	1,268.88	736.50	1,310.32	680.87	1,465.96	605.47	6,067.99
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	227.07	-	-	-	227.07
31300	Employee Recognition Program	-	2.99	-	-	1.02	0.68	4.70
31400	Conference Center	2.00	9.55	71.91	(1.95)	(7.12)	(143.87)	(69.48)
31500	Program Development and Implementation	611.57	379.17	455.95	359.90	517.05	526.46	2,850.10
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	53,939.83	33,824.68	37,233.78	46,042.48	33,797.03	32,468.56	237,306.37
	Net Revenue in Excess (Shortfall) of Expenditures	$ (50,973.81)	$ (35,346.02)	$ (27,524.40)	$ (37,955.47)	$ (32,614.32)	$ (32,496.92)	$ (216,910.95)

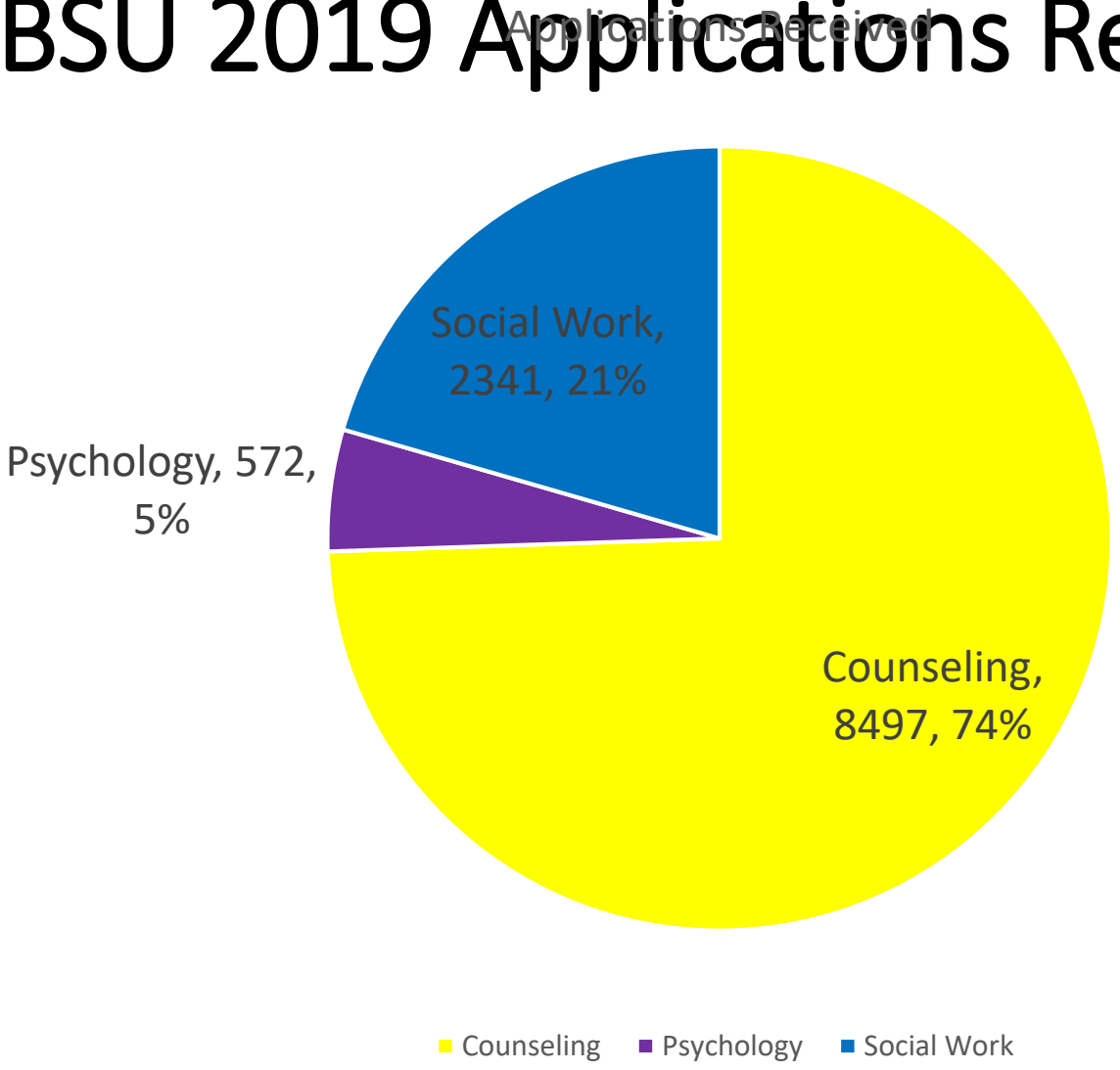
BSU 2020 Year End Report


BSU Applications Received
25000
20000
15000
10000
5000
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
Counseling Applications
Social Work Applications
Psychology Applications

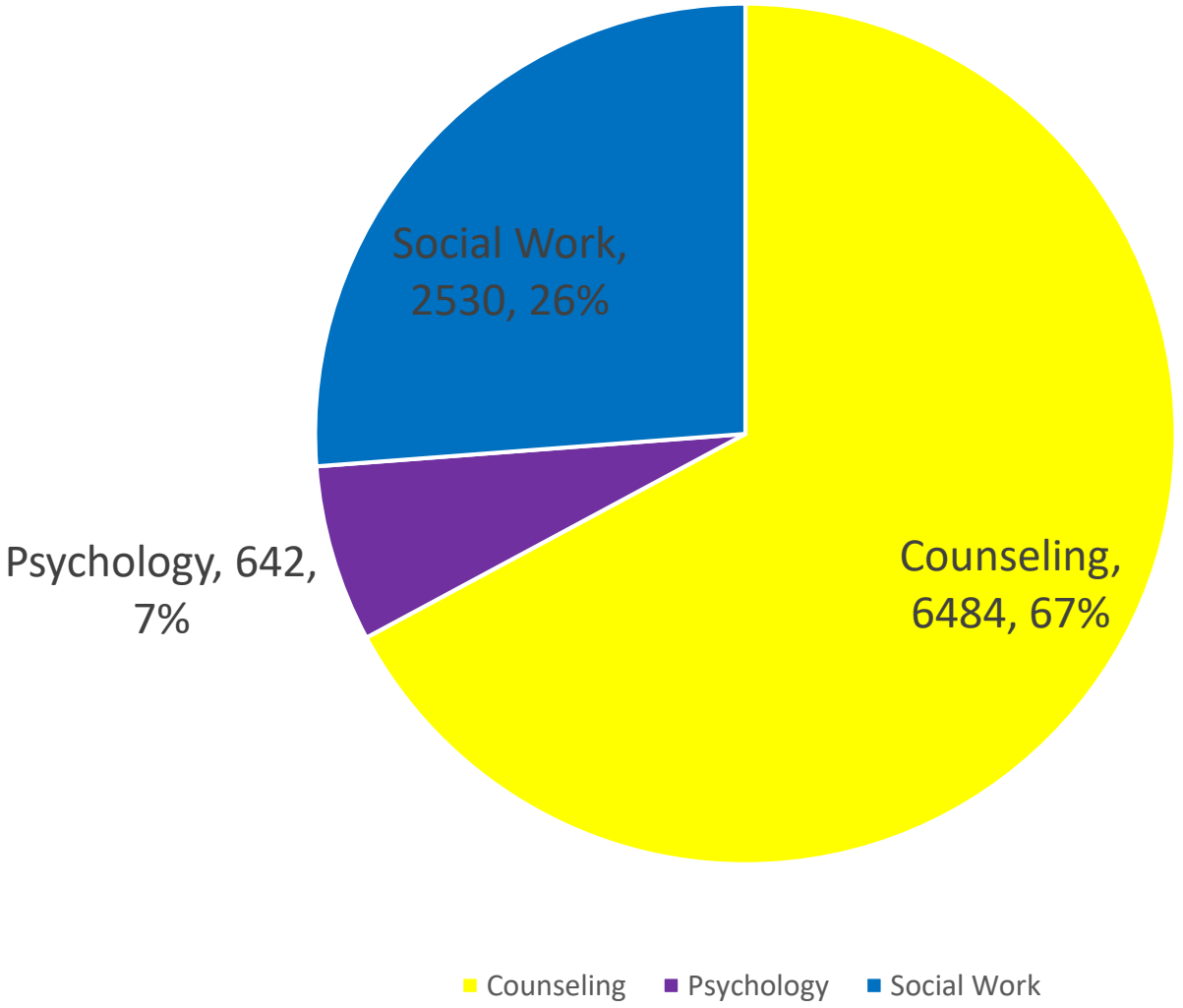
Board of Psychology Applications By Year

Psychology	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
Applied	7	3	5	5	2	7	1	2	3	4	6
Clinical	429	333	257	310	274	240	231	226	189	273	212
Initial Resident in Training	60	62	99	113	128	119	116	103	116	72	78
Add/Change Clinical Supervisor	9	15	25								
School	17	3	3	3	11	3	7	9	7	5	4
Resident in School Psychology	4	4									
School Psy Limited	49	81	62	58	120	49	122	44	56	53	58
SOTP	31	26	21	32	23	29	25	19	21	41	24
SOTP Trainee	30	42	25								
Add/Change Trainee Supervisor	6	13	17								
Total	**642**	**572**	**514**	**521**	**558**	**447**	**502**	**403**	**392**	**448**	**382**

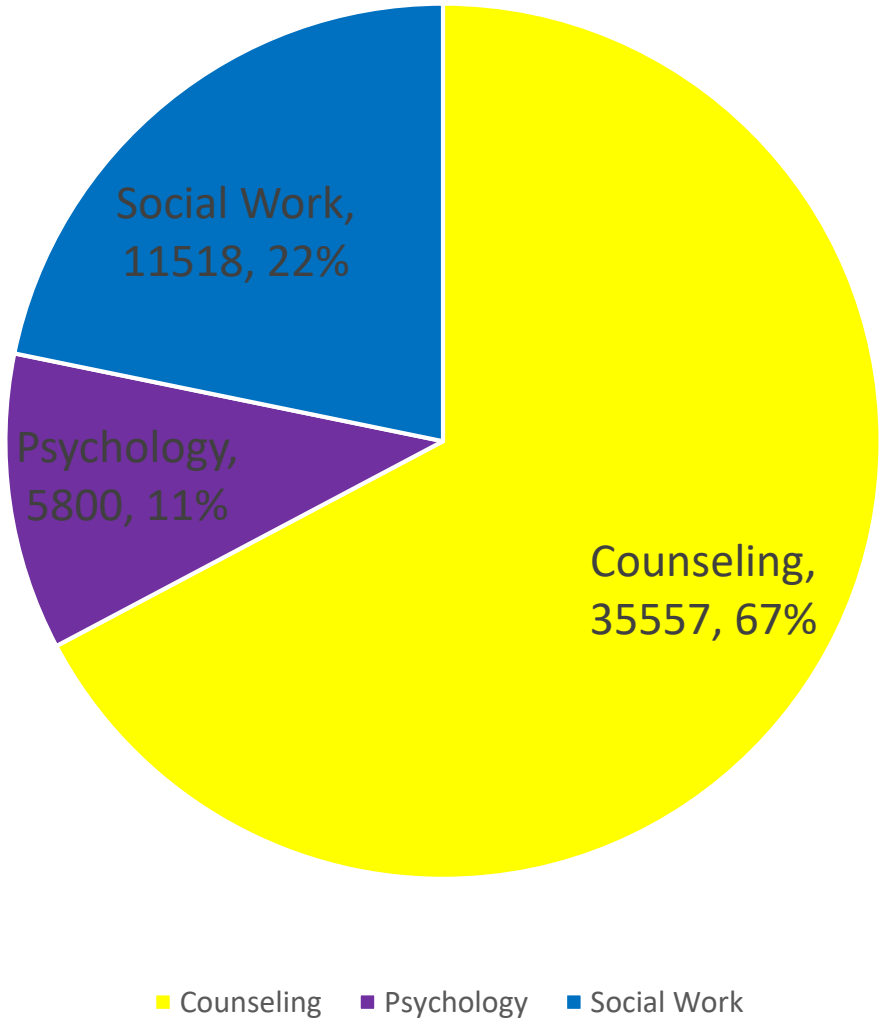
BSU 2019 Applications Received



BSU 2020 Applications Received



BSU 2020 Regulated Professionals by Board



Number of DHP Regulated Professions by Board/Unit (as of January 31,2021)

By Board/Unit	# of Licensees
Nursing	222904
Medicine	75211
BSU	56432
Pharmacy	36982
FUNPALS	18891
VETASLP	15737
Dentistry	15180

Counseling Discipline Cases

Counseling Discipline Cases								
	2020		2019		2018		2017	
Profession	**Received**	**Closed**	**Received**	**Closed**	**Received**	**Closed**	**Received**	**Closed**
CSAC	27	25	24	25	18	13	13	14
LMFT	29	29	37	31	17	13	21	28
LPC	147	140	158	165	103	66	97	95
QMHP-A	70	75	88	55	19	2	0	0
QMHP-C	46	45	54	40	18	1	0	0
Peer	4	1	3	4	1	0	0	0
CRP	0	0	1	1	0	0	1	2
Res in Counseling	36	47	73	53	32	17	26	28
Res in MFT	7	6	4	2	4	2	1	1
CSAC-A	3	3	1	1	1	1	2	1
SA Trainee	7	7	8	5	4	2	3	1
LSATP	11	10	10	9	2	1	2	2
QMHP-T	24	18	8	1	0	0	0	0
Total	**411**	**406**	**469**	**392**	**219**	**118**	**166**	**172**

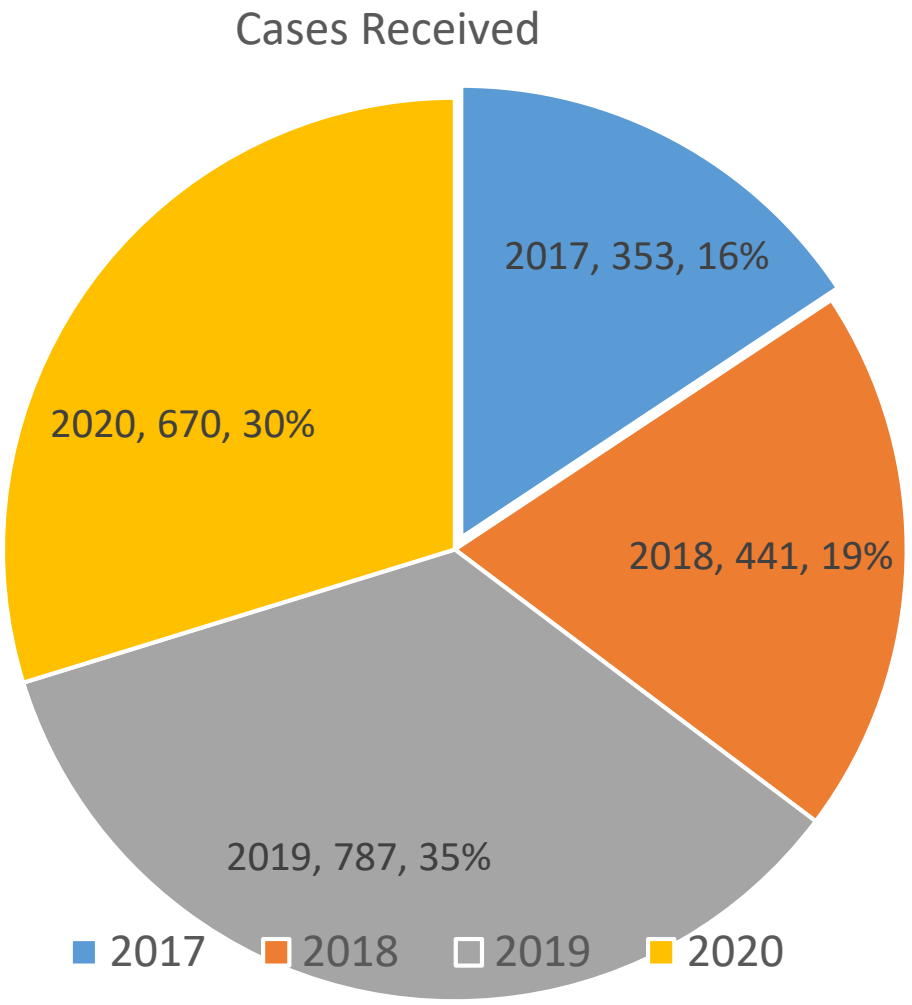
Psychology Discipline Cases

Psychology Discipline Cases								
	2020		2019		2018		2017	
Profession	Received	Closed	Received	Closed	Received	Closed	Received	Closed
Applied	0	0	1	1	0	0	0	0
Clinical	114	102	119	109	85	49	71	109
Clinical Resident	2	3	6	8	6	3	2	0
School	10	5	0	4	2	0	2	3
School-Limited	9	7	2	4	5	1	1	4
SOTP	22	34	45	27	11	5	11	24
SOTP Trainee	1	3	7	5	1	0	0	0
Total	**158**	**154**	**180**	**158**	**110**	**58**	**87**	**140**

Social Work Discipline Cases

Social Work Discipline Cases								
	2020		2019		2018		2017	
Profession	Received	Closed	Received	Closed	Received	Closed	Received	Closed
LCSW	82	137	120	114	98	52	80	111
LMSW	2	3	4	5	4	6	6	3
Registration of Supervision	17	22	14	15	10	7	14	7
Total	**101**	**162**	**138**	**134**	**112**	**65**	**100**	**121**

BSU Discipline Cases Received



PSYPACT COMMISSION NEWSLETTER

January 2021
Volume 2, Issue 1

Reducing regulatory barriers. Increasing access to mental healthcare.

January 2021 Update

Since applications to practice under PSYPACT officially opened on July 1, 2020, we continue to receive a steady number of applications. Psychologists can apply to practice telepsychology by obtaining an ASPPB E. Passport and an Authority to Practice Interjurisdictional Telepsychology (APIT) and/or they can apply to practice temporarily by obtaining an ASPPB IPC and a Temporary Authorization to Practice (TAP). Additional information about the application process and how to start an application can be found on the PSYPACT website at www.psypact.org.

PSYPACT Commissioners

Bob Bohanske
Arizona
Lorey Bratten
Colorado
Shauna Slaughter
Deleware
Don Meck
Georgia
Cecilia Abundis
Illinois
Pam Groose
Missouri
Kris Chiles
Nebraska
Gary Lenkeit
Nevada
Deborah Warner
New Hampshire
Teanne Rose
Oklahoma
Christina Stuckey
Pennsylvania
Patrick Hyde
Texas
Deborah Blackburn
Utah
Jaime Hoyle
Virginia
To Be Named
*North Carolina (*Effective 3/1/2021)*
Mariann Burnetti-Atwell
ASPPB

A Message from the Chair, Don Meck

Although, this has been a rough and trying time for our member states, PSYPACT has moved forward and has had a productive 2020 year. This is what we have accomplished together: We now have 15 states in the compact; wrote and adopted bylaws and rules/regulations; established a revenue chain and budget for 2021 and started issuing APIT and TAP authorizations. I thank all of you for your hard work and diligence. On a rather sad note, this past year we have lost one of our most influential advocates for PSYPACT, Dr. Bob Bohanske. He was instrumental in Arizona being the first state to pass PSYPACT, testified frequently about the need for the compact, and then served as our first Co-Chair. We will miss him, but I believe that he would want us to remember him by continuing to work towards increasing PSYPACT and making sure it survives all of us. I look forward to working with you this year as we expand and grow our organization. Thank you, Don

Donald S. Meck, Ph.D., J.D., ABPP
Chair, PSYPACT Commission

Upcoming Meetings

There are currently no meetings scheduled at this time. Be on the lookout for Doodle polls regarding your availability for upcoming meetings.

Important Announcement

E. PASSPORT FEE WAIVER EXTENDED

The Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) has awarded ASPPB federal funding to help provide support for the 2020 Coronavirus Aid, Relief and Economic Security Act (CARES). As part of the 2020 funding, and in hopes of increasing access to mental health care services via telepsychology, ASPPB has announced that the E.Passport application fee ($400) waiver has been extended through January 31, 2021. Please contact us at info@psypact.org with any questions you have.

The annual PSYPACT Commission meeting was held November 19-20, 2020. Below are a few highlights from the meeting:

Creation and adoption of a PSYPACT Commission Policies and Procedures
Adoption of the PSYPACT Commission Code of Ethics
Election of PSYPACT Commission Executive Board
Appointments to the Rules Committee and the Finance Committee

Newly Elected PSYPACT Executive Board

Don Meck, Chair
Georgia
Pam Groose, Vice Chair
Missouri
Teanne Rose, Treasurer
Oklahoma
Gary Lenkeit, Member at Large
Nevada
Deborah Warner, Member at Large
New Hampshire
Mariann Burnetti-Atwell, Ex-Officio Member
ASPPB

New Commissioner Welcome

The PSYPACT Commission would like to officially welcome Ms. Jaime Hoyle as the newly appointed Commissioner for state of Virginia. As of January 1st, Virginia has become an effective PSYPACT state. Ms. Hoyle currently serves as the Executive Director of the Virginia Board of Psychology and we look forward to working with her.

Meet the Rules Committee

Don Meck
Pam Groose
Deborah Warner
Dan Collins
Patrick Hyde

Meet the Finance Committee

Teanne Rose
Jaime Hoyle
Deborah Blackburn

Committee Charges

Rules Committee: A Rules Committee shall be established as a standing committee to develop uniform Compact rules for consideration by the Commission and subsequent implementation by the states and to review existing rules and recommend necessary changes to the Commission for consideration.

Finance Committee: The Finance Committee shall be established as a standing committee to audit needs, finances, develop state-specific materials, etc.

Verification of PSYPACT Credentials

PSYPACT Commission Staff is happy to provide verification of psychologists PSYPACT credentials. Email info@psypact.org for verifications.

PSYPACT by the Numbers

TELEPSYCHOLOGY

1584 ASPPB E.Passports Issued

1129 PSYPACT APITs Issued

TEMPORARY PRACTICE

173 ASPPB IPCs Issued

69 PSYPACT TAPs Issued

STATE LEVEL BREAKDOWN

State	APITs	TAPs
AZ	70	4
CO	107	4
DE	17	0
GA	122	9
IL	195	12
MO	80	3
NE	16	0
NV	47	5
NH	24	1
OK	14	2
PA	171	5
TX	208	16
UT	58	8

Numbers current as of 12/31/2020

Executive Director's Report

Janet Orwig

Happy New Year! Welcome to 2021. We are excited about PSYPACT's progress in 2020 and look forward to a remarkably busy year in 2021. So far for the 2021 Legislative Session, we have bills introduced in Indiana and Kentucky. More information about those bills can be found in the Legislative Activity section within this newsletter. We are working with several other states and hope to see more legislation within the next few weeks.

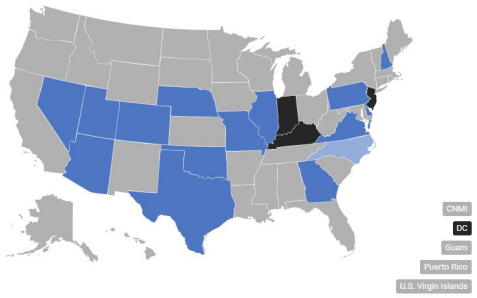
I have been working to develop Commissioner Training Materials and hope to have that ready soon for your review and comments. These materials will be used to provide guidance to new Commissioners as they are appointed to the PSYPACT Commission. A highlight of the topics covered in the training materials includes PSYPACT History and Benefits, PSYPACT Governance Structure and the Roles of Commissioners. I look forward to your thoughts.

I cannot thank you enough for all you do for PSYPACT. It was a successful 2020 and I look forward to working with you all in 2021!

Janet P. Orwig, MBA, CAE
PSYPACT Executive Director

Legislative Activity

2021 Legislative Session Update



Currently, 15 states participate in PSYPACT including Arizona, Colorado, Delaware, Georgia, Illinois, Missouri, Nebraska, Nevada, New Hampshire, Oklahoma, Pennsylvania, Texas, Utah, Virginia and North Carolina (Effective March 3, 2021). As the 2021 legislative sessions have begun, we have legislation introduced in Kentucky as KY HB 38 and Indiana as IN SB 36 and we anticipate several other states to introduce legislation this year as well. We do have carry over legislation active in District of Columbia as DC B145 as well as in New Jersey as NJ A 4205.

Did you know?

PSYPACT is available to host webinars and provide presentations for psychologists in your state to learn more about PSYPACT and how it works. If you are interested, contact us at info@psypact.org. Additional training materials can also be found on the PSYPACT website at www.psypact.org.

Communications Update

Interest in PSYPACT continues to grow! We hear daily from psychologists interested in learning more about the compact and how they can participate and use an email listserv to provide periodic updates about important application updates and information as new states introduce and enact PSYPACT legislation. To date, we have over 3,000 participants in the PSYPACT listserv. To sign up, email us at info@psypact.org or visit https://psypact.org/page/Listserv.

Staff Contact Information

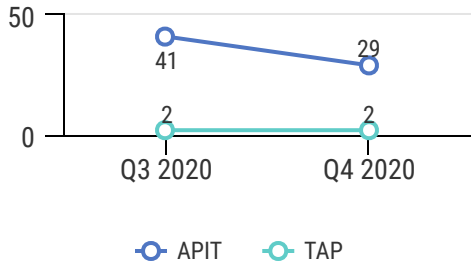
Janet Orwig
PSYPACT Executive Director
jorwig@asppb.org

Lisa Russo
PSYPACT Manager
lrusso@asppb.org

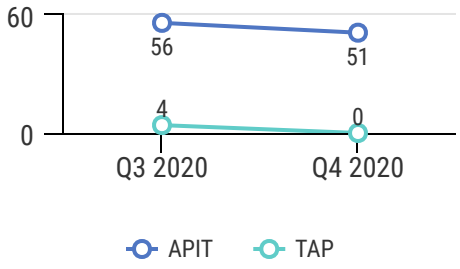
Jessica Cheaves
PSYPACT Specialist
jcheaves@asppb.org

Looking at PSYPACT State Trends

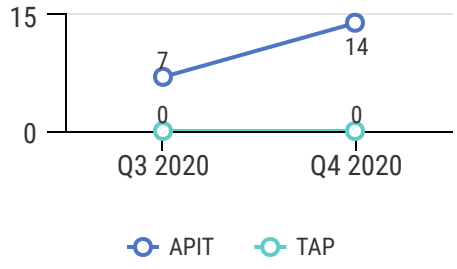
Arizona



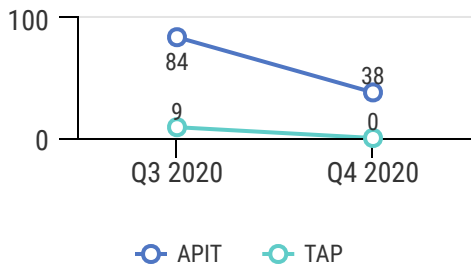
Colorado



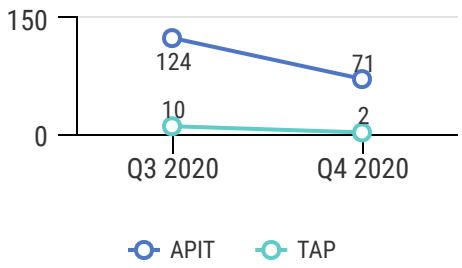
Delaware



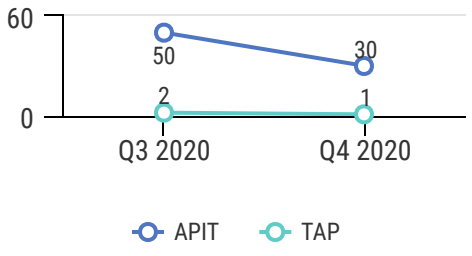
Georgia



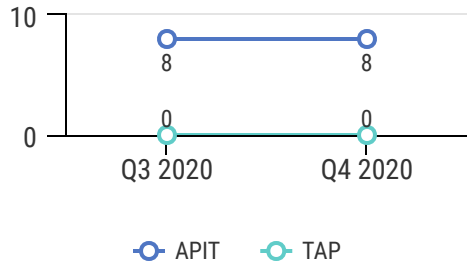
Illinois



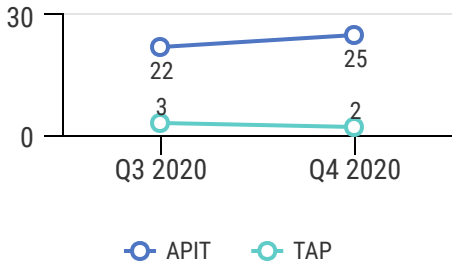
Missouri



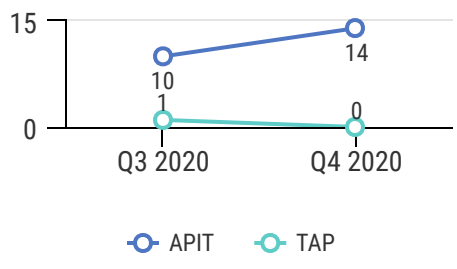
Nebraska



Nevada



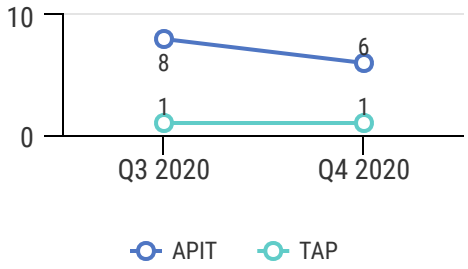
New Hampshire



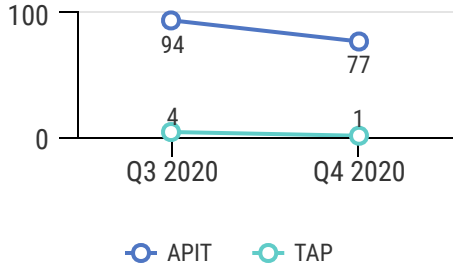
North Carolina

NA

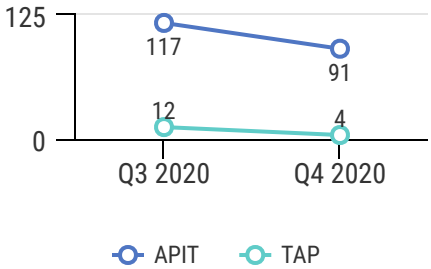
Oklahoma



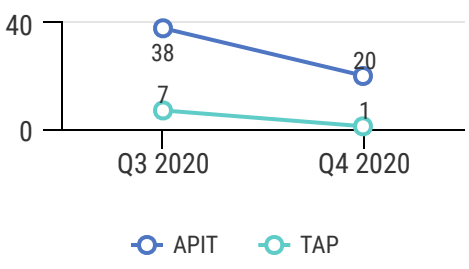
Pennsylvania



Texas



Utah



Virginia

NA

Commonwealth of Virginia

Hoyle, Jaime <jaime.hoyle@dhp.virginia.gov>

ASPPB 2021 Midyear Meeting | Registration Open

1 message

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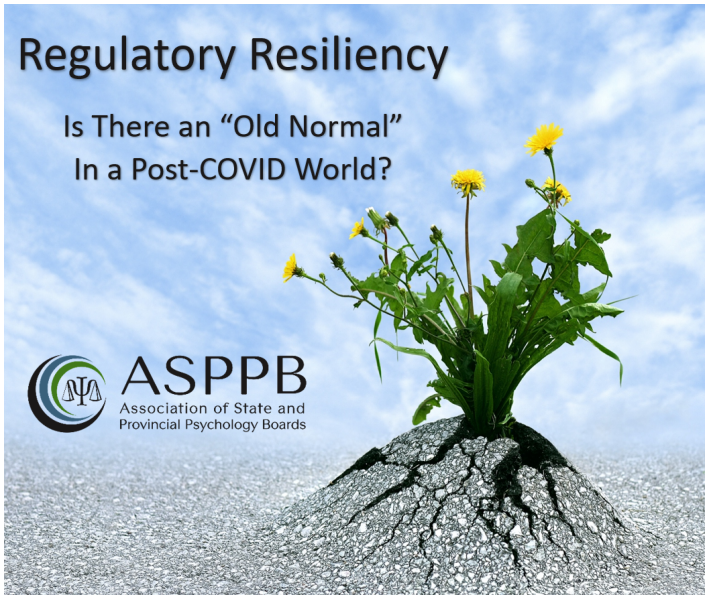
Registration Open!

ASPPB's 35th Midyear Meeting
April 9 & 10, 2021



Registration for the 2021 **virtual** Midyear Meeting is now open.

Registration Fee
The registration fee is $50.00.

Jurisdiction Financial Assistance (JFA)
Please note that each jurisdiction has $500 a year available to use for assistance with meeting expenses. If you want to use this to offset any registration fees for your jurisdiction, please contact Stacey Camp at scamp@asppb.org.

JFA Requirements:

- Current in membership dues
- Report all disciplinary actions to the ASPPB Disciplinary Data System in a timely manner
- Completed ASPPB Handbook on Licensing and Certification, called PSY|Book
- Jurisdiction must be in compliance with all aspects of the administration of the EPPP

Click here to register

MEETING INFORMATION

The draft agenda is now available on our website and you can find this anytime by logging in and using this link: https://www.asppb.net/page/2021MYM

Overall Learning Objectives

As a result of attending this meeting, attendees will be able to:

1. Describe jurisdictional plans for returning to a regulatory "normal" after COVID exemptions and restrictions have been lifted.
2. Assess the new procedures that have been initiated to ensure the EPPP is a fair and valid exam for all test-takers.
3. List three legal trends and regulatory consequences that have resulted from changes made during COVID.

Continuing Education

- Attendance at the 35th Midyear Meeting will give participants the opportunity to earn **5.5** APA-Approved CE credit hours.
- The target audience for the entire conference is psychology board members, registrars, public board members, board staff and attorneys engaging in the regulation of the profession.
- The instructional level of this conference is a broad range from introductory to advanced.

The Association of State and Provincial Psychology Boards (ASPPB) is approved by the American Psychological Association to sponsor continuing education for psychologists. The Association of State and Provincial Psychology Boards maintains responsibility for this program and its content.

APA APPROVED SPONSOR

CONTACT US

Main ASPPB Phone Number: 678-216-1175
Meeting & Events Email: meetinghelpdesk2@asppb.org

Our mailing address is:
P.O. Box #849
Tyrone, GA 30290

Virginia Department of
Health Professions
Board of Psychology

Discipline Reports

10/16/2020 - 01/21/2021

NEW CASES RECEIVED IN BOARD 10/16/2020 - 01/21/2021				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	72	31	19	*122*

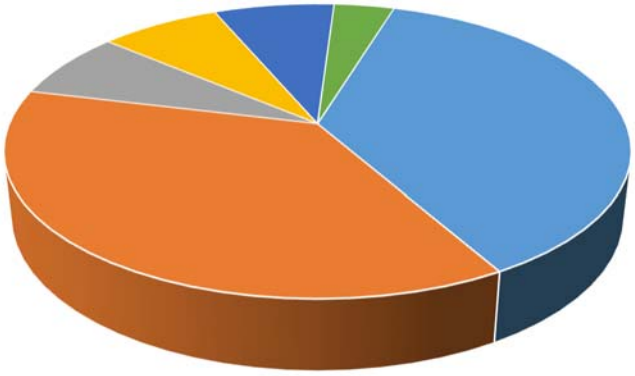
OPEN CASES (as of 01/21/2021)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	74	59	7	
Scheduled for Informal Conferences	23	2	1	
Scheduled for Formal Hearings	6	2	0	
Other (on hold, pending settlement, etc)	24	6	7	
Cases with APD for processing (IFC, FH, Consent Order)	2	5	14	
TOTAL CASES AT BOARD LEVEL	129	74	29	*232*
OPEN INVESTIGATIONS	70	33	12	*115*
TOTAL OPEN CASES	199	107	41	*347*

UPCOMING CONFERENCES AND HEARINGS		
Informal Conferences	Conferences Held:	January 12, 2021
	Scheduled Conferences:	TBD
Formal Hearings	Hearings Held:	n/a
	Scheduled Hearings:	February 9, 2021

Virginia Department of
Health Professions
Board of Psychology

CASES CLOSED (10/16/2020 - 01/21/2021)	
Closed – no violation	23
Closed – undetermined	0
Closed – violation	3
Credentials/Reinstatement – Denied	1
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	27

Closed Case Categories



- Diagnosis/Treatment (10) 1 Violation
- No jurisdiction (10)
- Abuse/Abandonment/Neglect (2)
- Compliance (2)
- Unlicensed Activity (2) 2 Violations
- Applicant (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	250 days
Avg. time in Enforcement (investigations)	101 days
Avg. time in APD (IFC/FH preparation)	74 days
Avg. time in Board (includes hearings, reviews, etc).	142 days
Avg. time with board member (probable cause review)	17 days

Virginia Department of Health Professions
Board of Psychology

PSYCHOLOGY LICENSING REPORT

January 28, 2021

Application Satisfaction Survey for the 2nd Quarter is 95.6%.

TOTALS AS OF JANUARY 28, 2021

Current Licenses	
Clinical Psychologists	4,067
Resident in Training	377
Applied Psychologist	29
School Psychologists	99
Resident in School Psychology	10
School Psychologist-Limited	637
Sex Offender Treatment Provider	444
Sex Offender Treatment Provider Trainee	1134
Total	**5,797**

Virginia Department of Health Professions
Board of Psychology

November 2020

The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 62 new applications.

Current Licenses	
Clinical Psychologists	26
Resident in Training	10
Applied Psychologist	1
School Psychologists	0
Resident in School Psychology	1
School Psychologist-Limited	2
Sex Offender Treatment Provider	2
Sex Offender Treatment Provider Trainee	4
Total	**46**

December 2020

The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 60 new applications.

Current Licenses	
Clinical Psychologists	39
Resident in Training	6
Applied Psychologist	0
School Psychologists	3
Resident in School Psychology	0
School Psychologist-Limited	6
Sex Offender Treatment Provider	5
Sex Offender Treatment Provider Trainee	3
Total	**62**

Virginia Department of Health Professions
Board of Psychology

January 2021

. The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 54 new applications.

Current Licenses	
Clinical Psychologists	21
Resident in Training	7
Applied Psychologist	0
School Psychologists	2
Resident in School Psychology	0
School Psychologist-Limited	4
Sex Offender Treatment Provider	2
Sex Offender Treatment Provider Trainee	5
Total	**41**

Additional Information:

- **Renewals:**
  - 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 for the 2020 and 2021 renewal. This extension did not apply to those individuals who must complete CEs as part of a Board order.

- **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.
  - The Board has currently one full time staff member to answer phone calls, emails and to process applications.

DOCTORAL CLINICAL PSYCHOLOGY /COUNSELING PSYCHOLOGY/SCHOOL PSYCHOLOGY PROGRAMS IN VIRGINIA

PROGRAM (n = 12)	DEGREE	CITY	DEPARTMENT		CONTACT PERSON	TITLE	EMAIL	PHONE
Capella University (Online Program)	Psy.D.		Doctor of Psychology in School Psychology					877-884-0733
Divine Mercy University	Psy.D.	Sterling	The Institute for the Psychological Sciences	APA Accredited	Suzanne Hollman	Director of the Psy.D. Program	shollman.ips@divinemercy.edu	703-416-1441
George Mason University	Ph.D.	Fairfax	Department of Psychology	APA Accredited	Chistine Esposito-Smythers	Program Director	cesposi1@gmu.edu	703-993-1548
University Clinical and School Psychology	Psy.D.	Harrisonburg	Department of Graduate Psychology	APA Accredited	Kenneth Critchfield	Program Director	critchkl@jmu.edu	540-588-6439
Radford University	Psy.D.	Radford	Department of Psychology	APA Accredited	Valerie Leake	Program Director	vleake@radford.edu	540-831-5000
Regent University	Psy.D.	Virginia Beach	School of Psychology and Counseling	APA Accredited	William Hathaway	Dean	willhat@regent.edu	800-373-5504
University of Virginia	Ph.D.	Charlottesville	Curry School of Education	APA Accredited	Jason Downer		jd2fe@virginia.edu	434-924-0792
University of Virginia	Ph.D.	Charlottesville	Department of Psychology	APA Accredited	Daniel Willingham	Graduate Studies	willingham@virginia.edu	434-928-4938
Virginia Commonwealth University	Ph.D.	Richmond	Department of Psychology	APA Accredited	Rosalie Corona	Director of Graduate Studies	racorona@vcu.edu	804-828-8059
Virginia Consortium Program in Clinical Psychology	Ph.D.	Norfolk	Virginia Consortium Program	APA Accredited	Robin Lewis	Director of Clinical Training	rlewis@odu.edu	757-451-7733
Virginia Polytechnic Institute and State University	Ph.D.	Blacksburg	Clinical Science/Department of Psychology	APA Accredited	Angela Scarpa	Director of Clinical Training	ascarpa@vt.edu	
Walden University	Psy.D.							866-924-0304

CLINICAL PSYCHOLOGY INTERNSHIPS IN VIRGINIA

PROGRAM (n = 16)				CONTACT PERSON	TITLE	EMAIL	PHONE
College of William and Mary	Willamsburg	Counseling Center	APA Accredited				
Central Virginia VA Healthcare System	Richmond	Psychology Division, MHSL	APA Accedited	Carina Sudarky-Gleiser		cxuda@wm.edu	757-2213620
Eastern Virginia Medical School Clinical Psychology Internship	Norfolk	Department of Psychiatry & Behavioral Sciences	APA Accredited	Serina Neumann	Director	NeumanSA@evms.edu	757-446-5888
Federal Correctional Complex - Petersburg, VA	Petersburg	Psychology	APA Accredited	Kelli Heck	Internship Program Coordinator	kheck@bop.gov	804-733-7881, ext 4249
George Mason University	Fairfax	Counseling and Psychological Services	APA Accredited	Alexandra Minieri	Associate Director, Training Services	aminieri@gmu.edu	703-993-2380
James Madison University	Harrisonburg	Counseling Center	APA Accedited	Leslie Gerrard	Associate Director for Training	gerrarll@jmu.edu	
Loudon County Public Schools	Ashburn	Department of Pupil Services	APA Accedited				
McGuire VA Medical Center	Richmond			Thomas Campbell	Director	Thomas.Campbell4@va.gov	804-675-5106
Naval Medical Center, Portsmouth	Portsmouth	Psychology Department	APA Accredited				
University of Viriginia/Elson Student Health Center	Charlottesville	Department of Student Health	APA Accedited	Matt Zimmerman	Assistant Director for Training	mz8u@virginia.edu	434-243-5150
Veteran's Affiars Medical Center, Salem VA	Salem	Salem VAMC - Psychology Training Program (116C)	APA Accedited	Dana Holohon	Director of Training for Psychology	Dana.Holohon@va.gov	540-982-2463, ext 1578

Veteran's Affairs Medical Center, Hampton VA	Hampton	Mental Health & Behavioral Sciences (116A)	APA Accedited	Stephanie Eppinger	Director of Clinical Training	stephanie.eppinger@va.gov	757-722-9961
Virginia Commonwealth University	Richmond	University Counseling Services	APA Accedited		Associate Director of Training	uccounseling@vcu.edu	804-828-6200
Virginia Treatment Center for Children	Richmond	VCU, Department of Psychiatry	APA Accedited	Julie A. Linker		jalinker@vcu.edu	804-828-3129
Virginia Beach City Public Schools	Virginia Beach	Psychological Services	APA Accedited	Scott M. Bell	Training Director	scott.bell@vbschools.com	757-263-2700
Virginia Polytechnic Institute and State University	Blacksburg	Thomas E. Cook Counseling Center	APA Accedited				

POST-DOCTORAL FELLOWSHIPS IN CLINICAL PSYCHOLOGY IN VIRGINIA

Program (n =7)							
Central Virginia VA Healthcare System	Richmond	Reabilitation Psychology Postdoctoral Fellowship	APA Accredited				
Hunter Holmes McGuire , RichmondVA Medical Center	Richmond	VA Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) Advanced Psychology Fellowship	APA Accredited	Scott M. Bell	Training Director	Thomas.Campbell4@va.gov	804-675-5106
Naval Medical Center, Portsmouth	Portsmouth	Psychology Department (128Y00A)	APA Accredited				
Veterans Affairs Medical Center, Salem - VA	Salem	Department of Psychology	APA Accredited				

Veterans Affairs Medical Center, Salem - VA	Salem	Department of Psychology	Accredited, on contingency
Veteran's Affairs Medical Center, Hampton - VA	Hampton	Postdoctoral Program in Women's Mental Health and Trauma Mental Health and Behavioral Sciences	APA Accredited
Virginia Commonwealth University Health System	Ricmond	Department of Psychology	APA Accredited

Virginia Board of Psychology

Guidance on Electronic Communication and Telepsychology

The Board's opening statement in its Standards of Practice (Regulation 18VAC125-20-150) applies regardless of whether psychological services are being provided face-to-face, by technology, or another method; it is as follows: "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."

Electronic communication, such as texts and emails related to client/patient care, are included in the Board's interpretation of telepsychology. Telepsychology has become a burgeoning means of delivering both professional assessment and intervention services. Telepsychology services have been implemented in a number of diverse settings to a broad range of clients, and may even be a preferred modality in some instances. With the advent of these tools in the digital age come risks to privacy and possible disruption to client / patient care.

Not all domains and issues related to electronic transmission and telepsychology can be anticipated, but this document provides guidance to psychologists providing telepsychological services to clients in the Commonwealth of Virginia for compliance with the Standards of Practice in Regulation 18VAC125-20-150. These guidelines pertain to professional exchanges between licensed psychologists and their clients/patients/supervisees. Psychologists who choose to use social media are faced with a variety of additional challenges that are not addressed in this document.

<u>Definition of Telepsychology</u>

For the purposes of this guidance document, the Board has adopted the definition of telepsychology developed by the American Psychological Association (APA)/ Association of State and Provincial Psychology Boards/ APA Insurance Trust and reported in their *Guidelines for the Practice of Telepsychology* (2013, p. 792):

> *Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating*

in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted online after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service, while e-mail and text are used for nondirect services (e.g., scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Specific Guidance on Electronic Communication

Psychologists should be cognizant of particular risks for disclosure of confidential patient personal health information (PHI) through electronic (i.e., text and email) communications between mental health professionals and their patients. Although these communication methods share with telephone communications some significant security problems, electronic communications (i.e., phone text and email correspondence) carry particular risk as they can leave a written record of detailed information that is more easily retrieved, printed, and shared with others by any person who has or gains access to either computer device used in these two-way communications. Psychologists are advised to avoid using these tools for communicating any information that discloses a patient's personal health information or treatment details. Electronic communications are considered part of the patient's/client's health record.[1] Even for routine patient scheduling arrangements, psychologists should be aware of and advise patient/clients of associated security risks in the use of these tools. Psychologists should be cognizant of whether they are using a secure communication system. Electronic communications should be succinct and minimal in their number.

Specific Guidance on Treatment / Assessment / Supervision

(1) All provision of telepsychology services - therapeutic, assessment, or supervisory – is expected to be in real time, or synchronous.

[1] See Code of Virginia Section 32.1-127.1:03 definition: *"Health record" means any written, printed or electronically recorded material maintained by a health care entity in the course of providing health services to an individual concerning the individual and the services provided. "Health record" also includes the substance of any communication made by an individual to a health care entity in confidence during or in connection with the provision of health services or information otherwise acquired by the health care entity about an individual in confidence and in connection with the provision of health services to the individual.*

(2) Practitioners of telepsychology in the Commonwealth of Virginia must hold a current, valid license issued by the Virginia Board of Psychology or shall be a supervisee of a licensee.

(3) License holders understand that this guidance document does not provide licensees with authority to practice telepsychology in service to clients/ supervisees domiciled in any jurisdiction other than Virginia, and licensees engaged in out-of-state professional activities bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology.

(4) Psychologists should make every effort to verify the client's/patient's/supervisee's geographic location at the start of each session. If the client/ patient/ supervisee is located outside of Virginia and any other jurisdictions where the psychologist holds a license, the psychologist should contact the psychology licensing board in that jurisdiction to determine whether practice would be permitted or reschedule the appointment to a time when the client/ patient/ supervisee is located in Virginia or another jurisdiction where the psychologist holds a current license.

(5) Psychologists who are licensed in Virginia but are not in Virginia at the time they want to provide telepsychology services to a patient/client/supervisee in Virginia should check with the jurisdiction where they are located to determine whether practice would be permitted.

(6) License holders practicing telepsychology shall comply with all of the regulations in 18 VAC 125-20-10 et seq., including the Standards of Practice specified in 18VAC125-20-150 and 18VAC125-20-160, and with requirements incurred in state and federal statutes relevant to the practice of clinical, school, or applied psychology.

(7) License holders practicing telepsychology should establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge, and should limit their practice to those areas of competence. License holders should establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(8) License holders recognize that telepsychology is not appropriate for all psychological problems and clients/ supervisees, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing clinical, school, or applied psychology through the use of distance communication technologies and should take special care to conduct their professional practice in a manner that protects and makes paramount the welfare of the client/ patient/ supervisee.

(9) Psychologists who provide telepsychology services should make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients and

inform them of any possible increased risks of compromised confidentiality that may be inherent in the use of the telecommunication technologies.

(10) License holders practicing telepsychology should:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) The chronological and developmental age of the client/ patient, and the presence of any physical or mental conditions that may affect the utility of telepsychology. Section 508 of the Rehabilitation Act, 29 U.S.C 794(d) is pertinent to making technology available to a client/patient with disabilities.

(ii) Whether the client's/ patient's presenting problems and apparent condition are consistent with the use of telepsychology to the client's/ patient's benefit; and

(iiI) Whether the client/ patient/supervisee has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs (10)(a)(i) and (10)(a)(ii) and (10)(a)(iii) is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Consider the potential impact of multicultural issues when delivering telepsychological services to diverse clients.

(d) Upon initial and subsequent contacts with the client/ patient/ supervisee, make reasonable efforts to verify the identity of the client/ patient/supervisee;

(e) Obtain alternative means of contacting the client/ patient/supervisee (e.g., landline and/or cell phone);

(f) Provide to the client/ patient/supervisee alternative means of contacting the licensee;

(g) Establish a written agreement relative to the client's/ patient's access to face-to-face emergency services in the client's/ patient's geographical area, in instances such as, but not necessarily limited to, the client/ patient experiencing a suicidal or homicidal crisis that is consistent with the jurisdiction's duty to protect and civil commitment statutes;

(h) Whenever feasible, use secure communications with clients/supervisees, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(i) Discuss privacy in both the psychologist's room and the client/patient/supervisee's room and how to handle the possible presence of other people in or near the room where the participant is located.

(j) Prior to providing telepsychology services, obtain the written informed consent of the client/ patient/supervisee, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations of using distance technology in the provision of clinical, school, or applied psychological services / supervision;

(ii) Potential risks to confidentiality of information because of the use of distance technology;

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

(vi) Who else may have access to communications between the client/ patient and the licensee;

(vii) Specific methods for ensuring that a client's/ patient's electronic communications are directed only to the licensee or supervisee;

(viii) How the licensee stores electronic communications exchanged with the client/ patient/supervisee;

(k) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons while the record is being maintained or when the licensee disposes of electronic equipment and data;

(l) Discuss payment considerations with clients to minimize the potential for misunderstandings regarding insurance coverage and reimbursement.

(11) Documentation should clearly indicate when services are provided through telepsychology and appropriate billing codes should be used.

(12) Psychologists who offer assessment services via telepsychology are expected to have considered and addressed the following broad concerns for any and all tests used with technology:

(a) Preservation of the acceptable psychometric properties (e.g., reliability, validity, normative reference group comparisons);

(b) Maintenance of any expected standardization guidelines in test administration to allow prior psychometric research to remain applicable;

(c) Adherence to scientifically accepted interpretation guidelines;

(d) Acceptability of the evaluation environment;

(e) Full disclosure of the unique risks to clients within a consent to evaluation process;

(f) Anticipation and satisfactory management of technical problems that may arise;

(g) Assurance that the examinee characteristics are adequately matched to normative reference populations;

(h) assurance that examinee identity and associated text results are secure with respect to confidentiality.

(13) In the context of a face-to-face professional relationship, this document does not apply to:

(a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

(b) Telephone or other electronic communications made for the purpose of ensuring client/ patient welfare in accord with reasonable professional judgment.

<u>Recommended References</u>

The Board recommends any psychologist considering the use of telepsychology read and become familiar with the *Guidelines for the Practice of Telepsychology* and the "Practice Guidelines for Video-Based Online Mental Health Services" developed by the American Telemedicine Association (2013). Further, given the complexity associated with telepsychology, psychologists who want to offer such services will want to review other resources. The American Psychological Association (APA) has published several books (e.g., Luxton, Nelson, & Maheu, 2016), including an ethics casebook that is a companion to the APA's *Guidelines for the*

Practice of Telepsychology (Campbell, Millan, & Martin, 2018). In addition, the Ohio Psychological Association has developed a variety of resources, including a model informed consent document and a list of areas of competence for telepsychology (see https://ohpsych.site-ym.com/page/CommunicationandTech).

Other References

American Telemedicine Association. (2013). *Practice guidelines for video-based online mental health services.* Arlington, VA: Author. Available at https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf

Campbell, L. F., Millan, F., & Martin, J. N. (2018). *A telepsychology casebook: Using technology ethically and effectively in your professional practice.* Washington, DC: American Psychological Association.

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *American Psychologist, 68,* 791-800. Available at http://www.apa.org/pubs/journals/features/amp-a0035001.pdf

Luxton, D. D., Nelson, E.-L., & Maheu, M. M. (2016). *A practitioner's guide to telemental health: How to conduct legal, ethical, and evidence-based telepractice.* Washington, DC: American Psychological Association.

PROPOSED GUIDELINES FOR THE OPTIMAL USE OF SOCIAL MEDIA

IN PROFESSIONAL PSYCHOLOGICAL PRACTICE

Correspondence may be addressed to the Practice Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242[1]

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Introduction

Social media have become well established methods of communication for both personal and professional purposes. Many healthcare organizations and academic institutions now rely on social media to support their organizational goals, and some have implemented policies that govern employee, consultant, and trainee use of these media when engaged in professional activities. Many of these policies offer general guidelines for using social media when carrying out professional responsibilities but may not address specific situations commonly encountered by psychologists. In addition, few organizations have developed guidelines for employee use of social media outside the workplace (although there are important exceptions, including The New York Times and The Wall Street Journal; Stewart, 2017). Psychologists who work in private practice or other organizations also may have no policies or guidelines of any kind regarding the use of social media. Given the many benefits as well as the potential challenges and risks presented, guidance regarding the optimal use of social media by psychologists is needed.

The benefits of online communications and social media can hardly be overstated. Many Americans use social media and internet search engines to obtain information regarding physical and behavioral health concerns. In 2017, an estimated 88% of the North American population had used the internet (Internet World Stats, 2018), and the Pew Internet and American Life Project estimated that "8 in 10 internet users go online for health information, making it the third most popular activity online among those in Pew Internet Surveys" (Pew Research Center, 2014). PriceWaterhouseCoopers (PWC) Health Research Institute (2012)

found that 90% of 18- to 24-year-olds indicated they would engage in health-related activities promoted through social media. They also found that nearly 50% of the respondents expect their health care providers to respond within a few hours to appointment requests made through social media and that customers spent 24 times as much time on healthcare consumer community websites than on healthcare company websites.

New health care delivery models are increasingly relying on online health information tools to provide state-of-the-art information about mental and physical health promotion, prevention and wellness, and treatment. Online information about psychological practice also may enhance public awareness of the benefits of behavioral health interventions. In 2015, the US Food and Drug Administration (FDA) began reviewing the growing number of mobile health applications (also known as "mHealth") as digital health companies attempted to meet the growing demand for more sophisticated medical and public health applications that rely on mobile digital devices. The FDA has now approved hundreds of such products (FDA, 2018). New systems for analyzing extremely large datasets to reveal patterns and trends, often referred to as "big data" analytics, are also being used to better understand the epidemiology and outcome of diseases, including behavioral health influences on common illnesses such as diabetes and cancer.

Leading government agencies as well as health service providers have used social media to collect data and report on health issues and trends. For example, the US Centers for Disease Control uses social media to provide access to credible, science-based health information using a wide variety of social media tools to reinforce and personalize messages, reach new

audiences, and build a communication infrastructure based on open information exchange. "Connect with SAMHSA" (the Substance Abuse and Mental Health Services Administration) enables policymakers and the public broad access via social media tools such as Facebook, Twitter, the SAMHSA blog, and YouTube to learn more about SAMHSA's behavioral health, substance abuse and mental illness resources, campaigns, and advocacy programs. The American Psychological Association (APA) uses social media to share research findings, psychology news, and other information with its members, policymakers, and the general public.

Psychologists have been increasingly active in their use of social media, a trend that reflects the increased use of these media by the public in general. In 2016, 69% of American adults were identified as active users of social media (Pew Research Center, 2017). As more people have adopted social media, the user base has also grown more representative of the general population, with younger adults continuing to use these media at high levels and usage by older adults increasing dramatically. Psychologists in training, including graduate students and those newly post-graduate, are particularly active users of social media (Lehavot, Barnett, & Powers, 2010). It is therefore important that psychologists become familiar with these new internet-based tools and understand how they can be used to communicate, educate, and optimize psychological practice and advance public health and well-being. This familiarity is particularly important in integrated primary care settings where these tools are increasingly being employed.

The development of social media has greatly increased opportunities for communication among individuals, groups, and the public in general. The potential of these new opportunities is so great that many organizations employing psychologists encourage them to interact with the public using Facebook pages, Twitter accounts, and other social media tools. Psychologists working in private practice often use social media in similar ways. However, there are a variety of risks and challenges associated with leveraging the power of social media. For example, the personal use of social media for communicating with friends, relatives, and social groups needs to be carefully distinguished from their professional use because the responsibilities and risks incurred as a result of one's professional role as a psychologist are very different from those assumed by private citizens interacting on a social basis. It is also important to consider how clients, other professionals, public officials, and citizens in general view psychologists' use of social media. Despite the efforts psychologists might employ to distinguish between personal and professional uses of social media, internet users may not recognize those same distinctions nor interpret them in the manner intended.

It is also critical to recognize that the use of social media involves public communication that is normally quite distinct in nature and purpose from communication with patients and clients receiving health care and other professional psychology services. The provision of health services is conducted through private, professional relationships that are legally and professionally regulated by a range of requirements involving confidentiality and the security of protected health information (see, e.g. HIPPA; APA Standards for Educational and Psychological Testing, APA, 2014; APA Guidelines for the Practice of Telepsychology, APA, 2013). Failing to

differentiate professional communication within the context of health service delivery from public communication through social media can have significant consequences for both health care providers and their clients.

Psychologists seeking professional guidance on these issues turn to resources such as the APA "Ethical Principles and Psychologist's Code of Conduct" (hereafter referred to as the Ethics Code; APA, 2010), licensing laws, professional guidelines, and workplace policies. With the advent of social media, however, psychologists must address familiar ethical and professional issues (e.g., confidentiality, self-representation, advertising, making public statements supported by research, dual relationships) in an entirely new and constantly changing media environment. Workplace policies tend to address professional aspects of social media use related to managing risk for the workplace. Few policies or guidelines are available, however, to help psychologists use social media to build their professional practice or increase their visibility; promote and optimize health service provision, research, education, and advocacy; while also managing the multiple roles and responsibilities that psychologists have with their clients, their profession, and the public at large. The guidelines described below are designed to educate psychologists and provide a framework for the optimal use of social media in professional psychological practice.

Definitions

The World Wide Web has evolved dramatically over recent decades and defining "social media" precisely has been challenging. Prior to the development of Web 2.0 in the late 1990s and early 2000s, many static websites were created to convey content similarly to the way

traditional print media conveys content in a unidirectional manner from author to reader (Cormode & Krishnamurthy, 2008). With the emergence of Web 2.0, however, technologies became available that allowed users to contribute to website content by commenting on published articles or otherwise participating in online discussions. These newer technologies, Facebook and Twitter being among the best known, are generally now referred to as "social media" (Obar & Wildman, 2015).

Some definitions of social media are broader and include technologies that allow users to create and share content (e.g., by publishing webpages) as well as applications that allow users to actively participate in social networking through Facebook or Twitter (e.g., Oxford Dictionaries, 2018, define "social media" as "Websites and applications that enable users to create and share content or to participate in social networking"). Other definitions only emphasize social networking (e.g., Merriam-Webster, 2018, defined "social media" as "forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content [such as videos]"). At the time of this writing, some of the most popular types of social media platforms include social networking sites such as Facebook, microblogging sites such as Twitter, content sharing platforms such as YouTube, blog publishing media (e.g., Blogger), open-source content management system (CMS) (e.g., Wordpress), and livestreaming and livecasting programs (e.g., Facebook Live, Livestream, Periscope, YouTube live streaming).

Electronic mailing lists or "listservs" have become a common means for professionals to communicate and network with colleagues. Listservs are usually not accessible to the public

and are often intended to remain confidential among the listserv members, and consequently some experts do not consider them to be forms of social media. Regardless of the definitional issue, psychologists are aware that confidential listserv use should not be assumed, listservs are not Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule compliant, and the membership on listservs may be quite large and difficult to ascertain. Though listservs do not provide ready public access in the same manner as many social media platforms, they also do not provide the security and confidentiality required when providing health services. Alternative platforms known as private online communities do provide HIPAA-compliant communication for confidential discussions of clinical cases and other professional issues among a clearly identified group of colleagues (e.g., Doximity, Sermo). Though listservs may not fall clearly within common definitions of social media, psychologists are mindful that the limits of listserv security and confidentiality result in them sharing some similarities with public social media tools. Therefore, several of the guidelines discussed below also apply to psychologists' use of listservs.

Professional psychology practice encompasses a wide range of settings and services. This document was written to provide guidance primarily to psychologists engaged in health service, forensic, industrial-organizational, and consulting psychology. However, many of the guidelines will be applicable for psychologists engaged in education, research, policy, and other activities as well.

The guidelines discussed below are focused on psychologists' use of online social networking tools though the use of related internet technologies is addressed when it seems

pertinent and useful. Online communication technologies obviously continue to evolve, and sometimes very quickly, which also highlights the need to keep current and be thoughtful when considering the opportunities and risks they present.

Purpose of Guidelines and Guidelines Terminology

These guidelines are designed to educate psychologists and provide a framework for making decisions regarding optimal social media use in professional psychological practice. They were developed as a companion document to the APA Guidelines for the Practice of Telepsychology (APA, 2013) which serve to educate and guide psychologists on aspects of health service provision using telecommunications technology, often referred to as *telepsychology*. Health services offered through telepsychology occur in a very different context than social media which are, by definition, accessible to the public. Therefore, efforts have been made throughout this document to distinguish the optimal use of social media by psychologists from the practice of telepsychology.

Guidelines are statements that suggest or recommend specific professional behavior, endeavors, or conduct for psychologists. They differ from standards which are mandatory and may be accompanied by an enforcement mechanism. Guidelines, on the other hand, are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help facilitate a high level of practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional situation. They also are not definitive and are not intended to take precedence over the judgment of psychologists (APA, 2015).

The guidelines described below are intended to provide a general framework for psychologists to make full and appropriate use of social media in their professional practice. Such use is, of course, always informed by the APA Ethics Code and legal and regulatory requirements. Ethical standards for psychologists' use of social media and all their work-related conduct require a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems (APA, 2010). Within these guidelines, more directive language is used when a particular guideline is based specifically on mandatory provisions of the Ethics Code or law. However, guidelines are not intended to be enforceable rules, but to help psychologists identify ways that the enforceable rules, such as the Ethics Code and legal and regulatory requirements, might be applied appropriately.

Interaction with State and Federal Laws

A variety of specific state and federal laws and regulations govern the practice of professional psychology with respect to social media. To the extent possible, this document attempts to provide guidelines that are consistent with those laws and regulations. In the event of a conflict between these guidelines and any state or federal law or regulation, the law or regulation in question supersedes these guidelines. It is anticipated that psychologists will use their education, skills, and training to identify the relevant issues and attempt to resolve conflicts in a way that conforms to both law and ethical practice. Psychologists are aware that they should consult a qualified attorney when particularly difficult questions or concerns arise regarding usage of social media and professional practice.

Expiration

These guidelines are scheduled to expire 10 years from [insert the date of adoption by APA Council of Representatives]. After this date, users are encouraged to contact the APA Practice Directorate to determine whether this document remains in effect**.**

The Guidelines

Section 1. Importance and Relevance of Social Media

Guideline 1.1. Psychologists are aware that social media can be highly useful for improving public access to information about behavioral health, psychological services, and the integration of behavioral health within primary, secondary, and tertiary health care.

Rationale. Online social media platforms represent a very important asset for psychologists. These communication tools provide opportunities for educating the public about behavioral health and psychological services as well as broader interrelated health issues. They can also be very useful for reaching individuals from underserved populations, disabled individuals without access to transportation, and those living in remote areas. Though many individuals do not have online access (an estimated 12% of North Americans did not use the internet in 2017; Internet World Stats, 2018), very large proportions of those with internet access use it to obtain information about behavioral and physical health. In fact, Pew Research Center (2014) found that obtaining health information via the internet was the third most popular online activity, utilized by approximately 8 in 10 internet users. Social media provides a

valuable opportunity for psychologists to directly communicate with the wider public about health issues and psychological services.

Application. Psychologists are mindful of the great potential that social media and other online platforms have for promoting the health and well-being of the general public. A variety of online social media tools can be used to reach individuals across geographic and socioeconomic lines and from many different diagnostic and health status groups. These tools provide opportunities for psychologists to efficiently share reliable, research-based information that can help individuals prevent behavioral, physical, and other problems from occurring or from increasing in severity, access the health services they need, and promote health and well-being in general.

To effectively realize the potential of social media for these purposes, however, psychologists also need to be mindful of the many ethical, legal, and professional issues that arise when communicating with the public using these tools. Social media present the opportunity to easily engage in a variety of therapeutic and extra-therapeutic interactions with clients and others that can be problematic. Psychologists working and living in rural and other close communities are familiar with how easily professional boundaries can become blurred and strive to maintain awareness of potential boundary and role conflicts that can arise in personal and professional interactions. These same boundary and role conflicts can arise within the context of social media interactions. The guidelines discussed below highlight psychologists' obligations to protect the privacy and confidentiality of clients, ensure the accuracy of their

communications, avoid communication with past or current clients that can compromise professional boundaries, and be aware of additional issues that are critical to the ethical and professional use of social media, such as a clear delineation between personal and professional usage. Psychologists also need to be aware that participating in social media opens a public record of their communications that is searchable by current and potential future clients, students, research participants, legal and regulatory professionals, employers, and others (Kolmes, 2012).

Guideline 1.2. Psychologists are mindful of social media's growing importance as a tool for communicating and engaging with interested groups of clients, students, peers, and other stakeholders around particular health issues, thereby adding value to health services, research, and education.

Rationale. Social media is a nearly instantaneous form of communication that has great potential for public engagement in myriad aspects of health and healthcare. Psychologists are mindful of social media's growing importance in the public health arena, including applications that facilitate communication, collaboration, and sharing of information among groups of interested parties (Deloitte Center for Health Solutions, 2016). For example, it is estimated that one-third of Americans who go online to research their current health conditions also use social networks to find fellow consumers and discuss their conditions with them (Elkin, 2008; Korda & Itani, 2013). In addition, 36% of social network users consider other consumers' experience and knowledge before making health care decisions (Keckley & Hoffman, 2010).

Psychologists are also mindful of the potential for social media to add value in the provision of health services. For example, social media enables psychologists to connect with medical patients or family members of medical patients who are coping with particular medical conditions (Fox, Pew Internet and American Life Project, 2004; Ferguson (2007). A prominent example of this is Crohnology.com which is one of the most closely watched experiments in the use of social media to facilitate treatment and promote health among clients with a particular condition. This social network provides clients with Crohn's, colitis, and other inflammatory bowel conditions with a means to track symptoms, share information on nutrition, diet and remedies, and provide support and encouragement to each other. These opportunities involving real-time interaction, support, and access to information serve to increase clients' efficacy in self-care and disease management, and have the potential to improve the delivery and even the economics of health care. The participation of psychologists on these types of sites when they are patients or consumers themselves, either when they possess professional expertise in the subject matter or not, also raises questions involving multiple roles and relationships. The sections below address several issues to consider when pursuing these types of participation.

Social networks also hold considerable potential for health care research and policy because they can be used to reach stakeholders, aggregate information, and leverage collaboration (Keckley & Hoffman, 2010). For example, social media can be an important tool for advancing the understanding of the epidemiology and etiology of a variety of behavioral and physical health conditions by facilitating the collection of very large datasets from individuals

coping with particular conditions that can then be investigated through big data analytics. Hence, psychologists are, in fact, stakeholders in the use of social media for research on questions that are best addressed through big data analytics and related procedures.

Application. Psychologists who utilize social media are encouraged to maintain and update their working knowledge of social media for communicating with various audiences regarding health and psychological well-being. This may include seeking professional development opportunities or collaborating with a community of learners. Effective models are also being developed that exemplify how social media can responsibly reach and engage consumers. For example, the Mayo Center for Social Media (MCCSM) is a first-of-its-kind social media center that aims to advance health globally by accelerating the application of social media tools across the Mayo Clinic system through broader and deeper engagement by hospitals, medical professionals, and clients. Mayo has also established a Social Media Health Network (SMHN) that provides tools, resources, and guidance for organizations as well as individuals who want to use social media for health education and health care. Johns Hopkins Hospital likewise has a wide range of social media resources for communicating with various client and other groups about issues of common interest (Malcomson, 2016).

It is also recommended that psychologists encourage the organizations they work for and/or support to develop and implement policies addressing the use of social media for sharing and discussing information and work products within relevant communities. Within professional psychology education, for example, social media are being used to support student education and mentorship (e.g., the Association of Psychology Postdoctoral and Internship

Centers (APPIC) Intern-Network listserv facilitates the discussion of professional psychology internship issues among internship applicants and current interns as well as training directors and other psychology professionals). It is also common for the divisions of APA and other psychological organizations to use blogs and listservs for communication among their members. Such networks provide opportunities for psychologists to address a wider range of concerns and needs and within a much shorter time frame that was traditionally the case. Psychologists, students, and others using these networks need to keep in mind, however, the public or potentially public nature of most of these networks (see the next section below). Psychologists should also be aware of the various legal concerns pertaining to the use of listservs with respect to professional practice, including anti-competitive activity, privacy, and ethics. Psychologists working in educational, clinical, research or any other type of setting are also mindful of the need to educate and train students and staff under their supervision in the appropriate use of social media (see Section 3 below).

Professional Ethics

2. Ethical and Professional Issues

Guideline 2.1. Psychologists are mindful of the public nature of social media and that their privacy and confidentiality often are not protected nor expected on social media.

Rationale. In their commitment to increasing scientific and professional knowledge, psychologists strive to help the public develop informed judgment and choices concerning

human behavior (APA Ethical Code: Preamble). This can occur through a variety of means, including social media. Though the use of social media may facilitate this goal, it may also pose an increased risk to practitioner privacy and confidentiality, revealing personal information that, in the past, has remained private. Online information about the psychologist allows greatly increased exposure to past, current, and prospective clients; other professionals, including supervisors, peers, and supervisees; as well as the public in general. Therefore, psychologists using social media are encouraged to become educated on how to protect their own privacy, the privacy of their family and friends, the privacy of their clients, as well as the privacy of the family and friends of clients. To address these concerns, psychologists are encouraged to learn how to develop social media use policies, how to monitor the accuracy of information about them on social media, and when and how to inform their clients about their social media practices and policies.

Application. Psychologists who use social media remain cognizant of the boundaries of their competence (Ethics Code 2.01) and take reasonable steps to ensure their competence in using new techniques and technologies (Ethics Code 201[c]). Before using social media, psychologists are encouraged to become informed about the nature and technology of social networking sites including the processes by which information is shared and stored, as well as the circumstances under which it may be sold or otherwise displayed, distributed, or published by unknown parties. Similarly, inasmuch as some platforms (e.g., Facebook, LinkedIn) scan user contact files and display identity information to others as possible “friends” or connections, psychologists carefully consider the implications of granting access to these platforms when

queried, periodically review the permissions they previously granted, and/or are careful to maintain separate contact files for personal versus professional pages.

In all circumstances, psychologists recognize that privacy and protection of confidentiality are not to be expected when using social media. Psychologists understand that all information posted on social media platforms is posted with the implicit understanding that it might be seen by clients, people involved in the lives of clients, colleagues, employers, students, or any member of the public.

Participating in social media can offer the semblance of anonymity and foster increased disclosure as a result (Ma, Handcock, & Naamnan, 2016; Qian & Scott, 2007). Therefore, psychologists are encouraged to take extra caution to avoid using speech that is potentially libelous or denigrates the reputation of psychology. They are encouraged to refrain from posting direct or indirect references regarding clients, disparaging comments about colleagues or client groups, or opinions that denigrate the reputation of psychological practice, research, or education.

Psychologists also strive to become educated on the unintended but uncontrollable consequences of social media use for personal purposes. For example, some social media tools such as Snapchat hold information only briefly, but screenshots can be made of posts on these ephemeral applications and distributed publicly. The same is true of Facebook pages that are intended to be limited to a private group of individuals (e.g., “Friends” or “Friends of Friends”). Indeed, the Library of Congress has preserved every single tweet ever posted on Twitter from its inception up through the end of 2017; even if an account is deleted the archive may remain

in perpetuity. The Library is continuing to save many tweets beyond 2017 but only those related to significant events and particular themes (Chokshi, 2017). Therefore, psychologists recognize that any post on any social media tool, even when it is intended to be an ephemeral or private posting, may potentially appear in the public domain.

Guideline 2.2. Psychologists are mindful of ethical and legal obligations to maintain client privacy and confidentiality at all times.

Rationale. Participating in social media increases the risk of unintentionally exposing the psychologist-client relationship. Psychologists using social media must be mindful of these risks and legal obligations, considering and addressing them before as well as during their participation in social media. Though social media use can benefit psychology and the public, it creates new challenges to the psychologist-client relationship. Technological advances have altered and will continue to alter professional psychological practice. Nonetheless, psychologists must continue to maintain the privacy and confidentiality of their relationships with clients.

Application. Psychologists remain mindful of ethical principles governing communications, interactions, confidentiality, privacy, and respect for others when using social media for personal or professional purposes. Similarly, psychologists diligently maintain standards of client privacy and confidentiality that apply to all settings, comply with legal requirements, and make every reasonable effort to safeguard the privacy of clients.

Psychologists are aware of the potential need to consult a qualified attorney should questions arise regarding legal privacy concerns and social media usage.

Psychologists carefully consider the risks and rewards that their online activity might pose for their clients. For example, careful and thorough effort is to be applied to camouflage discussions of client case studies, whether they occur in social media or traditional print media (APA Ethical Code 4.07). The same suggestion applies to psychologists who decide that it would be beneficial to consult regarding a client case on a listserv of professional colleagues. Listservs are not HIPAA compliant. Consequently, psychologists need to exercise great care in protecting client privacy if they decide to request consultative input via a listserv. In these cases, psychologists do not disclose personally identifiable information of any kind concerning their clients, students, research participants, organizational clients, or other recipients of their services unless they take reasonable steps to disguise the client, the client has consented in writing, and there is a legal authorization to do so (APA Ethical Code 4.07).

Psychologists also normally request clinical consultations from professionals who are known to possess competence and expertise with regard to their client's circumstances, and psychologists are aware that it may be very difficult to judge the competence of those who respond to a consultation request on a listserv. An alternative format for conducting clinical consultations online is through the use of private online communities that are specifically designed for this purpose, are HIPAA compliant, and where membership is carefully monitored (e.g., Doximity, Sermo).

Use of social media can also invite multiple relationships and psychologists are encouraged to be prepared to respond appropriately (e.g., Facebook may suggest clients or therapists as "friends" simply because geolocation places them in the same clinic). Should breaches of confidentiality or inappropriate multiple relationships occur, psychologists are encouraged to be prepared to take appropriate steps to correct the problems.

Responding to negative comments posted on health care provider or course instructor review sites can be complicated. Psychologists are advised to refrain from attempting to influence such reviews by asking clients not to rate their services online (APA Practice Organization, 2015), nor should psychologists encourage clients to post positive reviews (see Ethics Code 5.05). Before considering any sort of online response to a negative review, psychologists need to recall that their relationships with clients, students, and research subjects are ordinarily protected by confidentiality and any reply should not imply any direct knowledge of or history with any individual with whom one has had a professional relationship protected by confidentiality (APA Practice Organization, 2015). If a psychologist suspects that a colleague or competitor posed as a former client and posted a negative review, however, the psychologist may have recourse by contacting the review website, by filing an ethics complaint, or through other avenues as they would in other situations when their practice is intentionally harmed.

Guideline 2.3. Psychologists consider the risks and implications of using social media and online searches to obtain information about their clients, students, consultees, and others with whom they work on a professional basis.

Rationale. The emergence of social media and internet search capabilities affords psychologists the opportunity to easily obtain online information about their clients, students, and consultees without their knowledge. Despite the public nature of information available on the internet and the potential usefulness of that information, conducting online searches raises ethical issues associated with privacy, informed consent, and self-determination (DiLillo & Gale, 2011). The APA Ethics Code General Principle E states "psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination." While it is expected that clients disclose important information to psychologists during evaluation and treatment, it is also understood that the client determines the type, timing, and means by which personal information is to be disclosed (DeLillo & Gale, 2011). If psychologists seek personal information about clients without first obtaining informed consent for such a search, it could be considered an intrusion on privacy and a violation of their clients' right to self-determination (Barnett, 2008; Clinton, Silverman & Brendel, 2010; DeLillo & Gale, 2011; Lehavot et al., 2010; Tunick et al., 2011). These issues are particularly relevant in the context of clinical treatment, whereas additional considerations may weigh heavily in various forensic, correctional, school, consulting, industrial-organizational, and other contexts—the actual client in these contexts may be an organization or institution, a factor that has major implications for the confidentiality and privacy of all the parties involved (Fuqua, Newman, Simpson, & Choi, 2012).

A key element in evaluating whether an online search violates a client's privacy and self-determination is the question of informed consent. The APA Ethics Code 3.10(a) requires

psychologists to obtain informed consent from clients (or surrogate decision makers as in the case of children) about the services to be provided. Although commonly known to involve other aspects of treatment (e.g., confidentiality, fees, payment), consent also encompasses informing clients about the nature and process of the psychotherapeutic relationship, including approaches and techniques that might be used (Fisher & Oransky, 2008). This could be viewed as including searches for online information involving the client.

Psychologists are also mindful of the unknown reliability of much information on the internet. In addition, psychologists understand that prior information about an individual can bias a psychological evaluation and influence a professional relationship. Possessing information about new or prospective clients obtained online without their prior informed consent places psychologists in the position of deciding how to use unauthorized and potentially unreliable information in a therapeutic manner. Introducing such material in treatment sessions might have the effect of enhancing trust in the therapeutic relationship, but of course it could also harm the relationship as well, while keeping that information to one's self may also affect one's reactions to the client and approach to the professional relationship.

Application. To conform to APA Ethics Code General Principle E and respect clients' right to self-determination, psychologists typically refrain from conducting internet searches on or about therapy clients unless it is needed to provide the service and the clients provide informed consent to the searches. Should a psychologist believe internet searches about their client may be of therapeutic value, obtaining prior informed consent is considered, including making clear when, why, and how an internet search will be conducted. Psychologists consider developing

and revising, as needed, a policy about this aspect of their practice, including clear principles guiding the decision and the circumstances under which the psychologist conducts internet searches about their client. Such a policy can be reviewed and signed by clients as part of the informed consent process before conducting such a search.

Though APA Ethics Code General Principle E suggests that a client's rights to privacy and self-determination might prevent therapists from conducting internet searches on clients without their consent, surveys have found that many mental health providers routinely turn to the internet as a source of information about clients (Clinton, Silverman, & Brendel, 2010; DiLillo & Gale, 2011). Kolmes and Taube (2014) surveyed 227 psychotherapists and found that 28% "accidentally" came across client information online (of those, 70% through Facebook), and 48% reported searching for online information about their clients in non-crisis situations and without their clients' knowledge. Social networking and internet searching have become commonplace for many people, and many student therapists entering the profession, for example, may see little harm in conducting these types of searches. According to this view, information on the internet is publicly available and represents an appropriate and, at times, therapeutically useful source of information about clients (e.g., to check for prior criminal offenses committed by a client, to gain a better understanding of how the client presents her- or himself socially). One circumstance that may justify an online search without the client's consent involves crisis situations when a client presents a danger to him- or herself or others, and information on a client's current whereabouts or the whereabouts of a potential target of the client may be important to preventing harm (Kolmes & Taube, 2014). Nonetheless, to

respect the principle of clients' rights to privacy and self-determination, psychologists are encouraged to consider the ramifications of intentionally seeking out online information about clients and refrain from conducting internet searches about clients without their informed consent unless circumstances warrant such a search.

Guideline 2.4. Psychologists consider the need to avoid contact with their current or past clients on social media if it would blur boundaries of the professional relationship.

Rationale. Within recent history, social media have become a routine aspect of life, dominating aspects of popular culture, and transforming how people, including psychologists, communicate with family, friends, their communities, and the broader society. Unlike traditional forms of communication, social media may broadcast psychologists' personal and professional information to a much broader audience and thereby may be exchanged with individuals with whom psychologists have a therapeutic, supervisory, evaluative, or other type of relationship. This broader dissemination of information may increase psychologists' risk of blurred professional and personal boundaries (Kaslow, Patterson, & Gottlieg, 2011; Zur et al., 2009).

Multiple relationships occur when a psychologist is in a professional role and at the same time is in another role with the same person or another person closely associated with the first person, or promises to engage in a personal role with the person or their close associate in the future (APA Ethics Code 3.05). Psychologists refrain from entering multiple relationships when the relationship could reasonably be expected to impair their objectivity,

competence, or effectiveness in performing their functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships may include individuals with whom the psychologist has had or may have a professional relationship, including those over whom they have supervisory, evaluative, or other authority, including clients, students, supervisees, research participants, and employees (Ethics Code 3.08). This guidance applies to all professional relationships, including those initiated or maintained through social media.

Application. Psychologists are mindful that the risk of engaging in multiple relationships can be increased through social media and hence consider how they will manage this risk. Psychologists who use social media are encouraged to develop self-monitoring strategies such as consulting with colleagues and supervisors (Gabbard, Kassaw & Perez-Garcia, 2011). To manage and control the ease with which clients or prospective clients may access personal information, psychologists who pursue an online presence consider maintaining a professional website and social media accounts separate from their personal web presence, and/or use a pseudonym for their personal account (American Medical Association, 2012; Myers, Endres, Ruddy, & Zelikovsky, 2012). Psychologists are also encouraged to include only professional information on their professional social media profiles (Bratt, 2010), and only personal information on their personal social media profiles.

Whether or not it is appropriate to interact with individuals on professional social media sites depends on the purpose and nature of those sites. For example, if psychologists maintain a Facebook page focused on their psychotherapy practice and “friend” individuals through that

site (and particularly if psychologists encourage their clients to do so), it might be assumed that many of the individuals on the site are or were therapy clients. This could give the impression that these psychologists are encouraging clients to reveal the confidential information that they were in treatment. Therefore, psychologists maintaining a social media site focused on their professional practice consider whether it would be appropriate to not "friend" clients or past clients under any circumstances (see Kolmes, 2010). In other cases, psychologists create social networking sites focused around particular mental health and other issues (e.g., to advocate for and support parents of children with particular behavioral, medical, or educational issues) and not their professional services. They may interact actively with individuals on these sites primarily from the perspective of public education and advocacy, and there may be no reason to suspect that the individuals participating on these sites are or were clients of the psychologist who created the site. Psychologists who use social media are encouraged to consider the specific risks of multiple relationships that their social media use creates and incorporate this issue into their informed consent policy and procedures (see Guideline 2.5 below).

Guideline 2.5. Psychologists are aware of the benefits of establishing a policy regarding their participation in social media and discussing this policy and their use of social media as part of the informed consent process with clients.

Rationale. Psychologists who use social media consider when it is important to adopt a policy that they can then communicate to their clients. Many psychologists work in agencies or

institutions that have explicit policies on social media use. Some of these policies are far more detailed and comprehensive than others and many agencies have no social media use policy. When considering the adequacy of particular social media policies, psychologists give attention to the Human Relations standards of the APA Ethics Code including multiple relationships (3.05), conflicts of interest (3.06), exploitative relationships (3.08), cooperation with other professionals (3.09), informed consent (3.10), and psychological services delivered to or through organizations (3.11). Additionally, their policies should attend to the APA Ethics Code Privacy and Confidentiality standards including maintaining confidentially (4.01), discussing the limits of confidentiality (4.02), recording (4.03), minimizing intrusions on privacy (4.04), disclosures (4.05), and use of confidential information for didactic or other purposes (4.07). The present guidelines provide many useful suggestions for incorporating into one's social media use policy.

Application. Psychologists are mindful of their role and responsibilities when providing professional services and when their involvement with a client requires an informed consent agreement that specifies their approach to using social media. A particularly pertinent issue in this regard concerns multiple relationships (see Guideline 2.3 above). Many psychologists work in agencies where institutional informed consent procedures address these issues, but other psychologists must navigate these issues independently (for a sample policy, see Kolmes, 2010). When appropriate, psychologists inform their clients of their social media use policies at the outset of their relationship and throughout the course of their relationship as needed.

Guideline 2.6. Psychologists are aware that social media provide many opportunities for investigating important research questions but are mindful of the need to guard against the misuse of research involving social media.

Rationale. Social media provide many opportunities to collect data and investigate important research questions into a wide range of topics across the social sciences and human service fields. But social media can also be used to develop tools that, like any other tool, can be used for purposes that undermine individual, community, and societal functioning. Recent controversies involving the use of psychological research and social media tools to promote particular political candidates or parties in U.S. elections (Cadwalladr, 2018) highlight the potential for this problem. Such unconstructive purposes are inconsistent with the overarching purpose of the discipline of psychology. Psychologists are reminded that "The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives" (APA Mission Statement, 2018).

Application. Research that takes advantage of the great efficiency and reach of social media provides many important opportunities to advance the mission and goals of psychology. But social media also provide opportunities to collect and use personal information to target individuals and groups for purposes of manipulating their behavior in ways that do not support the mission and goals of the field. Social media clearly can be used for unconstructive as well as constructive purposes.

Though it is perhaps unlikely that psychologists would intentionally participate in inappropriate manipulative uses of social media, psychologists who are insufficiently diligent about learning the motivations and purposes of particular individuals or organizations could be asked to share their expertise in ways that actively support unconstructive purposes. Therefore, psychologists need to remain mindful that their research and/or their research skills can be exploited for purposes that do not support the mission of the field. As noted in the APA Ethics Code *General Principle A: Beneficence and Nonmaleficence,* "Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence" (APA Ethics Code, 2010).

Guideline 2.7. Psychologists strive to maintain accurate and truthful statements on social media about their own practice, colleagues, the profession of psychology, and other issues, and give special attention to the scientific support and empirical basis for statements made and the limitations of available evidence regarding particular topics.

Rationale. The use of social media affords psychologists the opportunity to make public statements about themselves, their practice, and issues in the field of psychology that reach a broad population. As a result, the public has greatly increased access to valuable psychological information, serving purposes of general education as well as practice promotion. The extremely quick and easy distribution of this information to the public, however, also increases

the potential for statements and information to be misinterpreted and/or be perceived as misleading, deceptive, or even fraudulent. As a result, psychologists are encouraged to carefully review statements concerning one's practice, research, expertise, and issues in the field of psychology generally prior to posting them on social media or other online platforms (see APA Ethics Code 5.01 and 5.04).

Psychologists are governed by the same rights and limitations to public speech that apply to all citizens, including both rights related to freedom of expression and restrictions related to defamation, falsehoods, and other types of damaging statements that may harm the reputation of an individual or the profession. Therefore, psychologists strive to engage in the use of social media with civility and respect. Psychologists recognize the possibility of professional disagreement but refrain from engaging in ad hominin attacks of colleagues. They use social media to present psychological research accurately and fairly, including both its strengths and limitations.

Application. According to the APA Ethics Codes Section 5, public statements and advertising by psychologists are permitted, and social media can be a powerful tool for doing so given their great reach and highly interactive capabilities. Psychologists are aware, however, that inappropriate online actions and posted content may negatively affect their reputations among clients and colleagues, may have consequences for their careers, and can undermine public trust in psychology.

Psychologists hold a position of trust and authority with the public. When using social media to educate the public, psychologists strive to present information that is relevant, valid,

and reasonably current. Psychologists strive to present an accurate and balanced view of research, including both its strengths and limitations. When offering public advice or comment on social media, psychologists are obligated to make statements that are informed through their professional knowledge, training, and experience (APA Ethic Code 5.04). When sharing psychological information and advertising their services, psychologists make reasonable efforts to avoid giving specific advice, offering diagnoses, or otherwise behaving as if they were conducting treatment. Psychologists provide appropriate citations to the authors of any studies discussed and are diligent to avoid plagiarism. They also need to be careful about copyright infringement when using images or content in their social media posts that were generated by others.

Marketing materials on social media or other internet platforms should be developed with the same care as print advertisements or promotions. Just as with print or other media, psychologists are responsible for the accuracy of information about their training, experience, credentials, and qualifications (Ethics Code 5.01), and the accuracy of information included in online promotions of workshops and seminars (Ethics Code 5.03) and media-based presentations (Ethics Code 5.04). As in other forms of advertising and public statements, psychologists do not solicit testimonials from individuals who are vulnerable to undue influence, including current clients (Ethics Code 5.05), nor do they solicit business or clients, directly or indirectly, through another agent (Ethics Code 5.06).

To help fulfill these various standards, psychologists who use social media are encouraged to track, manage, update, and maintain their personal and professional websites,

digital identity, articles, profiles, and digital images. To the extent that is reasonable and practicable, psychologists can also monitor the online information that others have posted about them and verify its accuracy. If they discover inaccurate or inappropriate personal information online, they can consider whether contacting the person who posted the information and/or the website administrator would be appropriate. Students entering the profession may need to remove postings that are dated or no longer appropriate. Faculty and supervisors of students and staff should be aware of this concern as well and address it during training and supervision (see also Section 3 below). Due to the complex skills required to maintain an online social media presence, many psychologists seek the assistance of technology professionals to help optimize their social media presence. Psychologists who utilize others to assist in their social media use and presence are nonetheless responsible for the content of the information (see also Guideline 3.3 below).

Psychologists also consider when it is appropriate to state whether they are or are not representing their employer, institution, or profession when posting particular types of online content. Psychologists strive to be clear when sharing personal opinions on social media versus the findings of empirical research or the positions of employers or institutions and professional organizations with which they affiliate. This is also important when communicating personal support for or endorsement of individuals, groups, products, services, or activities.

Though psychologists frequently share their expertise about psychological topics with the general public, they are mindful of the limitations associated with offering professional opinions about public figures in social or other forms of media. Psychologists offering opinions

based on publicly available information need to ensure that there is appropriate and adequate information to substantiate their statements and conclusions (Ethics Code 5.04, 9.01; for further discussion of this issue, see also Martin-Joy, 2017).

Section 3. Education, Training, and Professional Development Issues

Guideline 3.1. Psychologists are mindful of the need to stay current regarding the benefits and limitations of social media technologies as they evolve and the ethical and professional implications of using these technologies.

Rationale. The creation, development and proliferation of social media technologies is evolving at a rapid rate, and each new social media technology carries with it new benefits and limitations. Therefore, the implications of using these tools in an ethical and professional manner for both personal and professional purposes is also evolving. When considering use of social media, psychologists strive to demonstrate due diligence in their appraisal of these factors to ensure that their use is in a manner consistent with best practices and ethical standards.

Application. To become and remain competent in the use of social media, psychologists receive training on appropriate and ethical uses of social media throughout their career, including graduate school, internship, post-doctoral training, and beyond, as the nature of social media is evolving at a rapid pace relative to many other aspects of psychological practice.

This training often includes attention to the ways social media use impacts confidentiality, risks of blurred professional relationships, and impacts on the therapeutic relationship.

Social media tools are used for a variety of marketing, public education, and advocacy purposes, and their ability to easily target specific segments of the population makes them particularly useful for serving multiple purposes. Professionals can research which social media tools are best for reaching specific groups for particular purposes. Ratings and reviews are available for many social media tools and psychologists can also consult with technical experts on issues related to their strengths and limitations, ways to avoid their misuse, and any related legal issues. Psychologists remain mindful, however, that advice from sources that advocate social media marketing tactics used in contexts other than professional psychology practice (e.g., retail sales, political campaigns) may not be in keeping with the ethical and professional practices of psychologists. Therefore, psychologists should consider consulting with technical experts and sources of information specifically related to professional psychology practice. They might also form their own learning communities around social media topics. Psychologists who use social media strive to be familiar with reliable sources of education, training and professional guidance that are relevant to their use within the context of professional psychology and behavioral health care.

Guideline 3.2. Psychologists are aware of the need to educate and train students and staff under their supervision in the ethical and professional use of social media appropriate to their roles and responsibilities.

Rationale. Many organizations rely heavily on social media platforms to help advance the goals of the organization. Given the ethical and professional considerations discussed throughout these guidelines, psychologists are aware of the training and supervision needs of the students and staff under their supervision in how to use social media effectively, ethically, and professionally. Providing guidance and oversight are essential for ensuring that staff and students represent their organizations accurately, responsibly, and consistent with ethical and professional guidelines.

Application. Clear instructions and ongoing training on new social media tools should be part of one's organizational culture as well as procedures for correcting any unethical or unprofessional behavior that occurs. Distinctions between personal and professional uses of social media should be clarified as well as the benefits and risks to one's self, the organization, and its consumers. The guidelines discussed above should be helpful for addressing these issues. As social media platforms evolve, additional training and the updating of policies may also be appropriate. Training could also be considered regarding ways to safeguard the use of social media from viruses, malware, and hackers, and procedures for handling these situations if they occur.

Some psychologists maintain blogs or Twitter accounts to help educate the public and attract potential clients, and the maintenance of these social media sites may be assigned to a supervisee. In these cases, it will be important to maintain clear guidance and perhaps also written policies about the types of content and information that can be posted on these platforms. Psychologists should also be aware that they may need to use "business associate agreements" with web designers, billing services, information technology support services, or others who have access to HIPAA-protected client information from their practices to ensure that the security and confidentiality of client information is protected (Health and Human Services, 2013).

Guideline 3.3. Psychologists consider the needs for education, training, and professional development among their professional colleagues and collaborators regarding the ethical and professional use of social media.

Rationale. Psychologists frequently collaborate with colleagues in using social media for marketing, teaching, research, public education, advocacy, and other purposes. Psychologists naturally vary in their experience and knowledge of social media and the risks and benefits associated with using particular social media tools. As a result, they may find that some of their collaborators use social media tools in a manner inconsistent with ethical and professional principles and guidelines. Clients, students, managers, administrators, as well as colleagues and the public generally may expect that psychologists should make attempts to notify

collaborators of their problematic social media use and educate them in the appropriate use of these tools (see Ethics Code 1.04).

Application. The misuse of social media is perhaps frequently unintentional and may arise from a lack of understanding of how to use internet-based platforms and tools appropriately. For example, psychologists may unwittingly put themselves in compromising positions when they are included on a Twitter feed regarding ideas to which they do not agree, or a client connects with them on a platform such as LinkedIn and leaves a message that reveals confidential information. Collaborators of the psychologist may want to enhance their social media presence to generate business and might describe work they did that is not accurately portrayed or they might post unprofessional or inappropriate content that represents an organization or the profession poorly. If psychologists notice their collaborators using social media in these ways, they should consider informing them of the potential ethical and professional issues involved so that the collaborators have a chance to change and rectify the behavior (see Ethics Code 1.04).

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AMERICAN PSYCHOLOGICAL ASSOCIATION

Proposed Guidelines for the Optimal Use of Social Media in Professional Psychological Practice

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Thank You to Division 12

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Defining Social Media

- "Web-based and mobile platforms for user generated content that create interactive and highly accessible, and often public dialogues."

  American Nursing Association's Principles for Social Networking and the Nurse, 2011

- "Social media depends on mobile and web-based technologies to create highly interactive platforms through which individuals share, co-create, discuss, and modify user generated content."

  Kaplan & Haenlein, 2010

History and Rationale

- Social media are very important tools for communicating with a variety of audiences as well as the general public
  - 69% of Americans identified as active users (Pew, 2017)
  - 8 in 10 internet users search for health information, the third most popular online activity (Pew, 2014)
- Like with telepsychology services, there are many opportunities with social media, but also challenges
  - Many psychologists have no social media policy
  - Workplace policies tend to manage risks for the workplace, but rarely help psychologists optimize their use of social media

History and Rationale

- APA developed the *Guidelines for the Practice of Telepsychology* in 2013 (i.e., for delivering health services using telecommunication technologies)
  - Aspects of health service delivery strictly governed by law, regulation, and policy
- Need separate guidelines for the use of social media (i.e., for communication and engagement, but not for health service delivery)
  - Social media serves different purposes than telepsychology
  - It is directed towards communication not service provision

Pertinent Ethical Principles

- APA Ethics Code (2010):
  - **Principle A: Beneficence and Non-Maleficence**
    - "Psychologists strive to benefit those with whom we work and take care to do no harm."
- **Principle B: Fidelity and Responsibility**
  - "Psychologists establish relationships of trust…[and] are aware of their professional…responsibilities to society and to the specific communities in which they work."

Pertinent Ethical Principles

- Principle C: **Integrity**
  - "Psychologists seek to promote accuracy, honesty, and truthfulness in the … practice of psychology."
- Principle D: **Justice**
  - "Psychologists recognize that … all persons [are entitled] to access to and … equal quality in the…services being conducted by psychologists."
- Principle E: **Respect for People's Rights and Dignity**
  - "Psychologists respect the dignity and worth of all people, and the[ir] rights … to privacy, confidentiality and self-determination.

Ethics Codes on Social Media

There is very little that explicitly deals with social media.

General Rule: What applies to in-person interactions applies to online interactions.

Refer back to APA Ethics Code (2010) Introduction:

> *"Th[e] Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists .... These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code."*

Proposed Guidelines for Social Media Usage

- Focusing on optimal usage
  - Recognizing that social media is ubiquitous and particularly useful means for engaging and communicating
  - Clarify, for both psychologists and their clients, patients, consultees, students, and collaborators, the considerations that best address effective communication and engagement.
  - Recognize that 8 in 10 internet users go online for health information, making it the third most popular activity online, according to results from the Pew Internet Survey conducted in 2014

Optimal Usage

- Most newly proposed health care delivery models in the US take advantage of social media, particularly as a means for engaging and informing underserved communities and populations (e.g., rural settings)
- Telepsychology has been developed as a particularly active means for engaging underserved communities
- Social media interactions are a more common element included in telepsychology practice proposals
- mHealth apps are a priority now for the FDA
- ACA includes provisions for engaging consumers through social media networks

Defining Optimal Usage of Social Media

- Use of messaging (SMS) systems for communication
- Developing and maintaining a professional blog or social media page, where communications regarding issues pertinent to practice are disseminated
- Engaging in social media based networking (e.g., LinkedIn)
- Utilizing social media for instructional or research purposes
- Linking to and engaging with community and potential consumers through organization social media pages and sites

Defining Optimal Usage of Social Media

- Can you generate other potential options?
- Can you identify the particular merits of these options?

Proposed Guidelines

12 guidelines, organized into 3 sections:

1. Importance and Relevance of Social Media
2. Professional Ethics
3. Education, Training, and Professional Development Issues

Questions for Today's Session

- What may be missing from the proposed guidelines?
- What seems unnecessary and can be reconsidered?
- What might be needing revision, expansion, or refocus, to be clearer and more useful?
- Do the proposed guidelines strike the necessary balance between the positive and negative aspects of social media?
- Is there too much emphasis on encouragement of use or caution about the potential for misuse and difficulties with social media?

Importance and Relevance of Social Media

- Guideline 1.1. Psychologists are aware that social media can be highly useful for improving public access to information about behavioral health, psychological services, and the integration of behavioral health within primary, secondary, and tertiary health care.

Importance and Relevance of Social Media

- Guideline 1.2. Psychologists are mindful of social media's growing importance as a tool for communicating and engaging with interested groups of clients, students, peers, and other stakeholders around particular health issues, thereby adding value to health services, research, and education.

Professional Ethics

- Guideline 2.1. Psychologists are mindful of the public nature of social media and that their privacy and confidentiality often is not protected nor expected on social media.
  - Psychologists should be educated on how to protect:
    - their own privacy
    - privacy of friends and family
    - privacy of clients
    - privacy of family and friends of clients

Professional Ethics Guideline 2.1

- Psychologists should recognize that privacy and confidentiality on social media is not to be expected and may be seen by clients, colleagues, employers, students, and any member of the public:
  - Even platforms intended to post in ephemeral manner (e.g., Snapchat) can be screenshot
  - Same with Facebook pages intended for “friends” or “friends of friends”
  - All Twitter posts saved through 2017

Professional Ethics

- Guideline 2.2. Psychologists are mindful of ethical and legal obligations to maintain client privacy and confidentiality at all times.
  - For example, requests for consultation via a listserv
    - Ordinarily, psychologists consult with professionals known to possess competence and expertise regarding a case
    - Listserv membership is often very difficult to ascertain
    - Most listservs are not HIPAA compliant
    - Private online communities (e.g., Doximity, Sermo) are HIPAA compliant and membership is carefully monitored

Professional Ethics

- Guideline 2.3. Psychologists should avoid contact with their current or past clients on social media if it will blur boundaries of the professional relationship.
  - Options include to consider maintaining a separate personal web presence or using a pseudonym
  - Include only professional information on a professional social media profile
  - Consider whether it is responsible to “friend” or interact with clients on social media

Professional Ethics

- Guideline 2.4. Psychologists consider the risks and implications of using social media and online searches to obtain information about their clients, students, consultees, and others with whom they work on a professional basis.
  - Online information is public and potentially very useful, but searching for it may raise questions about what is learned and how it can be used
  - APA Ethics Code General Principle E:
    - "Psychologists respect the…rights of individuals to privacy, confidentiality and self-determination"

Professional Ethics Guideline 2.4

- Searching for people online has become common and is often anticipated
  - Kolmes & Taube (2014) found 28% of therapists "accidentally" came across client information online, and 48% searched for online information in non-crisis situations without client's knowledge
- Concerns may arise if and when psychologists seek information about clients without first obtaining informed consent

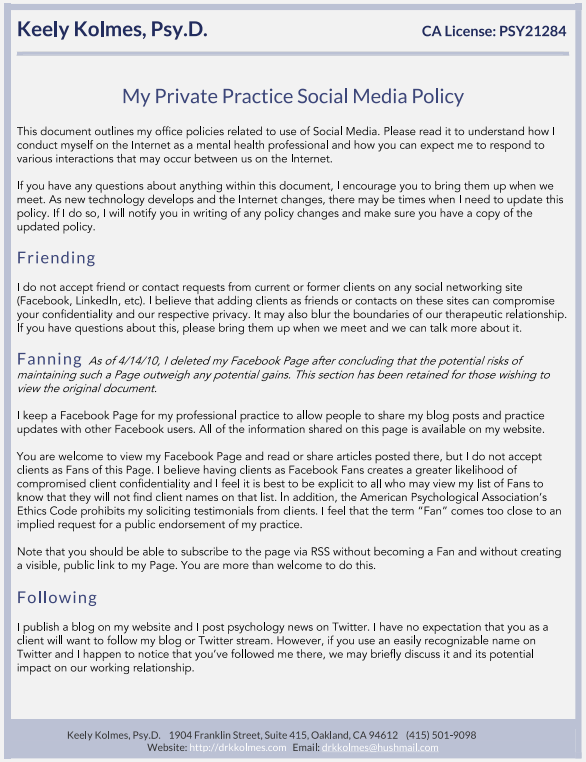
Professional Ethics Guideline 2.4

- Reliability of online information is uncertain, and may bias an assessment or influence a relationship (e.g., how to use unauthorized and potentially unreliable information)
- Exceptions may be when confronted with a crisis situation (e.g., to learn whereabouts in cases of harm to self or others)

Professional Ethics

- Guideline 2.5. Psychologists are aware of the benefits of establishing a policy regarding their participation in social media and discussing this policy and their use of social media as part of the informed consent with clients.
  - Address issue of multiple relationships
  - Inform about policies at outset of treatment relationship and thereafter as needed

An Example of a Social Media Policy



Keely Kolmes, Psy.D. CA License: PSY21284

My Private Practice Social Media Policy

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

Friending

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Fanning *As of 4/14/10, I deleted my Facebook Page after concluding that the potential risks of maintaining such a Page outweigh any potential gains. This section has been retained for those wishing to view the original document.*

I keep a Facebook Page for my professional practice to allow people to share my blog posts and practice updates with other Facebook users. All of the information shared on this page is available on my website.

You are welcome to view my Facebook Page and read or share articles posted there, but I do not accept clients as Fans of this Page. I believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of Fans to know that they will not find client names on that list. In addition, the American Psychological Association's Ethics Code prohibits my soliciting testimonials from clients. I feel that the term "Fan" comes too close to an implied request for a public endorsement of my practice.

Note that you should be able to subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to my Page. You are more than welcome to do this.

Following

I publish a blog on my website and I post psychology news on Twitter. I have no expectation that you as a client will want to follow my blog or Twitter stream. However, if you use an easily recognizable name on Twitter and I happen to notice that you've followed me there, we may briefly discuss it and its potential impact on our working relationship.

Keely Kolmes, Psy.D. 1904 Franklin Street, Suite 415, Oakland, CA 94612 (415) 501-9098
Website: http://drkkolmes.com Email: drkkolmes@hushmail.com

Professional Ethics

- Guideline 2.6. Psychologists are aware that social media provide many opportunities for investigating important research questions but remain mindful that the overarching purpose of psychological research is to advance human welfare.
  - Like any tool, social media can be used for constructive and nonconstructive purposes
  - Controversy regarding Cambridge Analytica promoting particular political candidates or parties in 2016 US election (Cadwalladr, 2018)

An example of challenges with internet based research: Christopher Wylie and Cambridge Analytica

Professional Ethics Guideline 2.6

- While unlikely that psychologists intentionally use social media for nonconstructive or disreputable purposes, they may be insufficiently engaged in learning others' purposes for the expertise they share:
  - "The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives."
  - APA Ethics Code Principle A: "...[psychologists]... are alert to and guard against personal, financial, social, organization, or political factors that might lead to misuse of their influence."

Professional Ethics

- Guideline 2.7. Psychologists strive to maintain accurate and truthful statements on social media about their own practice, colleagues, the profession of psychology, and other issues, and give special attention to the scientific support and empirical basis for statements made and the limitations of available evidence regarding particular topics.

Professional Ethics Guideline 2.7

- US psychologists are governed by the same rights to and limitations on public speech as others in the country, including freedom of expression, and rules against defamation and false statements:
  - Psychologists hold a position of trust and authority with the public; strive to present information that is accurate, relevant, valid, balanced, reasonably current, including strengths and limitations of research

Professional Ethics Guideline 2.7

- Advertising is permitted, but must be done with same care in social media as with print advertising:
  - accurate about experience and qualifications
  - avoid giving advice or otherwise appear as if conducting treatment
  - do not solicit testimonials from current clients or vulnerable individuals
- Avoid plagiarism, provide citations

Professional Ethics Guideline 2.7

- Track and update personal websites
- As reasonable, monitor online information others have posted about yourself
- Distinguish between representing an employer, institution, or profession when posting online (e.g., when endorsing individuals, groups, products, services, or activities)
- Respond to negative comments from clients or students (recall confidentiality)
- Sharing expertise regarding public officials

Education, Training, and Professional Development Issues

- Guideline 3.1. Psychologists are mindful of the need to stay current regarding the benefits and limitations of social media technologies as they evolve and the ethical and professional implications of using these technologies.

Education, Training, and Professional Development Issues

- Guideline 3.2. Psychologists are aware of the need to educate and train students and staff under their supervision in the ethical and professional use of social media appropriate to their roles and responsibilities.

Education, Training, and Professional Development Issues

- Guideline 3.3. Psychologists consider the needs for education, training, and professional development among their professional colleagues and collaborators regarding the ethical and professional use of social media.

The Challenges of Social Media

- Generational differences in acceptance and use
- Ubiquitousness of information
  - Is it correct or incorrect?
  - Is it positive or negative?
- The constant emergence of new applications
- Recognizing how others using social media perceive you as a professional versus a private person
- Impression management

Questions for Today's Session

- What issues are missing from the proposed guidelines?
- What issues are unnecessary, can be deleted?
- How can individual draft guidelines be revised, expanded, refocused, etc. to be clearer and more useful?
- Do the proposed guidelines strike a good balance between positive and negative, encouragement to communicate effectively but also conveying caution about misusing social media?

APA 2018

Scott J. Hunter, PhD
The University of Chicago
Pritzker School of Medicine
(shunter@uchicago.edu)

Timothy Melchert, PhD
Marquette University
(tim.melchert@marquette.edu)

APA Committee on Professional Practice and Standards

Oregon Board of Psychology Social Media Committee: website
https://www.oregon.gov/OBPE/docs/SMC_Guidelines_Web.pdf

Social Media Do's and Don'ts

****

1. Be familiar with and utilize all available privacy settings to reduce the risks to confidentiality.

2. Do not search for client information on social media sites without their permission and informed consent, unless you are a forensic psychologist.

3. Maintain confidentiality of protected health information whenever you use social media.

4. Exercise caution when communicating client information such as names, identifying information, clinical information, or diagnoses over social media.

5. Use social media with an eye to protecting the reputation of the profession and the public opinion of psychologists. Be aware that any social media activity may reflect upon yourself as a professional and also upon the field of psychology.

6. Only text or email or use any other social media if you have informed consent. At a minimum, informed consent should contain the following elements: (See website for example).

   - An explanation of the possible benefits and risks in using social media to communicate with a psychologist,
   - An explanation of emergency procedures and explanation of how communication over social may be disrupted or fail due to circumstances beyond the psychologist's control.
   - A back-up plan if communication over social media is compromised or fails.
   - An explanation of the increased risks of loss of security and confidentiality with the use of social media and/or with the use of social media over mobile devices.
   - A proposal of an alternative means of communication, should the client decline the offer to use social media.
   - An offer of alternatives to social media usage.

7. Have a social media policy in which you explain whether, to what degree, and how you will interact and use social media with patients. Clarify this policy in consent forms and via discussions with patients. This includes clarifying what to do if you pop up in the "people you may know" tab or how you handle friend requests. (See website for example).

8. Clarify on social media sites the jurisdiction in which you are licensed to practice, so that you are not viewed as intending to practice outside the scope of your licenses.

9. Carefully consider what you post on social media and who has access to this information so as not to influence patients with personal, financial, social, organizational, or political opinions.

10. Caution family members about the possibility of social media requests from unknown people.

11. If you share devices, ensure that family members cannot access any PHI stored on your device. You should have exclusive access to your social media so others (including family members) cannot access it.

12. Use only trusted and secure WiFi networks (don't use Starbucks or airport WiFi to access work websites).

13. Use encrypted email.

14. Discuss the turnaround times of various methods of communication.

15. Let clients know that they can turn off location tracking during appointments.

16. Don't "friend" your clients or "like" their posts on Facebook, and don't "connect" with clients on LinkedIn. Don't "follow" your clients on Twitter, or "sync with your contacts" on Peach Consider whether any connection over social media may establish a dual relationship.

17. Be familiar with the privacy settings on every application that you use, as some applications are social media in disguise. For example, if you use the exercise application Strava, this may publish the whereabouts, frequency, and duration of your workouts to your clients.

18. Conduct a regularly scheduled risk analysis and ongoing evaluation of data and platform security. Physical security of data needs to be protected and access limited to authorized personnel. Data should be encrypted, passwords should be strong, and platforms should be protected from unauthorized digital access. Third-Party Services should be properly vetted to ensure HIPAA compatibility.

19. Maintain adequate training in technologies and in social media usage for psychologists.

20. Retain sufficient documentation and record keeping regarding social media practices.

21. Keep tweets to matters such as psychoeducation, health news, or the work of your colleagues; avoid even "de-identified" references to clients.
22. Be aware that the multiple layers in the web of networking may link your information to your clients' even if you don't personally respond or initiate. Anything that is on your personal network may be accessible through the web of previously established relationships.

23. Use a separate email address for your social media account(s) than the one you use to correspond with clients.

24. Catalog and examine all resources (including human ones) that handle sensitive information over social media to discover which resources have security vulnerabilities that need additional protection.

25. Anyone who handles sensitive information on behalf of the psychologist should be trained to properly handle that information according to the needs of their assigned responsibilities. It should also be possible to determine, through an audit, which personnel made any given changes or additions to sensitive information on behalf of the psychologist.

26. Consider security when choosing software or equipment that may store or access sensitive information.

27. Take reasonable precautions to prevent damage, theft, or loss of equipment that handles sensitive information.

28. Take reasonable precautions to prevent unauthorized people from physically accessing resources that handle sensitive information.

29. Sensitive information being stored by a psychologist should be encrypted at all times.

30. Sensitive electronic information should be backed up frequently enough to ensure that recovery is possible any time it may be lost or damaged.

31. Use virus protection.

32. Have an effective Password Policy, and a Use of Strong Authentication Methods Policy.

33. Use strong passwords and best practice password management techniques for all equipment and services that store or access sensitive information. Psychologists should consider using advanced authentication methods, such as 2-factor authentication, where such methods are available and reasonable to use.

Seeking practitioner input on practice guidelines for record keeping and social media

Psychologists interested in providing feedback about these professional practice guidelines can contact Governance Operations staff.

The APA Committee on Professional Practice and Standards (http://www.apa.org/about/governance/bdcmte/standards.aspx) (COPPS) is seeking input from practitioners in the field as it updates APA's record keeping guidelines and creates social media guidelines. APA's professional practice guidelines (http://www.apa.org/practice/guidelines/index.aspx) are intended to provide psychologists with a general framework for professional conduct and psychological practice with particular populations or in particular areas.

"Practice guidelines are a valuable reference for psychologists at all stages of their career," says COPPS Chair Marc A. Martinez, PhD, ABPP. "They educate practitioners, highlight a variety of important areas of psychology and provide aspirational methods for navigating the rapidly changing landscape of psychology."

The record keeping guidelines went through the formal APA governance process for comments in 2015. COPPS is now interested in hearing from practitioners around the country about real-life scenarios that come up regarding record keeping and social media to make sure the guidelines address common issues in these two areas affecting psychological practice.

Revision of APA record keeping guidelines

First adopted as APA policy in 1992, APA's record keeping guidelines are intended to educate practitioners and provide recommendations about professional conduct as well as legal requirements and ethical standards pertaining to patient records. The guidelines have been revised over the years to take into account changes such as electronic record keeping as well as legislative and regulatory requirements including HIPAA.

Ongoing changes to the health care delivery system and legal and regulatory requirements are driving the need for additional updates to record keeping guidelines. With increased use of shared records, electronic records and patient access to records, it's imperative that practitioners have guidelines that reflect current research and are relevant to today's health care delivery environment.

Proposed guidelines for optimal use of social media in professional psychological practice

Social media guidelines are being developed in response to current changes in health care delivery and levels of consumer engagement in this instant and very public form of communication. Social media guidelines will respond to many questions raised by practitioners related to the impact of social media in the workplace and the intersection of the professional and personal social media presence of the practitioner. Issues of privacy, technology, boundaries, provider ratings and other related issues will be addressed.

Psychologists interested in providing suggestions for areas to address in record keeping guidelines and social media guidelines can email Governance Operations staff (mailto:SPracticeGovernanceOps@apa.org), the APA staff liaison for COPPS.

COPPS, a committee of the APA Board of Professional Affairs, is charged with the development and recommendation of standards and guidelines for providers of psychological services, and with providing guidance to other APA bodies developing practice guidelines. In addition to the creation of practice guidelines, COPPS reviews them periodically with input from practitioners to make sure they reflect current issues and scientific literature, and practitioner needs for guidance.

Date created: January 2016

PracticeUpdate Newsletter

PracticeUpdate — Jan. 14, 2016

Related Reading

- APA Guidelines for Practitioners
- Call for comments on proposed revision of the APA Record Keeping Guidelines
- Handling patient record retention and access when leaving a practice
- Detailed or lean therapy records?

CONTACT APA SERVICES

750 First St. NE, Washington, DC 20002-4242
Telephone: (800) 374-2723. TDD/TTY: (202) 336-6123

Elements of Social Media Guidelines - ASPPB Task Force

Confidentiality	Be familiar	with and use all available privacy settings on social medial platforms to reduce confidentiality risks
	Be respectful	of client privacy; exercise caution in searching social media without client permission and informed consent
	Maintain	confidentialty of protected information
	Develop	social media use policies that address informed consent, privacy, and how and if social media will be used in their work
Informed Consent	Ensure	competence of potential clients to provide informed consent
	Seek	informed consent from those legally entitled to provide it
	Explain	possible benefits and risks in using social media to communicate: advantages = immediacy, any place or time, and large audience; disadvantages = people may disguise true identities and may steal emergency procedures to follow if psychologist is not available back up plan if communication over social media is compromised or fails inform of other modes of communication or service delivery
Risk Management	Policy	explaining whether, to what degree, and how psychologiss will use social media in service provision, clairfied in consent forms and discussions

	Clarify	juristiction(s) where licensed to practice
	Avoid	conflicts of interest (personal, financial, social, organiational, or political opinons) when using social media professionally
	Manage	access to professional social media and hold responsibiity for who may access accounts
	Use	trusted and secure networds to access social media accounts
	Use	encryption when sending protected and private informtion over social media
	Understand	privacy settings on every application
	Mindful	any social media post / communication may be forwarded to other recipients
Multiple Relationships	Responsible	for connections initiated and knowing whether they constitute multiple relationships or ones that could be harmful
	Minimize	problematic multiple relationships by keeping persona and social media presences separate
Competence	Familarize	self with legal requirements
	Maintain	current knowledge and skills pertaining to social media technologies used
	Evaluate	appropriateness of social media use with each client
	Ensure	full understanding of risks of technology use to security and confidentiality of PHI

Professional Conduct	Consider	words used, impact of communications on public's confidence in the profession *and in psychologist personally*
	Responsive	and timely in responses when using social media professionally (*meaning professional social media page*)
	Respectful	in what and how they communicate over social media for professional work
	Respectful	of professional boundaries, culture, and preferences
	Accurate	in self-representation over all social media
	Correct	misinformation regarding social media presence
	Accurate	in representation and documentation of work performed
	Maintain	records of all emails and texts with clients for durations consistent with jurisdiction requirements
Security of Information	Delegate	respnsibiltity for social media activities only to those who can perfrom them compentently, based on education, training, and experience
	Maintain	confidentiality in creating, storing, accessing, transferring and dispositing of records under their control related to professional use of social media

	Use	security measures to protect information on social media that is vulnerable to loss, damage or inappppriate access
	Maintain	up-to-date knowledge of all individuals, devices, and accounts used in professional practice
Personal Use	Ensure	working knowledge of privacy settings on any social media platform used
	Cautious	when posting on public comment sites, especially those related to workplace
	Keep	distinct separation from professional online presence
	Establish	clear boundaries between professional and personal social media accounts
	Stay aware	of existing social media policies within work organization or practice group
Regulatory Body Use	Develop and Implement	clear policies
	Ensure	all employees are familiar with policies
	Ensure	all employees have are trained in social media platforms in use
	Ensure	all employees have working knowledge of privacy settings of platforms
	Manage	access
	Use	only trusted, secure networds to access agency social media accounts
	Protect	information kept on social media platforms vulnerable to loss, damage or inappropriate access

AMERICAN PSYCHOLOGICAL ASSOCIATION
SERVICES, INC.

Social media: What's your policy?

Keely Kolmes, PsyD, a psychologist pioneer in the professional use of social media, answers questions related to establishing social media policy for a psychology practice.

Last updated: December 1, 2020 Date created: April 1, 2012 7 min read

According to the Pew Research Center, 79% of adults use the internet and 59% of those users are on at least one social networking site. So, psychologists and their clients are sure to cross paths online. More practitioners are instituting a social media policy as part of their informed consent procedure, with many using or adapting the policy drafted by Keely Kolmes, PsyD.

Kolmes is in private practice in San Francisco, where she writes, blogs, and tweets to her approximately 88,000 followers extensively on mental health professionals' use

of social media.

Why is a social media policy important? Who needs one?

Anyone who is on the internet and providing clinical care should have some type of social media policy for their practice, even if they are only using email or accessing the internet for personal use. It can just be a brief statement or paragraph and need not be a long document.

The research is showing us that clients and clinicians are having incidental contacts all of the time on the internet. Clients are frequently searching for information about their therapist online and they often discover personal as well as professional information. The research is telling us that some clients experience shame and discomfort with finding personal information and for having engaged in the searches, and that the majority do not bring this up with their providers.

Introducing a social media policy in treatment helps frame these encounters as an issue that can be discussed together; it helps normalize the experience of incidental contacts, and it creates boundaries and sets expectations for both parties in the clinical relationship.

How has your social media policy evolved?

Shortly after writing my social media policy, I deleted my Facebook business page, so that part of my policy is no longer applicable. I decided that I did not want to have to attend to who became a fan of the page, and I had some experiences in which friends posted information on the page that was too personal for my comfort. Monitoring and cleaning up my page activity became more trouble than it was worth to me.

However, nothing else has really changed in my policy since I created it. I do plan to implement something new during informed consent to obtain permission from clients to send them posttreatment surveys about their experiences with me as a provider of

psychotherapy services with a notice that I may post aggregate data (but not testimonials) on my website. This won't be part of the social media policy, per se, but it is relevant to social media, consent and treatment.

I see this as a way to continue to develop my skills as a clinician, to be transparent with potential clients about my strengths and weaknesses as a provider, and as a way to provide an alternate to the types of information found on consumer review sites such as Yelp. Since this will be an exchange that I have directly with a client, it will be part of the treatment interaction, rather than something that occurs outside of treatment that I find out about later. I will also not be disclosing people's words or identities to the public or their friend networks.

What is especially important for psychologists venturing into social media to do/avoid doing?

Do not discuss anything related to a client's treatment in a status update. Even without identifying data, posting about your feelings about "my last session" or whether or not you met with someone with a particular diagnosis on a certain day can both influence your relationship with that client and potentially identify them to others who may know they seek care from you.

Do not post quotes from clients or complain about your work. We have a right to personal social networks for friendship and support, but we also have a responsibility to represent our profession and understand how it impacts public perception of our work if we use social media to vent about the challenges of our job or otherwise objectify the folks who seek our care.

What issues related to social media do you think practicing psychologists will have to grapple with in the future?

I see two huge hot-button issues for psychologists right now that I expect to continue to present challenges in the future.

The first is varying beliefs on whether it is ethical to use internet searches and social media profiles to gather additional data on clients and whether clients should be informed of this practice. It is a strong belief of mine that clients have a right to know if you use the internet to collect information about them that you will use in treatment.

The second issue is the worry and helplessness psychologists experience when they get negative reviews of their services on consumer review sites since they cannot respond due to confidentiality restrictions. I believe that the best way to manage this is to develop standardized ways to collect this information directly from clients and to find ways to ethically incorporate the information into your own web presence with informed consent and share this feedback while protecting confidentiality.

What guidance on social media do psychologists solicit most from you?

I get a lot of consultation requests from people who have had a negative review from a client, looking for some way to respond or have the review removed. I also hear from people who need assistance making sure their Facebook profiles have the privacy settings they want. So, I sometimes provide tech support and check their profiles to ensure they are using the privacy settings they want.

Sometimes people contact me after discovering a sensitive social overlap via social media and want help on how to bring this up clinically. I help them work through whether it seems important to bring this back into the treatment relationship and how they might do so.

How do clients respond when you introduce your social media policy? What questions or concerns have they raised?

Most clients don't say much about it, although some have said that they thought it was really "cool" that I spelled it all out for them so there were no surprises. A few

have expressed reassurance that I won't be Googling them without their knowledge.

Since I live in San Francisco, which is a bit of a social media bubble, many of my clients work in tech. I think that for these folks, having a psychologist who has a social media policy feels pretty comfortable and helps them understand the choices I've made in more consumer-friendly language. Some clients specifically choose to work with me since I seem so attuned to social media issues because this is becoming such a common space for relationship issues to arise for them.

Highlights of Kolmes' social media policy

Kolmes' social media policy, excerpted below, outlines her practice policies and how she conducts herself on the internet. The complete document can be found on Kolmes' website (https://drkkolmes.com/) .

Friending

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Interacting

Please do not use SMS (mobile phone text messaging) or messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion.

Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility

that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at drkkolmes [at] hushmail [dot com] is second best for quick, administrative issues such as changing appointment times.

Use of search engines

It is not a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations, and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Find this article at:
https://www.apaservices.org/practice/business/technology/social-media?_ga=2.253802699.211783032l.1612195141-836557534.1582463124

Virginia Department of Health Professions
Board of Health Professions

Board of Health Professions
***VIRTUAL* - Full Board Meeting**
January 21, 2021 at 10:00 a.m.

DRAFT

An audio file of this meeting may be found here
https://www.dhp.virginia.gov/audio/BHP/FullBoardMeeting01212021.mp3

CALL TO ORDER - Dr. Jones, Jr.

Dr. Jones, Jr. called the virtual meeting to order at 10:00 a.m. Quorum was established with 17 members in attendance.

EMERGENCY EGRESS - Dr. Carter

Dr. Carter provided evacuation procedures for members in physical attendance.

ROLL CALL

VIRTUAL ATTENDEES: BOARD OF HEALTH PROFESSIONS

Dr. Alison King, Board of Audiology & Speech-Language Pathology
Dr. Kevin Doyle, Board of Counseling
Dr. Sandra Catchings, Board of Dentistry
Derrick Kendall, Board of Long-Term Care Administrators
Dr. Brenda Stokes, Board of Medicine
Louise Hershkowitz, Board of Nursing
Dr. Helene Clayton-Jeter, Board of Optometry
Ryan Logan, Board of Pharmacy
Dr. Herb Stewart, Board of Psychology
John Salay, Board of Social Work
Dr. Steve Karras, Board of Veterinary Medicine
Sheila Battle, Citizen Member
Sahil Chaudhary, Citizen Member
Dr. Martha Rackets, Citizen Member
Carmina Bautista, Citizen Member
James Wells, Citizen Member

BOARD MEMBERS ABSENT:

Louis Jones, Board of Funeral Directors and Embalmers

VIRTUAL ATTENDANCE: DHP STAFF & GUESTS

Dr. Allison-Bryan, Agency Chief Deputy Director
Elaine Yeatts, Agency Senior Policy Analyst
Dr. Yetty Shobo, Deputy Executive Director for the Board
Rajana Siva, Research Analyst for the Board
Dr. William Harp, Executive Director for the Board of Medicine
Kim Small, VisualResearch, Inc.
Neal Kauder, Visual Research, Inc.
Sandra Reen, Executive Director for the Board of Dentistry

VIRTUAL ATTENDANCE: DHP STAFF & GUESTS cont'd

Corie Tillman-Wolf, Executive Director for the Boards of Funeral Directors & Embalmers, Long-Term Care Administrators and Physical Therapy

PHYSICAL ATTENDANCE AT PERIMETER CENTER:

Dr. Elizabeth Carter, Executive Director for the Board
Dr. Allen Jones, Jr., Board of Physical Therapy
Laura Jackson, Operations Manager for the Board
Matt Treacy, Media Production Specialist

VIRTUAL ATTENDANCE: PUBLIC

Christina Barrille
Jetty Gentile
Karen Winslow

WELCOME NEW BOARD MEMBERS - Dr. Jones, Jr.

Dr. Jones, Jr., welcomed Dr. Catchings, Dr. Stokes and Carmina Bautista to the Board.

THANK YOU TO OUTGOING BOARD MEMBERS - Dr. Jones, Jr.

Dr. Jones, Jr., thanked outing going board members Dr. Watkins Dr. O'Connor and Maribel Ramos.

MEETING AGENDA - JANUARY 21, 2021

The Meeting agenda was approved as presented. A motion was made and properly seconded with all member in favor, none opposed.

PUBLIC COMMENT - Dr. Jones, Jr.

Ms. Cindy Warriner provided comment on her concern of potential Board of Pharmacy censure.

APPROVAL OF AUGUST 2O, 2020 FULL BOARD MEETING MINUTES - Dr. Jones, Jr.

The meeting minutes from the August 20, 2020 Full board meeting were approved as presented. A motion was made and properly seconded with all members in favor, none opposed.

DIRECTOR'S REPORT- Dr. Allison-Bryan

Dr. Allison-Bryan provided Dr. Brown's remarks as he was at a General Assembly committee meeting. The Board of Health Professions prepared two major studies in 2020, Diagnostic Medical Sonographers and Naturopathic Doctors. As of today, the naturopathic doctor House bills presenty have been "passed by" at the General Assembly. Two Senate bills are pending. Dr. Allison-Bryan provided an update on the research she gathered for the follow-up on "keepsake" sonography. She advised that the research reflects that fetal ultrasounds, performed by non-sonography licensed individual poses little harm to the fetus. The practice of "keepsake" sonography is discourage by the FDA and several professioal medical organizations.

LEGISLATIVE & REGULATORY REPORT - Ms. Yeatts

Assembly that directly impact DHP. This information is provided in the agenda meeting documents. (Attachment 1)

SANCTION REFERENCE POINTS UPDATE - Mr. Kauder

Mr. Kauder provide a presentation on the Sanctioning Reference Point system updates. The presentation is included in the agenda meeting documents.

BREAK 11:20 -11:30 a.m.

BOARD CHAIR REPORT - Dr. Jones, Jr.

Dr. Jones, Jr. stated how much of an honor it was to serve as Chair for two consecutive years. He thanked those who attended in person and those who attended virtually for being such a wonderful team. He thanked the Board for their vote of confidence in his leadership and is looking forward to new leadership and how the next Chair will lead the Board through this pandemic.

NOMINATING COMMITTEE REPORT - Ms. Hershkowitz

Ms. Hershkowitz, Chair of the Nominating Committee, provided the Board with the slate of officers that was adopted at the 9:00 a.m. Nominating Committee meeting.

Chair: James Wells, RPh, Citizen Member
Dr. Steve Karras, Board of Veterinary Medicine
1st Vice Chair: Sahil Chaudhary, Citizen Member
2nd Vice Chair: Dr. Brenda Stokes, Board of Medicine

ELECTION OF OFFICERS - Dr. Jones, Jr.

The Board approved the slate of officers as presented and the vote was opened for Mr. Wells as Board Chair. Roll call voting provided 16 members in favor of Mr. Wells, with one member voting for Dr. Karras. With the majority vote, Mr. Wells was announced as Chair.

The Board agreed with the slate of officers provided by the Nominating Committee for Mr. Chaudhary to serve as 1st Vice Chair and Dr. Stokes to serve as 2nd Vice Chair.

Dr. Jones, Jr. congratulated the newly appointed officers of the Board.

EXECUTIVE DIRECTOR'S REPORT - Dr. Carter

Dr. Carter provided an overview of the Board's budget, along with the agencies statistics and performance measures. A link was provided in the meeting agenda for board members to review the agencies 2019-2020 Biennial Report.

HEALTHCARE WORKFORCE DATA CENTER - Dr. Shobo

Dr. Shobo provided an update of the workforce profession reports that were finalized in 2020, as well as ways that the Center is assisting various entities with workforce data.

INDIVIDUAL BOARD REPORTS

Board of Audiology & Speech-Language Pathology (Attachment 2)

Board of Counseling - Dr. Doyle

The Board will be considering the conversion therapy regulations at the next meeting, which is scheduled for February 15, 2021. A compact is emerging for counseling that is in the roll out phase. The Board is working on a guidance document for telehealth as many have moved their services online during the pandemic. Current regulations will need additional language to guide safe and ethical practice.

Board of Dentistry - Dr. Catchings

Due to COVID-19 dental students preparing for graduation and licensure by the Board of Dentistry were unable to perform a live patient exam. The Board came up with a way to allow students to perform an exam involving artificial teeth that would qualify them for licensure. The Board also arranged for graduating students to be trained on giving COVID-19 injections.

Formal hearings have been held virtually, while informal meetings are still in person. The Board is now in the beginning phase of developing emergency plans that will address how to function in a state of emergency. Such as the COVID-19 pandemic.

Board of Medicine - Dr. Stokes

Requests for waivers for electronic transmission of opioid prescriptions: As of July 1st, 2020, the regulations stated that all opiate prescriptions had to be transmitted electronically, with a stipulation that people could apply for a waiver for up to 1 year. There were 2,000 requests for waivers with some needing additional information. The statute does not allow the waiver to go past July 1, 2021.

A new licensed profession for the Board is surgical assistants. A surgical assistant advisory board has been created to develop regulations.

Every three years, the Board of Medicine is required to provide a list of professionals to the Supreme Court for malpractice panels. A big thank you to the executive directors and their staff that helped provided the names of professionals to be added to the list.

Reciprocity with continuous jurisdictions is currently under review. State boards were contacted by the executive directors with North Carolina, Tennessee, Kentucky and West Virginia showing no interest, while Maryland and D.C. we're open to tthe idea. Ongoing discussions continue.

Dr. Kevin O'Connor has been nominated for a leadership award that is given by the Federation of State Medical Boards.

The Board has held virtual board meetings, but the informal and formal hearings are still in person.

Board of Nursing - Ms. Hershkowitz

Ms. Hershkowitz provided an overview of the Board of Nursing's activities. (Attachment 3)

Board of Optometry - Dr. Clayton-Jeter

Dr. Clayton-Jeter provided an overview of the Board of Optometry activities. (Attachment 4)

Board of Pharmacy - Mr. Logan

Mr. Logan stated that the Board of Pharmacy voted to adopt language on the cultivation and production of cannabis oil to prohibit the production of an oil intended to be inhaled from containing vitamin E. acetate. The board also voted to adopt final regulations of cannabidiol scheduled 5 that by default places into schedule 6 for consistency. He stated that the next board meeting is scheduled on February 22, 2021.

Board of Physical Therapy - Dr. Jones, Jr.

The Board of Physical Therapy met virtually on November 7, 2020. The board updated its telehealth guidance document based upon some questions and concerns identified during the pandemic. Physical therapy licensure compact implementation has been smooth for the board and the compact became effective January 1, 2021.

Board of Psychology - Dr. Stewart

The Board of Psychology board brief is available on the agencies website. Following are a few highlights: Psychology licensee total is roughly 5,700, of which three quarters are clinical psychologist, with the remaining spread among school psychology, sex offender treatment providers, applied psychologists and trainees.

Dr. Stewart provided an update on PsyPact, noting that 15 states are participating with another nine on board. He stated that about half of the states, including most of the surrounding states around Virginia, will be on board.

There has also been a periodic review of regulations governing the practice of psychology. These regulations are in the final stage and under review by the Office of the Governor. Similarly, the Board is updating the certification of sex offender treatment provider regulations which are on the fast track for authorization.

Board of Veterinary Medicine (Attachment 5)

NEW BUSINESS - Dr. Jones, Jr.

There was no new board business brought forward.

NEXT FULL BOARD MEETING

The next Full Board meeting will be held March 4, 2021 at 10:00 a.m.

ADJOURNMENT

The meeting adjourned at 12:36 p.m.

CHAIR

SIGNATURE _____ _____/_____/_____

James Wells, RPh

BHP EXECUTIVE DIRECTOR

SIGNATURE _____ _____/_____/_____

Elizabeth A. Carter, PhD

Report of Regulatory Actions

January, 2021

Board of Counseling

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Unprofessional conduct - conversion therapy [Action 5225] Proposed - *Register Date: 8/31/20* [Stage 8743]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Periodic review [Action 5230] Proposed - *At Governor's Office* [Stage 8872]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Resident license [Action 5371] Proposed - *Register Date: 9/14/20* [Stage 8897]
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	Periodic review [Action 5305] Proposed - *Register Date: 9/14/20* [Stage 8908]
[18 VAC 115 - 90]	Regulations Governing the Licensure of Art Therapists (under development)	New chapter for licensure [Action 5656] NOIRA - *At Governor's Office* [Stage 9145]

Board of Dentistry

Chapter		Action / Stage Information
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Training and supervision of digital scan technicians [Action 5600] NOIRA - *At Governor's Office* [Stage 9069]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Amendment to restriction on advertising dental specialties [Action 4920] Proposed - *At Governor's Office* [Stage 8500]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Waiver for e-prescribing [Action 5382] Proposed - *At Governor's Office* [Stage 9068]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Technical correction [Action 5198] Fast-Track - *At Governor's Office* [Stage 8622]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Administration of sedation and anesthesia [Action 5056] Final - *Register Date: 2/15/21* [Stage 9177]

[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	Protocols for remote supervision of VDH and DBHDS dental hygienists [Action 5323] Final - *At Governor's Office* [Stage 9176]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Training in infection control [Action 5505] NOIRA - *At Governor's Office* [Stage 8932]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Education and training for dental assistants II [Action 4916] Final - *At Governor's Office* [Stage 9067]

Board of Funeral Directors and Embalmers

Chapter		Action / Stage Information
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Licenses for funeral directors and embalmers [Action 5635] Emergency/NOIRA - *Register Date: 2/1/21* [Stage 9107]
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Results of periodic review [Action 5165] Final - *Register Date: 2/1/21* [Stage 9020]
[18 VAC 65 - 30]	Regulations for Preneed Funeral Planning	Periodic review 2018 [Action 5220] Final - *Register Date: 2/1/21* [Stage 9021]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	Periodic review 2019 [Action 5221] Proposed - *At Governor's Office* [Stage 8787]

Board of Long-Term Care Administrators

Chapter		Action / Stage Information
[18 VAC 95 - 15]	Regulations Governing Delegation to an Agency Subordinate [under development]	Replacement of section from Chapter 20 on delegation to an agency subordinate [Action 5465] Fast-Track - *Register Date: 2/15/21* [Stage 8873]
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	Recommendations of RAP on qualifications for licensure [Action 5471] NOIRA - *At Governor's Office* [Stage 8883]

Board of Medicine

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412] Proposed - *Register Date: 2/15/21* [Stage 9121]

[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Waiver for e-prescribing of an opioid [Action 5355] Final - *At Governor's Office* [Stage 9156]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Practice with patient care team physician [Action 5357] Final - *Register Date: 2/15/21* [Stage 9158]
[18 VAC 85 - 160]	Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists	Amendments for surgical assistants consistent with a licensed profession [Action 5639] NOIRA - *At Governor's Office* [Stage 9122]

Board of Nursing

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Unprofessional conduct - conversion therapy [Action 5430] Proposed - *Register Date: 2/15/21* [Stage 9119]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Registration of clinical nurse specialists [Action 5306] Final - *Register Date: 2/1/21* [Stage 9023]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	Implementing Result of Periodic Review [Action 5157] Final - *At Governor's Office* [Stage 9157]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Use of simulation [Action 5402] Proposed - *At Governor's Office* [Stage 9024]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Unprofessional conduct/conversion therapy [Action 5441] Proposed - *Register Date: 2/15/21* [Stage 9120]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Proposed - *At Governor's Office* [Stage 9038]

Board of Optometry

Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Waiver for e-prescribing [Action 5438] Proposed - *At Governor's Office* [Stage 9108]

Board of Pharmacy

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Reporting of immunizations to VIIS [Action 5598] Emergency - *Register Date: 10/12/20* [Stage 9064]

[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Implementation of legislation for pharmacists initiating treatment [Action 5604] Emergency/NOIRA - *Register Date: 2/1/21* [Stage 9074]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Use of medication carousels and RFID technology [Action 5480] NOIRA - *Register Date: 9/14/20* [Stage 8892]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Handling fee [Action 5519] Fast-Track - *Register Date: 2/1/21* [Stage 8953]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Prohibition against incentives to transfer prescriptions [Action 4186] Final - *At Governor's Office* [Stage 7888]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Brown bagging and white bagging [Action 4968] Final - *At Governor's Office* [Stage 8947]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	(E) Scheduling of chemicals in Schedule I [Action 5666] Final - *Register Date: 2/1/21* [Stage 9167]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	(E) De-scheduling of drug to conform to DEA [Action 5667] Final - *Register Date: 1/18/21* [Stage 9168]
[18 VAC 110 - 21]	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	Implementation of legislation for registration of pharmacy technicians [Action 5603] Emergency/NOIRA - *Register Date: 2/1/21* [Stage 9137]
[18 VAC 110 - 21]	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	CE credit for volunteer hours [Action 5546] Fast-Track - *Register Date: 2/1/21* [Stage 8986]
[18 VAC 110 - 30]	Regulations for Practitioners of the Healing Arts to Sell Controlled Substances	LImited license for prescribing Schedule VI drugs in non-profit clinics [Action 5605] Emergency/NOIRA - *Register Date: 2/1/21* [Stage 9075]
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousers	Delivery of Schedule VI prescription devices [Action 5084] Final - *Register Date: 2/1/21* [Stage 8950]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Amendments resulting from SB976 of the 2020 General Assembly [Action 5629] Emergency/NOIRA - *At Governor's Office* [Stage 9100]

[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Response to petition for rulemaking [Action 5611] NOIRA - *At Governor's Office* [Stage 9081]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Registered agents and wholesale distribution [Action 5398] Proposed - *At Governor's Office* [Stage 8948]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Prohibition of products for vaping or inhalation with vitamin E acetate [Action 5452] Proposed - *DPB Review in progress* [Stage 9166]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Acquisition of industrial hemp [Action 5602] Fast-Track - *Register Date: 2/1/21* [Stage 9072]

Board of Physical Therapy

Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Periodic review [Action 5228] Final - *At Governor's Office* [Stage 9053]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Implementation of the Physical Therapy Compact [Action 5362] Final - *At Governor's Office* [Stage 9175]

Board of Psychology

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Implementation of Psychology Interstate Compact [Action 5567] Emergency/NOIRA - *Register Date: 2/1/21* [Stage 9019]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Unprofessional conduct/conversion therapy [Action 5218] Proposed - *Register Date: 8/31/20* [Stage 8802]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Result of Periodic Review [Action 4897] Final - *At Governor's Office* [Stage 8899]
[18 VAC 125 - 30]	Regulations Governing the Certification of Sex Offender Treatment Providers	Amendments resulting from a periodic review [Action 5660] Fast-Track - *DPB Review in progress* [Stage 9149]

Board of Social Work

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Changes to endorsement and reinstatement; standards of practice [Action 5631]

		NOIRA - *At Governor's Office* [Stage 9102]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Changes to supervision requirements [Action 5632] Fast-Track - *Register Date: 2/1/21* [Stage 9103]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Unprofessional conduct/practice of conversion therapy [Action 5241] Final - *Register Date: 2/15/21* [Stage 9159]

Report of the 2021 General Assembly

Bills	Committee	Last action	Date
HB 1737 - Adams, D.M. - Nurse practitioners; practice without a practice agreement.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/13/21
HB 1747 - Adams, D.M. - Clinical nurse specialist; licensure of nurse practitioners as specialists, etc.	(H) Committee on Health, Welfare and Institutions	(H) Read first time	01/15/21
HB 1769 - Freitas - Health care providers, certain; licensure or certification by endorsement.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/13/21
HB 1795 - Cole, M.L. - Counseling, Board of; licensure of professional counselors without examination.	(H) Referral Pending	(H) Committee Referral Pending	01/04/21
HB 1815 - Heretick - Marijuana; legalization of cultivation, manufacture, sale, possession, and testing, penalties.	(H) Referral Pending	(H) Committee Referral Pending	01/06/21
HB 1817 - Adams, D.M. - Certified nurse midwives; practice.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/13/21
HB 1913 - Hope - Career fatigue and wellness in certain health care providers; programs to address, civil immunity.	(H) Committee on Health, Welfare and Institutions	(H) Referred to Committee on Health, Welfare and Institutions	01/10/21
HB 1953 - Gooditis - Licensed certified midwives; definition of practice, licensure, report.	(H) Committee on Appropriations	(H) Assigned App. sub: Health & Human Resources	01/15/21
HB 1959 - Fowler - Medication abandonment and increasing patient medication adherence; options for reducing rates.	(H) Committee on Rules	(H) Referred to Committee on Rules	01/11/21
HB 1987 - Adams, D.M. - Telemedicine; coverage of telehealth services by an insurer, etc.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health	01/15/21
HB 1988 - Adams, D.M. - Cannabis oil; processing and dispensing by pharmaceutical processors.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/15/21
HB 2005 - Sickles - Disposition of the remains of a decedent; persons to make arrangements for funeral.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/15/21

HB 2039 - Rasoul - Physician assistant; eliminates certain requirement for practice.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/15/21
HB 2044 - Rasoul - Naturopathic doctors; Board of Medicine to license and regulate.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/15/21
HB 2061 - Willett - VIIS; any health care provider in the Commonwealth that administers immunizations to participate.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health	01/15/21
HB 2079 - Rasoul - Pharmacists; initiation of treatment with and dispensing and administering of drugs and devices.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/15/21
HB 2116 - Mugler - Declared states of emergency, certain; funeral service licensees designated as essential workers.	(H) Committee on Health, Welfare and Institutions	(H) Referred to Committee on Health, Welfare and Institutions	01/12/21
HB 2218 - Hayes - Pharmaceutical processors; permits processors to produce & distribute cannabis products.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/15/21
HB 2220 - Hayes - Surgical technologist; certification, use of title.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Health Professions	01/15/21
HB 2241 - LaRock - Unborn child protection from dismemberment abortion; penalties.	(H) Referral Pending	(H) Committee Referral Pending	01/13/21
HB 2259 - Scott - Governor; issuance of licenses to persons denied by regulatory board.	(H) Committee on General Laws	(H) Referred to Committee on General Laws	01/13/21
HB 2272 - Fowler - Naturopathic doctors; Department of Health Professions to amend its regulations.	(H) Committee on Health, Welfare and Institutions	(H) Referred to Committee on Health, Welfare and Institutions	01/14/21
HJ 531 - Helmer - Study; Joint Commission on Health Care.	(H) Referral Pending	(H) Committee Referral Pending	01/09/21
SB 1107 - Stanley - Medical malpractice; limitation on recovery.	(S) Committee on the Judiciary	(S) Referred to Committee on the Judiciary	12/02/20
SB 1115 - Peake - Industrial hemp; increases maximum THC concentration.	(S) Committee on Agriculture, Conservation and Natural Resources	(S) Referred to Committee on Agriculture, Conservation and Natural Resources	12/21/20

SB 1167 - Kiggans - Board of Nursing; licensure or certification by endorsement for members of the U.S. mililitary.	(S) Committee on Education and Health	(S) Assigned Education sub: Health Professions	01/13/21
SB 1178 - Ebbin - Genetic counseling; conscience clause.	(S) Committee on Education and Health	(S) Assigned Education sub: Health Professions	01/13/21
SB 1187 - Hashmi - Department of Health Professions; practice of physical therapy.	(S) Committee on Education and Health	(S) Assigned Education sub: Health Professions	01/13/21
SB 1189 - Hashmi - Licensure of occupational therapists; Occupational Therapy Interjurisdictional Licensure Compact.	(S) Committee on Education and Health	(S) Assigned Education sub: Health Professions	01/13/21
SB 1192 - Kiggans - Naturopathic doctors; Department of Health Professions to amend its regulations.	(S) Committee on Education and Health	(S) Senate subcommittee amendments and substitutes offered	01/15/21
SB 1205 - Barker - Programs to address career fatigue and wellness in certain health care providers; civil immunity.	(S) Committee on Education and Health	(S) Assigned Education sub: Health Professions	01/13/21
SB 1218 - Petersen - Naturopathic doctors; license required.	(S) Committee on Education and Health	(S) Senate subcommittee amendments and substitutes offered	01/15/21
SB 1268 - Deeds - Disposition of the remains of a decedent; persons to make arrangements for funeral and disposition.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/11/21
SB 1320 - Lucas - Licensed certified midwives; licensure; practice.	(S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/12/21
SB 1333 - Lucas - Pharmaceutical processors; permits processors to produce & distribute cannabis products.	(S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/12/21
SB 1408 - Barker - Joint Commission on Health Care; sunset.	(S) Committee on Rules	(S) Referred to Committee on Rules	01/13/21
SB 1424 - Cosgrove - Funeral service establishments; manager of record.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/13/21

Attachment 2

Virginia Board of Audiology and Speech-Language Pathology
Board of Health Professions Meeting
January 21, 2021

Statistics

Last board meeting held on February 25, 2020. The next board meeting is scheduled for February 9, 2021.

Complaints

FY2017 Received - 30	FY2018 Received - 17	FY2019 Received - 43	FY2020 Received - 12

Licenses

Audiologist	546
SLP	4556
School SLP	405
Total	5,507

Activities of the Board:

- Board staff is mostly teleworking and coming into the office as needed.
- Professional association now has a certification for assistants, but the Board does not have authority to license, register or certify assistants at this time.
- Board continues 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 not enough states that have signed onto the compact to activate it.

Virginia Board of Nursing
Report to the Board of Health Professions Meeting
January 21, 2021

The Board of Nursing continues to move forward despite the complications of the COVID-19 pandemic and the obstacles it has provided. The Board resumed its many disciplinary hearings in July 2020 in person, with noteworthy staff management of the infection control and social distancing requirements to keep all participants safe. Since October 2020, Business Meetings have been conducted virtually and disciplinary hearings are moving to the virtual WebEx platform effective January 2021. The Board staff has continued with the work of the Board through largely virtual means, supporting in-person meetings as required. This has created many challenges through the past year and the staff has, as always, risen to the many challenges with strength and efficiency.

A number of issues were raised during the December 2020 Board meeting of interest to the Board of Health Professions, including the following:

1. The Board of Nursing has had, since the early 1990s, a scholarship fund for RN and LPN students called the "Mary Marshall Scholarship" to which Virginia students may apply. It is funded through $1.00 from each licensure fee and pays out up to $65,000.00 per year. That number is the original cap that was placed upon creation of the fund. The Scholarship, though funded by fees paid to and through the Board of Nursing, is administered by the Virginia Department of Health.

As a result of the current financial hardships for students created by the pandemic, the Board of Nursing voted to request an increase in the cap on scholarship funds available each year and also to seek to develop a Task Force (with VDH) that would consider expanding eligibility for funding to Nurse Aide students.

2. The Board received the report on the proposed revisions to the Sanction Reference Points for Certified Nurse Aides. Two areas of concern were raised:

a. The "failure to participate with DHP" was listed for scoring. Since the respondent has no obligation to participate, although it is their due process right to do so, it was requested that that item be removed from the scoring.

b. The issue of patient injury included a statement "for instance a patient injury resulting from a fall would not be scored." The Board requested that that modifier be removed.

It should be noted that the SRPs for Certified Nurse Aides, as presented to the BHP today, have both those items removed.

3. The Final Regulations for Nurse Aide Educational Programs were presented, as part of a periodic review. Two major revisions are highlighted:

a. The number of hours required for approval was increased from 120 to 140, including at least 20 additional hours for clinical education.

b. Instructor training of at least 12 hours is required for all Nurse Aide instructors.

The Board of Nursing staff participated in a number of significant efforts during the last quarter of 2020. Included, among many others, were:

1. Project First Line – an initiative, with DHP and VDH, to expand and ensure infection control education to all health care providers.

2. The Clinicals Workgroup, convened with the Governor's staff, to discuss the impact of COVID-19 on educational programs.

3. Adding APRNs to NURSYS, the national licensure and disciplinary database, which already lists RNs and LPNs. This system centralizes the information sources required.

4. As part of its approval process for pre-licensure educational programs, the Board staff participated in the provision of waivers related to licensure and education by making recommendations to the Director of DHP. These waivers posted on the BON website and communicated to stakeholders provided relief and increased flexibility while maintaining educational standards and work to assure adequate workforce in the Commonwealth.

It is difficult to overstate the accomplishments of the staff of the Board of Nursing during the last difficult year. While handling increasing numbers of licensees, educational programs and disciplinary actions, they have continued to adapt through serious challenges to serve the needs of the Department and of the citizens of the Commonwealth. Board Members, many of whom are involved in the delivery of care, have remained available for meetings and hearings and continued to carry out their duty to protect the public during an unprecedented and difficult time.

Respectfully submitted,

Louise Hershkowitz, CRNA, MSHA

Virginia Board of Optometry
Board of Health Professions Meeting
January 21, 2021

Statistics

Last board meeting held on October 16, 2020. The February 12, 2021, board meeting is cancelled. The next board meeting is scheduled for July 16, 2021.

Complaints

FY2018 Received - 42	FY2019 Received - 29	FY2020 Received - 35	July – November FY2021 Received - 18

Licenses

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

Total – 2,023	TPA – 1,676	DPA – 87

Activities of the Board:

- Board staff is mostly teleworking and coming into the office as needed.
- Regulatory action to repeal Professional Designations became effective on 10/29/2020.
- Regulatory action for e-prescribing waiver is in the Governor's office awaiting review. To date only six waiver requests have been received and granted. The waivers expire on June 30, 2021.
- During the Board's October meeting, the following actions were taken:
    - Voted to adopt Proposed Regulations for Waiver of Electronic Prescribing.
    - Voted to adopt Exempt Action on Addition to the TPA-Formulary.
    - Discussed the issue of continuing education and took no action to make any changes because there are numerous opportunities for licensees to attend online courses where the licensee and the lecturer may communicate with one another as required by regulations.
- Amendments to the Federal Contact Lens Rule became effective on October 16, 2020. After discussion, the Board took no regulatory action, but will continue to monitor for possible regulatory changes.

Virginia Board of Veterinary Medicine
Board of Health Professions Meeting
January 21, 2021

Statistics

Last board meeting held on July 28, 2020. The October 29, 2020, board meeting was cancelled. The next board meeting is scheduled for March 11, 2021.

Complaints

FY2018 Received - 217	FY2019 Received - 247	FY2020 Received - 463	1st QTR FY2021 Received – 82

Licenses

Type of Licensee	Total # of Licensees
Veterinarian	4,647
Faculty Veterinarian	93
Intern/Resident Veterinarian	57
Veterinary Technician	2,448
Equine Dental Technician	24
Veterinary Establishment – Ambulatory	300
Veterinary Establishment - Stationary	890

Activities of the Board:

- Board staff is mostly teleworking and coming into the office as needed.
- Board held several informal conferences virtually.
- Veterinary Establishment Inspection Committee met virtually on 9/30/20 and 12/17/20 to discuss possible changes to the regulations related to veterinary establishments.
- Board recently sent out a mass emails with information from the U.S. Fish and Wildlife Service regarding stolen falcons a federally protected bird and information from VDH about the first confirmed Virginia cat testing positive for SARS-CoV-2.