

Meeting of the Virginia Board of Medicine



October 22, 2020
8:30 a.m.



Board of Medicine
Thursday, October 22, 2020 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Call to Order and Roll Call

Emergency Egress Procedures..... i

Introduction of New Members

Approval of Minutes from February 20, 20201

Adoption of Agenda

Public Comment on Agenda Items

The Board will consider regulatory and disciplinary matters as may be presented on the agenda. Public comment will be received on agenda items at the beginning of the meeting. **No public comment will be received on the Conversion Therapy regulations as the public comment period ended 9-30-2020.** Public seating will be limited to 10; first come, first served.

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====No motion needed to adjourn if all business has been conducted====

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

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Agenda Item: **Approval of Minutes of the February 20, 2020**

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

Action: Motion to approve minutes.

**VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES**

February 20, 2020

Department of Health Professions

Henrico, VA 23233

- CALL TO ORDER:** Dr. Tuck called the meeting to order at 8:31 AM.
- ROLL CALL:** Ms. Opher called the roll; a quorum was established.
- MEMBERS PRESENT:** Ray Tuck, DC, President
Lori Conklin, MD, Vice-President
L. Blanton Marchese, Secretary-Treasurer
Syed Ali, MD
David Archer, MD
James Arnold, DPM
Manjit Dhillon, MD
Alvin Edwards, MDiv, PhD
David Giammittorio, MD
Jane Hickey, JD
Jacob Miller, DO
Kevin O'Connor, MD
Karen Ransone, MD
Brenda Stokes, MD
Svinder Toor, MD
Kenneth Walker, MD
Martha Wingfield
- MEMBERS ABSENT:** Joel Silverman, MD
- STAFF PRESENT:** William L. Harp, MD - Executive Director
Jennifer L. Deschenes, JD - Deputy Executive Director for Discipline
Colanthia M. Opher - Deputy Executive Director for Administration
Michael Sobowale – Deputy Executive Director for Licensure
Barbara Matusiak, MD - Medical Review Coordinator
David Brown, DC - DHP Agency Director
Elaine Yeatts - DHP Senior Policy Analyst
Erin Barrett, JD - Assistant Attorney General
- OTHERS PRESENT:** Tom Intorcio-Virginia Catholic Conference
Robert Glasgow – Virginia Academy of Physician Assistants

EMERGENCY EGRESS

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

APPROVAL OF THE OCTOBER 17, 2019 MINUTES

Dr. Edwards moved to approve the October 17, 2019 minutes as presented; the motion was properly seconded and carried unanimously.

ADOPTION OF THE AGENDA

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

UPDATE FROM THE NATIONAL COMMISSION ON THE CERTIFICATION OF PHYSICIAN ASSISTANTS

This presentation was postponed and will be rescheduled for later in the year.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT- David Brown, DC

Dr. Brown provided the Board with an update on the 2020 Session of the General Assembly, highlighting legislation that will affect Medicine.

REPORTS OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Dr. Tuck reported on his attendance at a meeting hosted by the Center for Personalized Education for Physicians (CPEP) in Denver.

Dr. Walker reported on his presentation to students at Liberty University.

VICE-PRESIDENT'S REPORT

Dr. Conklin had no report.

SECRETARY-TREASURER'S REPORT

Mr. Marchese had no report.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp provided an update on:

- 1- the Board's cash balance, revenues and expenditures for FY2021,
- 2- FSMB Advocacy Network News that covered topics including telemedicine, opioids, the Interstate Medical Compact, and the Universal Recognition of Occupational Licenses Act,
- 3- Board Member terms – 8 Board member terms will expire June 30, 2020,
- 4- the Greenwall Foundation State Medical Board Survey,
- 5- FSMB's 108th Annual Meeting - staff will seek authorization for those members interested in attending.

COMMITTEE and ADVISORY BOARD REPORTS

Dr. Archer moved to accept all the minutes en bloc. The motion was properly seconded and carried unanimously.

OTHER REPORTS

Board Counsel

Erin Barrett, AAG provided an update on the following cases:

- Clowdis v. Board of Medicine et al.
- Merchia v. Board of Medicine
- Merchia v. Board of Medicine et al.
- Moustafa v. Board of Medicine
- Hill v. Board of Medicine
- Garada v. Board of Medicine
- Zackrison v. Ali et al

Board of Health Professions

- **Licensure of Certified Anesthesiologist Assistants (CAA's)**

Dr. O'Connor spoke of the Board of Health Professions (BHP) 2018 denial to recommend the licensure of CAA's despite over 100 letters of support from the anesthesiology community. He noted that CAA's have master's level training and are already licensed in 17 states, all federal facilities, the military, and the VA system. He provided the reasons given for the denial; however, he believes they were flawed.

MOTION: After his overview and the Board's discussion, Dr. Edwards moved that licensure for CAAs be revisited by BHP. The motion was seconded and carried unanimously.

- **Stem Cell Therapy**

Dr. O'Connor then spoke to the therapeutic use of stem cells and recommended the Board develop a guidance

document addressing this practice. He said that FSMB already has a policy in place that could serve as a foundation for a Board guidance document. An Ad Hoc Committee should be established with experts in the field, including a representative from the Department of Health. Dr. Brown stated that if the conclusion of the Ad Hoc is that these procedures are the practice of medicine, legislation can follow. Although no vote was taken, the Board members were in agreement with Dr. O'Connor's recommendation.

Podiatry Report

Dr. Arnold had no report.

Chiropractic Report

Dr. Tuck provided a brief report on activities in the chiropractic community.

Committee of the Joint Boards of Nursing and Medicine

Mr. Marchese provided a brief summary of the most recent meeting. To date, over 700 nurse practitioners have been granted autonomous practice; no application has been denied.

Dr. Tuck called for a break at 10:07 a.m. The meeting reconvened at 10:23 a.m.

New Business:

1) Regulatory and Legislative Issues

- **Chart of Regulatory Actions**

Ms. Yeatts provided an update on the status of regulatory actions as of February 10, 2020. This report was for informational purposes only and did not require action.

- **Report from the 2020 General Assembly**

Ms. Yeatts reviewed the proposed legislation in the 2020 Session of the General Assembly. She reviewed the bills that will directly affect the Board of Medicine and fielded questions from Board members.

- **Petition for Rulemaking – Lee Tannenbaum, MD**

Ms. Yeatts reviewed the petition submitted by Lee Tannenbaum MD, Senior Medical Director for ARS addiction treatment facilities, who asked the Board to consider an amendment to **18VAC85-21-150(I) Treatment with Buprenorphine for Addiction**, raising the maximum dose of buprenorphine to 32 mg per day. Ms. Yeatts reviewed the recommendation of the Legislative Committee.

MOTION: Dr. O'Connor moved that the Board accept the recommendation of the Legislative Committee that no regulatory action be taken. The motion was seconded and carried unanimously.

- **Petition for Rulemaking – Virginia Academy of Physician Assistants**

Ms. Yeatts reviewed the petition for rule-making from the Virginia Academy of Physician Assistants which requested an amendment to **18VAC85-50-16 Disclosure**, that the requirement that the patient care team physician's name be on Schedule II-V prescriptions be removed. Ms. Yeatts also referred to the Legislative Committee's recommendation to take no regulatory action.

MOTION: After a brief discussion, Dr. O'Connor moved to accept the recommendation of the Legislative Committee to take no regulatory action. The motion was properly seconded and carried unanimously.

- **Adoption of Amendment to Regulations for Respiratory Therapy**

Ms. Yeatts reviewed the minutes from the May 21, 2019 meeting of the Advisory Board on Respiratory Therapy and the proposed amendment to **18VAC85-40-66 Continuing education requirements**. The Advisory asks that the Board consider passage of a specialty examination to count for 20 hours of continuing education for the biennium in which the exam was passed. Ms. Yeatts advised that adoption of the amendment would be a fast-track action.

MOTION: After a brief discussion, Dr. O'Connor moved to adopt the amended regulation as a fast-track action. The motion was properly seconded and carried unanimously.

- **Regulatory Action – Adoption of Final Regulations for Autonomous Practice for Nurse Practitioners**

Ms. Yeatts advised that the emergency regulations became effective January 7, 2019 and remain in effect for 18 months. The emergency regulations must be replaced with permanent regulations by June 6, 2020. She noted that the final regulations are identical to the proposed and emergency regulations.

MOTION: Dr. Walker moved to adopt the final regulations as presented. The motion was properly seconded and carried unanimously.

- **Adoption of Proposed Regulation for Waiver of Electronic Prescribing by Nurse Practitioners**

Ms. Yeatts referred to the 2019 Legislation, Emergency NOIRA and Amendments to **18VAC90-40, Regulations Governing Prescriptive Authority for Nurse Practitioners**. Ms. Yeatts stated that the proposed amendments are identical to the emergency regulations that became effective on December 23, 2019.

MOTION: After a brief discussion, Dr. Edwards moved to adopt the proposed regulations for nurse practitioners to replace the emergency regulations for a temporary waiver for the e-prescribing of opioids. The motion was properly seconded and carried unanimously.

- **Recommendation on Conversion Therapy**

Ms. Yeatts referred to the guidance document adopted by the Board on October 17, 2019, the comments posted on Regulatory Townhall during the comment period, and the Legislative Committee's reaffirmation of the document as published.

MOTION: After some discussion, Dr. Ransone moved to accept the recommendation of the Legislative Committee and reaffirm the guidance document as published. The motion was properly seconded and passed unanimously.

2. Waiver for Electronic Prescribing

Dr. Harp said that beginning July 1, 2020, all prescriptions for medications that contain an opioid must be transmitted electronically to the dispensing pharmacy. He reminded the Board members of the December Executive Committee's request that Board staff notify the affected licensees 3 times prior to the July 1 implementation date. Dr. Harp said the first notification appeared in the December 2019 Board Briefs and that there would be 2 more to help prescribers comply by July 1. The Board discussed the proposed waiver request form, which generated 2 amendments.

MOTION: Dr. Ransone moved to accept the revised form as amended for inclusion in the next Board Briefs. The motion was properly seconded and carried unanimously.

3. Licensing Report - Michael Sobowale

Michael Sobowale provided a brief statistical analysis of licensing, stating that there has been steady growth in the total number of applicants year-to-year. This year's total will equal or exceed the number of licenses issued last year.

This report was for informational purposes only and did not require action.

4. Licensure by Endorsement Report – Dr. Harp

Dr. Harp noted that 85 licenses have been issued through the endorsement pathway since January 1, 2020. He also noted that FSMB is still interested in having the Board join the Interstate Medical Licensure Compact as some of our contiguous states have done.

This report was for informational purposes only and did not require action.

5. Discipline Report – Jennifer Deschenes

Ms. Deschenes provided a quick overview of cases currently open by stage as of February 7, 2020. She then introduced Sean Murphy, AAG, who presented a possible summary suspension on a physician.

Dr. Edwards moved to summarily suspend. The motion was seconded and carried unanimously.

6. Appointment of Nominating Committee

Dr. Tuck appointed Dr. O'Connor, Dr. Walker and Dr. Giammittorio to serve on the Nominating Committee to develop a slate of officers for 2020-2021.

7. Adjournment

With no other business to discuss, the meeting adjourned at approximately 11:35 a.m.

Ray Tuck, Jr., DC
President, Chair

William L. Harp, MD
Executive Director

Colanthia Morton Opher
Recording Secretary

Agenda Item: Report of the Nominating Committee

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

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

Agenda Item: Director's Report

Staff Note: None.

Action: Informational presentation. No action required.

Agenda Item: Report of Officers

- Staff Note:**
- ♦ President
 - ♦ Vice-President
 - ♦ Secretary-Treasurer
 - ♦ Executive Director

Action: Informational presentation. No action required.

Agenda Item: **Executive Director's Report**

Staff Note: All items for information only

Action: None.

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

	<u>102- Medicine</u>
Board Cash Balance as June 30, 2020	\$ 9,298,608
YTD FY21 Revenue	2,287,158
Less: YTD FY21 Direct and Allocated Expenditures	<u>1,710,956</u>
Board Cash Balance as August 31, 2020	<u><u>\$ 9,874,810</u></u>

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
4002400	Fee Revenue				
4002401	Application Fee	248,397.00	1,414,774.00	1,166,377.00	17.56%
4002402	Examination Fee	1,939.00	-	(1,939.00)	0.00%
4002406	License & Renewal Fee	2,030,737.00	6,273,362.00	4,242,625.00	32.37%
4002407	Dup. License Certificate Fee	1,330.00	3,375.00	2,045.00	39.41%
4002409	Board Endorsement - Out	190.00	49,820.00	49,630.00	0.38%
4002421	Monetary Penalty & Late Fees	4,440.00	94,179.00	89,739.00	4.71%
4002432	Misc. Fee (Bad Check Fee)	50.00	175.00	125.00	28.57%
	Total Fee Revenue	2,287,083.00	7,835,685.00	5,548,602.00	29.19%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	75.00	-	(75.00)	0.00%
	Total Sales of Prop. & Commodities	75.00	-	(75.00)	0.00%
	Total Revenue	2,287,158.00	7,835,685.00	5,548,527.00	29.19%
5011110	Employer Retirement Contrib.	38,068.49	189,919.65	151,851.16	20.04%
5011120	Fed Old-Age Ins- Sal St Emp	19,168.78	93,721.45	74,552.67	20.45%
5011140	Group Insurance	3,651.50	17,599.75	13,948.25	20.75%
5011150	Medical/Hospitalization Ins.	46,364.35	222,548.88	176,184.53	20.83%
5011160	Retiree Medical/Hospitalizatn	3,093.16	14,710.24	11,617.08	21.03%
5011170	Long term Disability Ins	1,508.54	8,011.82	6,503.28	18.83%
	Total Employee Benefits	111,854.82	546,511.79	434,656.97	20.47%
5011200	Salaries				
5011230	Salaries, Classified	263,666.33	1,313,413.93	1,049,747.60	20.07%
5011250	Salaries, Overtime	1,467.83	-	(1,467.83)	0.00%
	Total Salaries	265,134.16	1,313,413.93	1,048,279.77	20.19%
5011300	Special Payments				
5011340	Specified Per Diem Payment	350.00	-	(350.00)	0.00%
5011380	Deferred Compnstrn Match Pmts	1,137.00	8,817.60	7,680.60	12.89%
	Total Special Payments	1,487.00	8,817.60	7,330.60	16.86%
5011400	Wages				
5011410	Wages, General	9,776.26	102,000.00	92,223.74	9.58%
	Total Wages	9,776.26	102,000.00	92,223.74	9.58%
5011530	Short-trm Disability Benefits	10,120.11	-	(10,120.11)	0.00%
	Total Disability Benefits	10,120.11	-	(10,120.11)	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	998.85	-	(998.85)	0.00%
	Total Terminatn Personal Svce Costs	998.85	-	(998.85)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	399,371.20	1,970,743.32	1,571,372.12	20.27%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	5,997.00	5,997.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

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

Account Number	Account Description	Amount		Under/(Over)	% of Budget
		Amount	Budget	Budget	
5012120	Outbound Freight Services	555.44	-	(555.44)	0.00%
5012140	Postal Services	18,518.15	66,802.00	48,283.85	27.72%
5012150	Printing Services	-	3,026.00	3,026.00	0.00%
5012160	Telecommunications Svcs (VITA)	1,760.03	10,500.00	8,739.97	16.76%
5012170	Telecomm. Svcs (Non-State)	225.00	-	(225.00)	0.00%
5012190	Inbound Freight Services	56.44	35.00	(21.44)	161.26%
	Total Communication Services	21,115.06	86,360.00	65,244.94	24.45%
5012200	Employee Development Services				
5012210	Organization Memberships	-	7,228.00	7,228.00	0.00%
5012240	Employee Training/Workshop/Conf	1,575.00	4,283.00	2,708.00	36.77%
	Total Employee Development Services	1,575.00	11,511.00	9,936.00	13.68%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	2,298.00	2,298.00	0.00%
	Total Health Services	-	2,298.00	2,298.00	0.00%
5012400	Mgmt and Informational Svcs	-			
5012420	Fiscal Services	34,658.21	119,963.00	85,304.79	28.89%
5012440	Management Services	511.58	1,797.00	1,285.42	28.47%
5012460	Public Infrmtl & Relatn Svcs	14.00	-	(14.00)	0.00%
5012470	Legal Services	-	5,579.00	5,579.00	0.00%
	Total Mgmt and Informational Svcs	35,183.79	127,339.00	92,155.21	27.63%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	273.56	-	(273.56)	0.00%
5012530	Equipment Repair & Maint Srvc	229.45	1,705.00	1,475.55	13.46%
	Total Repair and Maintenance Svcs	503.01	1,705.00	1,201.99	29.50%
5012600	Support Services				
5012630	Clerical Services	17,791.13	160,729.00	142,937.87	11.07%
5012640	Food & Dietary Services	556.84	12,698.00	12,141.16	4.39%
5012660	Manual Labor Services	3,497.66	24,912.00	21,414.34	14.04%
5012670	Production Services	17,185.99	153,625.00	136,439.01	11.19%
5012680	Skilled Services	71,787.75	531,779.00	459,991.25	13.50%
	Total Support Services	110,819.37	883,743.00	772,923.63	12.54%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,703.15	25,626.00	23,922.85	6.65%
5012830	Travel, Public Carriers	439.49	4,170.00	3,730.51	10.54%
5012850	Travel, Subsistence & Lodging	565.85	21,524.00	20,958.15	2.63%
5012880	Trvl, Meal Reimb- Not Rprtbl	529.50	7,407.00	6,877.50	7.15%
	Total Transportation Services	3,237.99	58,727.00	55,489.01	5.51%
	Total Contractual Svcs	172,434.22	1,171,683.00	999,248.78	14.72%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	32.48	-	(32.48)	0.00%
5013120	Office Supplies	3,912.01	14,609.00	10,696.99	26.78%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10200 - Medicine
 For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over)	
5013130	Stationery and Forms	-	3,614.00	3,614.00	0.00%
	Total Administrative Supplies	3,944.49	18,223.00	14,278.51	21.65%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%
	Total Manufctrng and Merch Supplies	-	94.00	94.00	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	42.85	-	(42.85)	0.00%
5013520	Custodial Repair & Maint Matrl	5.91	-	(5.91)	0.00%
	Total Repair and Maint. Supplies	48.76	-	(48.76)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	528.00	528.00	0.00%
5013630	Food Service Supplies	-	1,129.00	1,129.00	0.00%
	Total Residential Supplies	-	1,657.00	1,657.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	30.58	166.00	135.42	18.42%
	Total Specific Use Supplies	30.58	166.00	135.42	18.42%
	Total Supplies And Materials	4,023.83	20,140.00	16,116.17	19.98%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	485.00	485.00	0.00%
	Total Insurance-Fixed Assets	-	485.00	485.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	1,227.44	7,200.00	5,972.56	17.05%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	26,339.16	144,636.00	118,296.84	18.21%
	Total Operating Lease Payments	27,566.60	151,936.00	124,369.40	18.14%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,828.00	1,828.00	0.00%
5015540	Surety Bonds	-	108.00	108.00	0.00%
	Total Insurance-Operations	-	1,936.00	1,936.00	0.00%
	Total Continuous Charges	27,566.60	154,357.00	126,790.40	17.86%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	782.00	-	(782.00)	0.00%
	Total Computer Hrdware & Sftware	782.00	-	(782.00)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	829.00	829.00	0.00%
	Total Educational & Cultural Equip	-	829.00	829.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%
5022620	Office Furniture	514.45	-	(514.45)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

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

Account		Amount			
Number	Account Description	Amount	Budget	Under/(Over)	% of Budget
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	514.45	1,392.00	877.55	36.96%
	Total Equipment	1,296.45	2,221.00	924.55	58.37%
	Total Expenditures	604,692.30	3,319,144.32	2,714,452.02	18.22%
Allocated Expenditures					
30100	Data Center	148,088.11	1,126,420.08	978,331.98	13.15%
30200	Human Resources	824.74	78,630.58	77,805.85	1.05%
30300	Finance	78,166.49	435,541.62	357,375.14	17.95%
30400	Director's Office	28,245.07	156,493.78	128,248.71	18.05%
30500	Enforcement	471,244.03	2,522,862.12	2,051,618.08	18.68%
30600	Administrative Proceedings	236,691.05	1,278,297.24	1,041,606.19	18.52%
30700	Impaired Practitioners	27,218.97	48,292.08	21,073.12	56.36%
30800	Attorney General	83,955.72	350,592.62	266,636.90	23.95%
30900	Board of Health Professions	21,228.60	117,795.98	96,567.38	18.02%
31100	Maintenance and Repairs	-	10,911.33	10,911.33	0.00%
31300	Emp. Recognition Program	25.78	5,693.26	5,667.48	0.45%
31400	Conference Center	88.85	1,580.92	1,492.07	5.62%
31500	Pgm Devlpmnt & Implmentn	10,486.54	70,163.01	59,676.47	14.95%
	Total Allocated Expenditures	1,106,263.94	6,203,274.63	5,097,010.69	17.83%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ 576,201.76	\$ (1,686,733.95)	\$ (2,262,935.71)	34.16%

2020 SESSION

CHAPTER 236

An Act to require the Department of Health to determine the feasibility of the establishment of a Medical Excellence Zone Program and to require the Department of Health Professions to pursue reciprocal agreements with states contiguous with the Commonwealth for licensure for certain primary care practitioners under the Board of Medicine.

[S 757]

Approved March 10, 2020

Be it enacted by the General Assembly of Virginia:

- 1. § 1. That the Department of Health shall determine the feasibility of establishing a Medical Excellence Zone Program (the Program) to allow citizens of the Commonwealth living in rural underserved areas to receive medical treatment via telemedicine services as defined in § 38.2-3418.16 of the Code of Virginia. The Department shall set out the criteria that would be required for a locality or group of localities in the Commonwealth to be eligible for the designation as a medical excellence zone. Such criteria shall include that any locality or group of localities eligible for the Program must demonstrate economic disadvantage of residents in the proposed medical excellence zone. The Department of Health shall report its findings to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.*
- 2. § 1. That the Department of Health Professions shall pursue the establishment of reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners. Reciprocal agreements shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on § 54.1-2915 of the Code of Virginia. The Department of Health Professions shall report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.*
- 3. § 1. That the Board of Medicine shall prioritize applicants for licensure as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states that are contiguous with the Commonwealth in processing their applications for licensure by endorsement through a streamlined process, with a final determination regarding qualification to be made within 20 days of the receipt of a completed application.*

Report on Reciprocal Licensing Agreements with Contiguous States

Preface

The 2020 Session of the General Assembly passed SB757 with Senator Favola as the patron and HB1701 with Delegate Tran as the patron. The text of the two § 1 bills was identical with the following text relevant to this report:

2. § 1. That the Department of Health Professions shall pursue the establishment of reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners. Reciprocal agreements shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on § 54.1-2915 of the Code of Virginia. The Department of Health Professions shall report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.

The pursuit of reciprocal agreements for the licensure of doctors of medicine, doctors of osteopathic medicine, and physician assistants was undertaken by Dr. William Harp, MD, Executive Director of for the Board of Medicine. The pursuit of reciprocal agreement for the licensure of nurse practitioners was undertaken by Jay Douglas, Executive Director of the Board of Nursing.

Virginia's contiguous states are North Carolina, Tennessee, Kentucky, West Virginia, and Maryland, and for purposes of this report, the District of Columbia was included as a contiguous jurisdiction.

Method

To pursue the matter of reciprocal agreements for licensure, the Executive Director for the Virginia Board of Medicine communicated with the Executive Directors of the other state boards. There are six contiguous jurisdictions that have eight boards of medicine or osteopathic medicine. The boards are:

North Carolina Medical Board

Tennessee Board of Medical Examiners

Tennessee Board of Osteopathic Examination

Kentucky Board of Medical Licensure

West Virginia Board of Medicine

West Virginia Board of Osteopathic Medicine

Maryland Board of Physicians

District of Columbia Board of Medicine

Physician Assistants are licensed by the medical boards listed above.

Each board of medicine has an Executive Director. An email explaining the legislative directive to pursue reciprocal licensing agreements with their boards was sent on June 17, 2020. Only one of the Executive Directors responded in writing to that email. Calls were made to the other boards in July and August, and it was related learned that the primary reason responses from other boards had not been forthcoming was that the Executive Directors needed time to consult with their boards, which in most cases could not be done until a meeting of their board convened. The Virginia Board of Medicine was able to collect seven responses from Executive Directors, with the only outstanding one being the West Virginia Board of Osteopathic Medicine.

The Board of Medicine did not contact the contiguous boards of nursing regarding Nurse Practitioners. While jointly licensed by the Board of Nursing and the Board of Medicine in Virginia, nurse practitioners are licensed by the boards of nursing in most other states. Those contacts were made by Jay Douglas, Executive Director for the Virginia Board of Nursing.

Results

Four contiguous states expressed no interest in a reciprocal licensing agreement with the Virginia Board of Medicine at this time. They were:

North Carolina

Tennessee

Kentucky

West Virginia

The chief reason that these neighboring states did not want to create a new pathway to licensure was that they are involved with the Interstate Medical Licensure Compact (IMLC). Some have just recently joined and wanted to see how that pathway to licensure plays out. Although Board staff did not hear from the West Virginia Board of Osteopathic Medicine, it is also a member of the IMLC.

Maryland and the District of Columbia (DC) are also members of the IMLC. However, both have expressed interest in a possible reciprocal licensing agreement with Virginia. As background, the three Executive Directors have had conference calls over the years to discuss matters of common interest. Those calls have been more frequent in 2020 and have provided the opportunity to discuss reciprocal licensing agreements in more some detail.

The language of SB757 and HB1701 indicate that such agreements “*shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on § 54.1-2915 of the Code of Virginia*”. However, such an agreement with Maryland and DC would need to go beyond the specific restrictions on a reciprocal agreement that are expressed in SB757 and HB1701. Maryland and DC have already noted that any reciprocal agreement would need to include requirements for criminal background checks, five years of professional practice, ~~and no disciplinary history or pending investigations~~ and a review of the applicant’s disciplinary history. The three jurisdictions would need to develop a document to which all could agree to facilitate reciprocity of licensure.

In Virginia, there is already statutory authorization for health regulatory boards to enter into reciprocal agreements with other jurisdictions, as provided in § 54.1-103 of the Code of Virginia:

§ 54.1-103. Additional training of regulated persons; reciprocity; endorsement.

A. The regulatory boards within the Department of Professional and Occupational Regulation and the Department of Health Professions may promulgate regulations specifying additional training or conditions for individuals seeking certification or licensure, or for the renewal of certificates or licenses.

B. The regulatory boards may enter into agreements with other jurisdictions for the recognition of certificates and licenses issued by other jurisdictions.

C. The regulatory boards are authorized to promulgate regulations recognizing licenses or certificates issued by other states, the District of Columbia, or any territory or possession of the United States as full or partial fulfillment of qualifications for licensure or certification in the Commonwealth.

Maryland has indicated that its statutory and regulatory framework would ~~also~~ currently facilitate the Maryland Board of Physicians developing such a document and entering into a memorandum of understanding with Virginia. The DC Executive Director has yet to have the same posture confirmed by Board Counsel.

The Virginia Boards of Medicine and Nursing have statutory authority for reciprocal agreements for licensure of doctors of medicine, osteopathic medicine, physician assistants, or nurse practitioners, but the restrictions placed on such agreements in SB757 and HB1701 may preclude any such agreements if those restrictions are not acceptable to another jurisdiction.

Suggested Options

To provide context for reciprocal agreements, the following is a brief overview of licensing of physicians by the Virginia Board of Medicine:

There are two pathways to licensure, traditional (by examination) and endorsement.

The traditional pathway requires ~~that~~ that primary source entities submit a number of documents to the Board relating to a person's application for licensure. Included are medical school transcripts, examination scores, documentation of postgraduate training, state verifications from states in which licenses have been held, and a National Practitioner Data Bank report. For international medical graduates, a certificate from the Educational Commission for Foreign Medical Graduates is required. The speed of the licensing process depends upon the diligence with which the applicant works his/her application. It is possible to be issued a license in less than two weeks, but most applicants take a few months to have all required documentation sent to the Board.

The second pathway is licensure by endorsement. As early as 2012, the Board of Medicine was aware that the U.S. Congress was interested in more rapid licensure of physicians to facilitate the interstate practice of medicine. The Federation of State Medical Boards studied the topic of licensure and facilitated the creation of the Interstate Medical Licensure Compact (Compact). The Virginia Board of Medicine had been aware of this effort for several years prior to its detailed discussion in 2016 about whether it would be beneficial for applicants and the Board to join the Compact. In 2016, the Board decided not to join the Compact at that time, but to utilize the foundation in the law to develop regulations for a pathway to licensure by endorsement. The regulations became effective in the fall of 2018, and the endorsement pathway became operable in December 2018.

Licensure by endorsement is intended to be a more expeditious pathway. It requires that the applicant hold a license in at least one state continuously for the last five years, that he/she has been engaged in active practice for five years after postgraduate training, that all other state licenses are in good standing, that he/she is board certified, and that a National Practitioner Data Bank report shows that there has been no history of board actions or paid malpractice claims within the last 10 years. The Board has observed that there are two groups of physicians that apply for endorsement. There are those that want a license quickly, and there are those that want to deal with fewer submissions of primary source documents. The latter group takes longer to get the required documents to the Board, because speed is not their issue.

Was the Virginia Board of Medicine's decision in 2016 to promulgate regulations for licensure by endorsement and not to join the Interstate Medical Licensure Compact a wise one? The goal of the Compact is expeditious licensure. The Compact homepage says that it is "a faster pathway to physician licensure" and that it is an "expedited pathway to licensure for physicians who wish to practice in multiple states." A physician pays \$700 to the Compact to participate and also pays the licensing fee for any state in which the physician seeks licensure. The Board reasoned that it could save money for its applicants and expedite licensure by a pathway of endorsement. The latest discernible data from the Compact is that it takes more than 50 days from initial application to the issuance of a license. In the last month or so, the Compact announced it had issued its 11,000th license. In contrast, the Virginia Board's endorsement pathway averages less than 30 days. And in the instance of a physician that got her documents to the Board simultaneously with the download of her application, she ~~the license~~ was issued a license in **one day**. To date, the Board of Medicine has issued 678 physician licenses by endorsement. The Executive Director for the Maryland Board of Physicians is also the Treasurer

of the Compact. ~~However~~, She is developing regulations for licensure by endorsement for the Maryland Board based on those of the Virginia Board.

Based on the information gathered and responses from contiguous jurisdictions, there appear to be three options:

Option 1 – Take no further action at this time

Physicians in neighboring states can be quickly licensed through both the traditional and endorsement pathways. The speed of licensure depends on the effort of the applicant.

Option 2 – Pursue a reciprocal licensing pathway with Maryland and DC

At the present time, these are the only two jurisdictions that will consider agreements for licensure by reciprocity. It is clear that such a pathway would involve requirements that go beyond those in SB757 and HB1701. ~~Tri-state~~ Tri-jurisdictional development of standards agreeable to all would require the coordination of the Executive Directors, Board Counsels, the Full Boards and their Committees. A reasonable timeframe to be able to establish this pathway would likely be early to middle 2022.

Option 3 – Join the Interstate Medical Licensure Compact

The Compact helps physicians that wish to be licensed in more than one state. This is particularly helpful to those physicians that seek a nationwide telemedicine practice. It may not be as advantageous to physicians in Virginia's border states who just wish to practice into Virginia. Licensing through the Compact is more costly for an applicant (an additional \$700) and does not appear to expedite the process for someone seeking licensure to practice in Virginia.

PERINATAL AND OTHER DEPRESSION IN WOMEN

The 2020 Session of the General Assembly passed HB 42 which requires the Board of Medicine to "annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression. Such communication shall encourage practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate and shall provide information to practitioners regarding the factors that may increase susceptibility of certain patients to prenatal or postnatal depression or other depression, including racial and economic disparities, and encourage providers to remain cognizant of the increased risk of depression for such patients."

HB 42 echoes the recommendation of the 2016 US Preventive Services Task Force that pregnant women and postpartum women should be screened for depression, and it adds women that have been pregnant in the last 5 years. The bill seeks to be preventive, so it encourages practitioners to identify women at risk for depression. Screening and identification is important since many women do not seek treatment for depression. The practitioner is in the important position of being able to refer women at risk for depression to counseling and for further evaluation. This initiative is particularly relevant for minority women, a group that has not been screened as often.

Remember that postpartum depression can cause intense feelings of sadness, anxiety or despair that prevent new mothers from being able to do their daily tasks. Practitioners should be aware of the risk factors for perinatal depression, factors that can be clinical or social. Here are some to keep in mind.

Clinical Risk Factors

- Personal or family history of depression
- History of physical or sexual abuse
- Unplanned or unwanted pregnancy
- Current stressful life events
- Pregestational or gestational diabetes
- Complications during pregnancy

Social Risk Factors

- Low socioeconomic status

- Lack of social or financial support
- Adolescent parenthood

Additionally, you should know that 1 in 7 women has perinatal depression. Preexisting depression, psychiatric illness prior to pregnancy, and symptoms during pregnancy are the strongest predictors of perinatal depression. Data show that a previous episode of postpartum depression predicts a second episode 50% of the time. A previous episode of postpartum psychosis predicts a recurrence 80-90% of the time. African-American women meet criteria for depression more than other ethnic groups and are 3 times more likely to die from pregnancy-related causes. And 1 in 3 migrant women from low and middle income countries have perinatal mental health issues.

It is recommended that women who exhibit 1 or more of the following should be referred for counseling or further evaluation.

- History of depression
- Current depressive symptoms
- Low income
- Adolescent or single parenthood
- Recent intimate partner violence
- Elevated anxiety symptoms
- History of significant negative life events
-

A useful tool to help with the identification of postpartum depression is the Edinburgh Postnatal Depression Scale. You can find it at:

<https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

And for women that are no longer in the perinatal period, the Patient Health Questionnaire-9 and the Beck Depression Inventory (BDI) are useful tools. You can find them at:

<https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>

<https://www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf>

The following 2 questions are recommended as a quick screen for a past history of depression, a significant risk factor. If the answers are “yes” for a pregnant or postpartum woman, consider referral for counseling or further evaluation.

- Was there ever a period of time when you were feeling depressed or down or when you lost interest in pleasurable activities most of the day, nearly every day, for at least 2 weeks?
- Has a health care professional ever told you that you were depressed? Have you ever taken a medication for depression?

In all cases, interventions should be tailored to the risk.

References

Massachusetts General Hospital Center for Women's Mental Health

- Perinatal Depression: How Do We Define High Risk? (Part 1) February 27, 2019 – Ruta Nonacs, MD, PhD
- Perinatal Depression: How Do We Define High risk? (Part 2) March 20, 2019 – Ruta Nonacs, MD, PhD

Perinatal depression screening practices in a large health system: identifying current state and assessing opportunities to provide more equitable care – Archives of Women's Mental Health, May 5, 2020 – Abbey Sidebottom et al.

Racial Disparities in Perinatal Depression in an Underserved Los Angeles County Population [3OP] – Obstetrics and Gynecology, May 6, 2017 – Anna K. Celaya, MD, MPH et al.

Research Gaps in Perinatal Mental Health: U.S. Racial & Ethnic Disparities and Neglected Global Populations - Mental Health Task Force at the Harvard Chan School, August 19, 2016 – Sarah Hodin, MPH, CD (DONA), LCCE

---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
MINUTES

Ad Hoc Committee on Controlled Substances Continuing Education

Friday, November 27, 2018 Department of Health Professions Henrico, Virginia

CALL TO ORDER: The meeting of the Ad Hoc Committee convened at 1:59 p.m.

MEMBERS PRESENT: Kevin O'Connor, MD, Chair
Robin Hills, NP
Ralph Orr
David Taminger, MD

MEMBERS ABSENT: Lori Conklin, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Tamika Hines, Discipline Reinstatement & CCA Case Manager
Barbara Allison-Bryan, MD, DHP, Deputy Director

OTHERS PRESENT: Jerry Canaan, HDJ

SUMMARY OF MEETING:

Dr. O'Connor called the meeting to order. The roll was called and a quorum declared. The Emergency Evacuation Instructions were given.

Dr. Taminger moved to approve the minutes of October 28, 2016. The motion was seconded and carried.

Dr. Taminger moved to adopt the agenda as presented. The motion was seconded and carried.

The members discussed Code Section 54.1-2912.1 which authorizes the Board of Medicine to require 2 hours of continuing education on opioids each biennium. The topics included in the law are those related to pain management, the responsible prescribing of controlled substances, and the diagnosis and management of addiction. The Board is to notify its licensees subject to the 2-hour requirement prior to January 1 of each odd-numbered year. The Ad Hoc Committee met on November 27, 2018 and developed a recommendation for the next biennium for the Board's consideration.

The Committee thought the Board should offer a "package" of continuing education that would satisfy the 2-hour requirement. It also endorsed the principle that licensees should be able to select activities they deemed valuable to their day-to-day practice.

---DRAFT UNAPPROVED---

The “package” would include:

- Reading the Board of Medicine Regulations Governing Prescribing Opioids and Buprenorphine
- Reading the Board’s FAQ’s on Opioids and Buprenorphine
- Viewing the PMP video on NarxCare (Generic Navigation-6 minutes & 51 seconds)
- Taking the Stanford University course on “How to Taper Patients Off of Chronic Opioid Therapy” which provides 1.25 hours of Category I AMA PRA credit

MOTION: The members unanimously agreed to recommend both a 2-hour “package” on the Board’s website and the option for licensees to pick their 2 hours of opioid continuing education activities.

With no further business to discuss, the meeting was adjourned at 2:57 p.m.

Kevin O’Connor, MD
Chair

William L. Harp, M.D.
Executive Director

Tamika Hines
Recording Secretary

JOHN H. CLARK, MD LEADERSHIP AWARD

The John H. Clark, MD Leadership Award is presented to an individual in recognition of outstanding and exemplary leadership, commitment, and contribution in advancing the public good **at the medical board level**. The Leadership Award may be presented to **any Fellow or Honorary Fellow of the FSMB** whose contributions to his or her board are believed by the Awards Committee to be in keeping with these guidelines. **No Chair or former Chair of the FSMB is eligible, and no one who has served as an FSMB officer, member of the Board of Directors, or full-time FSMB staff member within the previous two years is eligible**. The award honors the memory of John H. Clark, MD, a former Chair of the Utah Physicians Licensing Board, who served as FSMB President in 1982-83 and was known for his leadership and integrity.

Board of Medicine Report to the Medical Society of Virginia September 21, 2020

1. The Virginia Board of Medicine is comprised of 18 members appointed by the Governor. There is 1 MD from each of the 11 Congressional Districts, 1 DO, 1 DPM and 1 DC. Additionally there are 4 citizen members.
2. The officers of the Board elected in June 2019 are still in their respective positions of leadership. Ray Tuck, DC of Blacksburg remains President. Lori Conklin, MD of Charlottesville is Vice-President. Blanton Marchese, citizen member from Chesterfield, is Secretary-Treasurer.
3. In the fall of 2019, Governor Ralph Northam appointed 2 new Board of Medicine members. They are Joel Silverman, MD of Henrico (succeeding David Taminger, MD in the 7th Congressional District) and Ryan Williams, MD of Suffolk (succeeding Svinder Toor, MD in the 3rd Congressional District).
4. The Board of Medicine also has 11 Advisory Boards that assist the Board with matters of the professions that do not have representation on the Board of Medicine. The Advisory Boards are Acupuncture, Athletic Training, Behavior Analysis, Genetic Counseling, Midwifery, Occupational Therapy, Physician Assistants, Polysomnographic Technology, Radiological Technology, Respiratory Therapy, and Surgical Assisting.
5. The Board of Medicine licenses 21 professions including Interns/Residents/Fellows and Nurse Practitioners jointly with the Board of Nursing. It registers 1 profession which is Surgical Technology.
6. The number of licensed professionals in each license category at the time of this report was as follows:

Occupation	State	License Status	Count
Assistant Behavior Analyst			
Assistant Behavior Analyst	Virginia	Current Active	170
Assistant Behavior Analyst	Out of state	Current Active	18
Total for Assistant Behavior Analyst			188

Board of Medicine

Athletic Trainer

Athletic Trainer	Virginia	Current Active	1,436
Athletic Trainer	Virginia	Current Inactive	4
Athletic Trainer	Out of state	Current Active	285
Athletic Trainer	Out of state	Current Inactive	7
Total for Athletic Trainer			1,732

Behavior Analyst

Behavior Analyst	Virginia	Current Active	
Behavior Analyst	Virginia	Current Inactive	1,177
Behavior Analyst	Out of state	Current Active	3
Total for Behavior Analyst			325
			1,505

Chiropractor

Chiropractor	Virginia	Current Active	
Chiropractor	Virginia	Current Inactive	1,397
Chiropractor	Virginia	Probation - Current	20
Chiropractor	Out of state	Current Active	2
Chiropractor	Out of state	Current Inactive	244
Total for Chiropractor			88
			1,751

Genetic Counselor

Genetic Counselor	Virginia	Current Active	109
Genetic Counselor	Out of state	Current Active	260
Total for Genetic Counselor			369

Genetic Counselor-Temporary

Genetic Counselor-Temporary	Virginia	Current Active	7
Genetic Counselor-Temporary	Out of state	Current Active	3
Total for Genetic Counselor-Temporary			10

Interns & Residents

Interns & Residents	Virginia	Current Active	
Interns & Residents	Out of state	Current Active	2,688
Total for Interns & Residents			564
			3,252

Licensed Acupuncturist

Licensed Acupuncturist	Virginia	Current Active	433
Licensed Acupuncturist	Out of state	Current Active	131
Licensed Acupuncturist	Out of state	Current Inactive	11
Total for Licensed Acupuncturist			575

Licensed Midwife

Licensed Midwife	Virginia	Current Active	70
Licensed Midwife	Out of state	Current Active	27
Total for Licensed Midwife			97

Board of Medicine

Limited Radiologic Technologist

Limited Radiologic Technologist	Virginia	Current Active	473
Limited Radiologic Technologist	Virginia	Current Inactive	23
Limited Radiologic Technologist	Out of state	Current Active	25
Limited Radiologic Technologist	Out of state	Current Inactive	2
Total for Limited Radiologic Technologist			523

Medicine

Medicine	Virginia	Current Active	22,167
Medicine	Virginia	Current Inactive	513
Medicine	Virginia	Probation - Curren	3
Medicine	Out of state	Current Active	15,535
Medicine	Out of state	Current Inactive	1,128
Medicine	Out of state	Probation - Curren	1
Total for Medicine			39,347

Occupational Therapist

Occupational Therapist	Virginia	Current Active	3,582
Occupational Therapist	Virginia	Current Inactive	45
Occupational Therapist	Out of state	Current Active	940
Occupational Therapist	Out of state	Current Inactive	58
Total for Occupational Therapist			4,625

Occupational Therapy Assistant

Occupational Therapy Assistant	Virginia	Current Active	1,461
Occupational Therapy Assistant	Virginia	Current Inactive	16
Occupational Therapy Assistant	Out of state	Current Active	206
Occupational Therapy Assistant	Out of state	Current Inactive	11
Total for Occupational Therapy Assistant			1,694

Osteopathic Medicine

Osteopathic Medicine	Virginia	Current Active	1,997
Osteopathic Medicine	Virginia	Current Inactive	5
Osteopathic Medicine	Out of state	Current Active	1,960
Osteopathic Medicine	Out of state	Current Inactive	82
Total for Osteopathic Medicine			4,044

Physician Assistant

Physician Assistant	Virginia	Current Active	3,510
Physician Assistant	Virginia	Current Inactive	13
Physician Assistant	Out of state	Current Active	1,149
Physician Assistant	Out of state	Current Inactive	31
Total for Physician Assistant			4,703

Board of Medicine

Podiatry			
Podiatry	Virginia	Current Active	403
Podiatry	Virginia	Current Inactive	10
Podiatry	Out of state	Current Active	123
Podiatry	Out of state	Current Inactive	22
Total for Podiatry			558
Polysomnographic Technologist			
Polysomnographic Technologist	Virginia	Current Active	373
Polysomnographic Technologist			
Polysomnographic Technologist	Virginia	Current Inactive	1
Polysomnographic Technologist	Out of state	Current Active	114
Total for Polysomnographic Technologist			488
Radiologic Technologist			
Radiologic Technologist	Virginia	Current Active	
Radiologic Technologist	Virginia	Current Inactive	3,566
Radiologic Technologist	Out of state	Current Active	30
Radiologic Technologist	Out of state	Current Inactive	982
Total for Radiologic Technologist			4,591
Radiologist Assistant			
Radiologist Assistant	Virginia	Current Active	10
Radiologist Assistant	Out of state	Current Active	4
Total for Radiologist Assistant			14
Respiratory Therapist			
Respiratory Therapist	Virginia	Current Active	
Respiratory Therapist	Virginia	Current Inactive	3,143
Respiratory Therapist	Out of state	Current Active	79
Respiratory Therapist	Out of state	Current Inactive	875
Total for Respiratory Therapist			4,126
Restricted Volunteer			
Restricted Volunteer	Virginia	Current Active	60
Restricted Volunteer	Out of state	Current Active	14
Total for Restricted Volunteer			74
Surgical Assistant			
Surgical Assistant	Virginia	Current Active	225
Surgical Assistant	Out of state	Current Active	29
Total for Surgical Assistant			254

Board of Medicine

Surgical Technologist

Surgical Technologist	Virginia	Current Active	228
Surgical Technologist	Out of state	Current Active	9
Total for Surgical Technologist			237

University Limited License

University Limited License	Virginia	Current Active	12
University Limited License	Out of state	Current Active	3
Total for University Limited License			15

Volunteer Registration

Volunteer Registration	Virginia	Current Active	1
Volunteer Registration	Out of state	Current Active	2
Total for Volunteer Registration			3

Total for Medicine 74,775

7. In December 2018, the Board of Medicine introduced licensure by endorsement. Endorsement is an abbreviated and more expeditious pathway to licensure for experienced physicians with no adverse information. To date, 647 licenses have been issued through endorsement. The average length of time from application to issuance of the license is less than 30 days. The Maryland Board of Physicians, a member of the Interstate Medical Licensure Compact, plans to implement a licensure by endorsement pathway similar to the one in Virginia. For details about licensure by endorsement, click this [link](#).

8. Since last year’s report to the Medical Society of Virginia, 2,083 complaints have been lodged against Board of Medicine licensees. The professions of medicine, osteopathic medicine and physician assisting account for 1,833 of those complaints. In the past year, the Board has taken 249 disciplinary actions, including 9 summary suspensions, and 31 mandatory suspensions. Summary suspensions are urgent Orders that immediately remove a licensee from practice. Mandatory suspensions occur when a licensee has been suspended by another state board or has been convicted of a felony.

9. The 2020 Session of the General Assembly passed a number of bills that became law on July 1st of this year. Here is a brief listing of those affecting licensees of the Board of Medicine. Click on the link to read the bill.
 - [HB115 - Career Fatigue and Wellness for the MD, DO, PA Professions](#)
 - [HB386 – Prohibition on Conversion Therapy](#)
 - [HB471 – Required Reporting of Unprofessional Conduct](#)
 - [HB648 - Prescription Monitoring Program Data to Emergency Departments](#)

Board of Medicine

- [HB1000 - Expedited Partner Therapy for Sexually Transmitted Diseases](#)
 - [HB1059 - Certified Registered Nurse Anesthetist \(CRNA\) Prescriptive Authority](#)
 - [HB1084 - Licensure of Surgical Assistants](#)
 - [HB1328 – Provision of Records for Prisoners](#)
 - [HB1506 - Pharmacists Initiating Therapy for Patients over 18](#)
 - [SB757 - Medical Excellence Zones-Feasibility of Establishment & Reciprocal Licensing](#)
 - [SB976 - Increase in Cannabis Dispensing Facilities per Health Service Area](#)
10. Work Groups pursuant to actions taken by the 2020 General Assembly include:
- Board of Pharmacy Work Group to develop protocols for the initiation of treatment by pharmacists for certain conditions with input from the Board of Medicine
 - Boards of Psychology, Social Work, and Counseling Work Group to study the mental health treatment of minors with input from the Board of Medicine
11. New Regulations
- Advisory Board on Surgical Assisting to develop regulations for the licensure and regulation of surgical assistants in concert with the Board of Medicine
 - Board of Medicine regulations prohibiting Conversion Therapy
 - Board of Medicine regulations on physician assistants working in consultation and collaboration with a Patient Care Team Physician
12. To ensure that Virginia would have an adequate number of healthcare professionals in the event of an overwhelming number of COVID-19 cases, the Board of Medicine waived certain primary-source documents and assisted applicants by obtaining certain documentation from the Internet, such as the National Practitioner Data Bank report. For those with expired or inactive licenses < 4 years, CME and fees were waived to reinstate or reactivate to an active license.
13. Governor Northam's [Executive Order 57](#) allowed practice by out-of-state health care professionals and expanded authority for physician assistants, nurse practitioners, interns/residents/fellows, senior medical students, and waived the examination for graduate respiratory therapists until it became available again.
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Board of Medicine

licensee's control, or other exceptional circumstances. COVID-19 affected the economy of physicians' practices and in some instances, pushed the horizon for getting technological support to comply with the law much further out. To date, there have been 1942 requests for waivers, and most have been granted.

15. The Department of Health Professions is moving towards paperless licensing. The 2020 renewal cycle for MD's and DO's will be the last paper license issued. With your renewal notice this year, there will be information indicating that this will be the last hard copy you will be issued, along with instructions that the current status of your license can be found on [License Lookup](#). All hospitals, health care organizations, and others can be directed to License Lookup for the real-time status of a license. Going forward, renewal notifications will also be paperless. Be sure that the Board of Medicine has your correct email address to send the e-notification. Only those that do not have an email address will be sent a paper notification.


Ray Tuck, DC
President


William L. Harp, MD
Executive Director

 Virginia Department of
Health Professions
Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233

2020 Report of the Board of Medicine to the Virginia Chiropractic Association October 9, 2020

1. The Virginia Board of Medicine is comprised of 18 members appointed by the Governor. There is 1 MD from each of the 11 Congressional Districts, 1 DO, 1 DPM and 1 DC. Additionally there are 4 citizen members.
2. The officers of the Board elected in June 2019 are still in their respective positions of leadership. Ray Tuck, DC of Blacksburg remains President. Lori Conklin, MD of Charlottesville is Vice-President. Blanton Marchese, citizen member from Chesterfield, is Secretary-Treasurer.
3. In the fall of 2019, Governor Ralph Northam appointed 2 new Board of Medicine members. They are Joel Silverman, MD of Henrico (succeeding David Taminger, MD in the 7th Congressional District) and Ryan Williams, MD of Suffolk (succeeding Svinder Toor, MD in the 3rd Congressional District).
4. The Board of Medicine also has 11 Advisory Boards that assist the Board with matters of the professions that do not have representation on the Board of Medicine. The Advisory Boards are Acupuncture, Athletic Training, Behavior Analysis, Genetic Counseling, Midwifery, Occupational Therapy, Physician Assistants, Polysomnographic Technology, Radiological Technology, Respiratory Therapy, and Surgical Assisting.
5. The Board of Medicine licenses 21 professions including Interns/Residents/Fellows and Nurse Practitioners jointly with the Board of Nursing. It registers 1 profession which is Surgical Technology.
6. The number of licensed professionals in each license category at the time of this report was as follows:

Occupation	State	License Status	Count
Assistant Behavior Analyst			
Assistant Behavior Analyst	Virginia	Current Active	170
Assistant Behavior Analyst	Out of state	Current Active	18
Total for Assistant Behavior Analyst			188

Board of Medicine

Athletic Trainer

Athletic Trainer	Virginia	Current Active	1,436
Athletic Trainer	Virginia	Current Inactive	4
Athletic Trainer	Out of state	Current Active	285
Athletic Trainer	Out of state	Current Inactive	7
Total for Athletic Trainer			1,732

Behavior Analyst

Behavior Analyst	Virginia	Current Active	1,177
Behavior Analyst	Virginia	Current Inactive	3
Behavior Analyst	Out of state	Current Active	325
Total for Behavior Analyst			1,505

Chiropractor

Chiropractor	Virginia	Current Active	1,397
Chiropractor	Virginia	Current Inactive	20
Chiropractor	Virginia	Probation - Current	2
Chiropractor	Out of state	Current Active	244
Chiropractor	Out of state	Current Inactive	88
Total for Chiropractor			1,751

Genetic Counselor

Genetic Counselor	Virginia	Current Active	109
Genetic Counselor	Out of state	Current Active	260
Total for Genetic Counselor			369

Genetic Counselor-Temporary

Genetic Counselor-Temporary	Virginia	Current Active	7
Genetic Counselor-Temporary	Out of state	Current Active	3
Total for Genetic Counselor-Temporary			10

Interns & Residents

Interns & Residents	Virginia	Current Active	2,688
Interns & Residents	Out of state	Current Active	564
Total for Interns & Residents			3,252

Licensed Acupuncturist

Licensed Acupuncturist	Virginia	Current Active	433
Licensed Acupuncturist	Out of state	Current Active	131
Licensed Acupuncturist	Out of state	Current Inactive	11
Total for Licensed Acupuncturist			575

Licensed Midwife

Licensed Midwife	Virginia	Current Active	70
Licensed Midwife	Out of state	Current Active	27
Total for Licensed Midwife			97

Board of Medicine

Limited Radiologic Technologist

Limited Radiologic Technologist	Virginia	Current Active	473
Limited Radiologic Technologist	Virginia	Current Inactive	23
Limited Radiologic Technologist	Out of state	Current Active	25
Limited Radiologic Technologist	Out of state	Current Inactive	2
Total for Limited Radiologic Technologist			523

Medicine

Medicine	Virginia	Current Active	22,167
Medicine	Virginia	Current Inactive	513
Medicine	Virginia	Probation - Curren	3
Medicine	Out of state	Current Active	15,535
Medicine	Out of state	Current Inactive	1,128
Medicine	Out of state	Probation - Curren	1
Total for Medicine			39,347

Occupational Therapist

Occupational Therapist	Virginia	Current Active	3,582
Occupational Therapist	Virginia	Current Inactive	45
Occupational Therapist	Out of state	Current Active	940
Occupational Therapist	Out of state	Current Inactive	58
Total for Occupational Therapist			4,625

Occupational Therapy Assistant

Occupational Therapy Assistant	Virginia	Current Active	1,461
Occupational Therapy Assistant	Virginia	Current Inactive	16
Occupational Therapy Assistant	Out of state	Current Active	206
Occupational Therapy Assistant	Out of state	Current Inactive	11
Total for Occupational Therapy Assistant			1,694

Osteopathic Medicine

Osteopathic Medicine	Virginia	Current Active	1,997
Osteopathic Medicine	Virginia	Current Inactive	5
Osteopathic Medicine	Out of state	Current Active	1,960
Osteopathic Medicine	Out of state	Current Inactive	82
Total for Osteopathic Medicine			4,044

Physician Assistant

Physician Assistant	Virginia	Current Active	3,510
Physician Assistant	Virginia	Current Inactive	13
Physician Assistant	Out of state	Current Active	1,149
Physician Assistant	Out of state	Current Inactive	31
Total for Physician Assistant			4,703

Board of Medicine

Podiatry			
Podiatry	Virginia	Current Active	403
Podiatry	Virginia	Current Inactive	10
Podiatry	Out of state	Current Active	123
Podiatry	Out of state	Current Inactive	22
Total for Podiatry			558
Polysomnographic Technologist			
Polysomnographic Technologist	Virginia	Current Active	373
Polysomnographic Technologist			
Polysomnographic Technologist	Virginia	Current Inactive	1
Polysomnographic Technologist	Out of state	Current Active	114
Total for Polysomnographic Technologist			488
Radiologic Technologist			
Radiologic Technologist	Virginia	Current Active	
Radiologic Technologist	Virginia	Current Inactive	3,566
Radiologic Technologist	Out of state	Current Active	30
Radiologic Technologist	Out of state	Current Inactive	982
Total for Radiologic Technologist			4,591
Radiologist Assistant			
Radiologist Assistant	Virginia	Current Active	10
Radiologist Assistant	Out of state	Current Active	4
Total for Radiologist Assistant			14
Respiratory Therapist			
Respiratory Therapist	Virginia	Current Active	
Respiratory Therapist	Virginia	Current Inactive	3,143
Respiratory Therapist	Out of state	Current Active	79
Respiratory Therapist	Out of state	Current Inactive	875
Total for Respiratory Therapist			4,126
Restricted Volunteer			
Restricted Volunteer	Virginia	Current Active	60
Restricted Volunteer	Out of state	Current Active	14
Total for Restricted Volunteer			74
Surgical Assistant			
Surgical Assistant	Virginia	Current Active	225
Surgical Assistant	Out of state	Current Active	29
Total for Surgical Assistant			254

Board of Medicine

Surgical Technologist

Surgical Technologist	Virginia	Current Active	228
Surgical Technologist	Out of state	Current Active	9
Total for Surgical Technologist			237

University Limited License

University Limited License	Virginia	Current Active	12
University Limited License	Out of state	Current Active	3
Total for University Limited License			15

Volunteer Registration

Volunteer Registration	Virginia	Current Active	1
Volunteer Registration	Out of state	Current Active	2
Total for Volunteer Registration			3

Total for Medicine

74,775

7. In December 2018, the Board of Medicine introduced licensure by endorsement. Endorsement is an abbreviated and more expeditious pathway to licensure for experienced physicians with no adverse information. To date, 647 licenses have been issued through endorsement. The average length of time from application to issuance of the license is less than 30 days. The Maryland Board of Physicians, a member of the Interstate Medical Licensure Compact, plans to implement a licensure by endorsement pathway similar to the one in Virginia. For details about licensure by endorsement, click this [link](#).
8. Since last year's report to the Medical Society of Virginia, 2,083 complaints have been lodged against Board of Medicine licensees. The professions of medicine, osteopathic medicine and physician assisting account for 1,833 of those complaints. In the past year, the Board has taken 249 disciplinary actions, including 9 summary suspensions, and 31 mandatory suspensions. Summary suspensions are urgent Orders that immediately remove a licensee from practice. Mandatory suspensions occur when a licensee has been suspended by another state board or has been convicted of a felony.
9. The 2020 Session of the General Assembly passed a number of bills that became law on July 1st of this year. Here is a brief listing of those affecting licensees of the Board of Medicine. Click on the link to read the bill.
 - [HB115 - Career Fatigue and Wellness for the MD, DO, PA Professions](#)
 - [HB386 – Prohibition on Conversion Therapy](#)
 - [HB471 – Required Reporting of Unprofessional Conduct](#)
 - [HB648 - Prescription Monitoring Program Data to Emergency Departments](#)

Board of Medicine

- [HB1000 - Expedited Partner Therapy for Sexually Transmitted Diseases](#)
 - [HB1059 - Certified Registered Nurse Anesthetist \(CRNA\) Prescriptive Authority](#)
 - [HB1084 - Licensure of Surgical Assistants](#)
 - [HB1328 – Provision of Records for Prisoners](#)
 - [HB1506 - Pharmacists Initiating Therapy for Patients over 18](#)
 - [SB757 - Medical Excellence Zones-Feasibility of Establishment & Reciprocal Licensing](#)
 - [SB976 - Increase in Cannabis Dispensing Facilities per Health Service Area](#)
10. Work Groups pursuant to actions taken by the 2020 General Assembly include:
- Board of Pharmacy Work Group to develop protocols for the initiation of treatment by pharmacists for certain conditions with input from the Board of Medicine
 - Boards of Psychology, Social Work, and Counseling Work Group to study the mental health treatment of minors with input from the Board of Medicine
11. New Regulations
- Advisory Board on Surgical Assisting to develop regulations for the licensure and regulation of surgical assistants in concert with the Board of Medicine
 - Board of Medicine regulations prohibiting Conversion Therapy
 - Board of Medicine regulations on physician assistants working in consultation and collaboration with a Patient Care Team Physician
12. To ensure that Virginia would have an adequate number of healthcare professionals in the event of an overwhelming number of COVID-19 cases, the Board of Medicine waived certain primary-source documents and assisted applicants by obtaining certain documentation from the Internet, such as the National Practitioner Data Bank report. For those with expired or inactive licenses < 4 years, CME and fees were waived to reinstate or reactivate to an active license.
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Board of Medicine

licensee's control, or other exceptional circumstances. COVID-19 affected the economy of physicians' practices and in some instances, pushed the horizon for getting technological support to comply with the law much further out. To date, there have been 1942 requests for waivers, and most have been granted.

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Ray Tuck, DC
President


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Executive Director

 Virginia Department of
Health Professions
Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233



Harp, William <william.harp@dhp.virginia.gov>

Re: Petition for Clarification- Physician Compounding and Applicability of USP Standards on Physician Offices

1 message

Harp, William <william.harp@dhp.virginia.gov> Wed, Feb 26, 2020 at 3:34 PM
To: Colanthia Opher <Coco.Morton@dhp.virginia.gov>, Juran Caroline dpv56892 <caroline.juran@dhp.virginia.gov>
Cc: "Freeman, Taqyra" <Taqyra.Freeman@aoncology.com>

Dear Ms. Freeman:

Here are the answers to your questions.

1. The Board of Medicine regulations on Mixing, Diluting or Reconstituting (MDR) Drugs for Administration do not require a pharmacist or a pharmacy license.
2. The regulations authorize a physician to delegate MDR to a properly trained and supervised individual (including unlicensed) as long as a second check of the individual's work is performed by a physician, PA, or RN that has been trained properly. Here is the exact language of the regulation on who can perform MDR and who can do the checks.

18VAC85-20-400. Requirements for Immediate-Use Sterile Mixing, Diluting, or Reconstituting.

Establish and implement procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check performed by a doctor of medicine or osteopathic medicine or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of this subsection in immediate-use mixing, diluting, or reconstituting. Mixing, diluting, or reconstituting that is performed by a doctor of medicine or osteopathic medicine or by a specifically trained physician assistant or registered nurse or mixing, diluting, or reconstituting of vaccines does not require a second check;

3. The Board of Medicine does not have law or regulation that defines "compounding." MDR was carved out of compounding, the definition of which is found in Section 54.1-3401 of the Code of Virginia and reads as follows:

§ 54.1-3401. (Effective July 1, 2020) Definitions

"Compounding" means the combining of two or more ingredients to fabricate such ingredients into a single preparation and includes the mixing, assembling, packaging, or labeling of a drug or device (i) by a pharmacist, or within a permitted pharmacy, pursuant to a valid prescription issued for a medicinal or therapeutic purpose in the context of a

bona fide practitioner-patient-pharmacist relationship, or in expectation of receiving a valid prescription based on observed historical patterns of prescribing and dispensing; (ii) by a practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine as an incident to his administering or dispensing, if authorized to dispense, a controlled substance in the course of his professional practice; or (iii) for the purpose of, or as incident to, research, teaching, or chemical analysis and not for sale or for dispensing. The mixing, diluting, or reconstituting of a manufacturer's product drugs for the purpose of administration to a patient, when performed by a practitioner of medicine or osteopathy licensed under Chapter 29 (§ 54.1-2900 et seq.), a person supervised by such practitioner pursuant to subdivision A 6 or 19 of § 54.1-2901, or a person supervised by such practitioner or a licensed nurse practitioner or physician assistant pursuant to subdivision A 4 of § 54.1-2901 shall not be considered compounding.

4. The Board of Medicine does expect its licensees that perform mixing, diluting or reconstituting drugs in their practices to comport with USP Chapter 797 for low, medium and high risk compounding, as well as USP Chapter 800.

I hope these are helpful to you.

I am copying Caroline Juran, Executive Director for the Board of Pharmacy, in case she has comments to add.

Kindest regards,

William L; Harp, MD--Exec Dir--Medicine

On Tue, Feb 25, 2020 at 5:07 PM Colanthia Opher <Coco.Morton@dhp.virginia.gov> wrote:

Ms. Freeman,

This is to acknowledge that your email has been received by the Board of Medicine. If required, a response will be sent in the next couple of workdays.

Colanthia Morton Opher

Deputy Executive Director for Administration

Virginia Board of Medicine

9960 Mayland Drive, Suite 300

Henrico, VA 23233

The Virginia Board of Medicine currently licenses: Acupuncturists, Athletic Trainers, Behavior Analysts, Assistant Behavior Analysts, Doctors of Chiropractic, Doctors of Medicine and Surgery, Doctors of Osteopathic Medicine and Surgery, Doctors of Podiatry, Genetic Counselors, Interns & Residents, Midwives, Nurse Practitioners*, Occupational Therapists, Occupational Therapy Assistants, Physician Assistants, Polysomnographic Technologists, Radiological Technologists, Radiological Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Surgical Assistants & Surgical Technologists (*Jointly with the Board of Nursing)

ANY AND ALL STATEMENTS PROVIDED HEREIN SHALL NOT BE CONSTRUED AS AN OFFICIAL POLICY, POSITION, OPINION, OR STATEMENT OF THE VIRGINIA BOARD OF MEDICINE (VBOM). VBOM STAFF CANNOT AND DO NOT PROVIDE LEGAL ADVICE. VBOM STAFF PROVIDES ASSISTANCE TO THE PUBLIC BY PROVIDING REFERENCE TO VBOM STATUTES AND REGULATIONS; HOWEVER, ANY SUCH ASSISTANCE PROVIDED BY VBOM STAFF SHALL NOT BE CONSTRUED AS LEGAL ADVICE FOR ANY PARTICULAR SITUATION, NOR SHALL ANY SUCH ASSISTANCE BE CONSTRUED TO COMMUNICATE ALL APPLICABLE LAWS AND REGULATIONS GOVERNING ANY PARTICULAR SITUATION OR OCCUPATION. PLEASE CONSULT AN ATTORNEY REGARDING ANY LEGAL QUESTIONS RELATED TO STATE AND FEDERAL LAWS AND REGULATIONS, INCLUDING THE INTERPRETATION AND APPLICATION OF THE LAWS AND REGULATIONS OF VBOM.

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From: Freeman, Taqyra <Taqyra.Freeman@aoncology.com>

Sent: Tuesday, February 25, 2020 2:46 PM

To: coco.morton@dhp.virginia.gov; Sammy.Johnson@dhp.virginia.gov

Subject: Petition for Clarification- Physician Compounding and Applicability of USP Standards on Physician Offices

Dear Board of Pharmacy & Medicine,

I'm petitioning clarification in regards to the practice "physician compounding" of sterile drug products (mixing antibiotics, Infusion Therapies, Chemotherapy) without a

pharmacist present in their medical oncology office. The request for clarification is as follows:

1. If the pharmaceutical product that is being prepared, is patient specific and will be **reconstituted** for immediate-use under the oversight of a licensed physician, will the board of pharmacy and/or medicine require a pharmacist and/or pharmacy license in this type of setting?
2. Can a Physician delegate this "Reconstitution" process to an appropriately trained agent under his/her license?
3. What is your states current definition on compounding, if not the same from the federal definition?
4. What is the current stance on USP 797/800 in regards to "Physician Compounding"? Will either the board of pharmacy and/or medicine require physicians in Clinic/Medical office settings (that are not regulated by the Board of Pharmacy) to follow USP 797 or 800?

Under section 503A, the FDA specifically defines compounding (21 USC 353a(f)): "... the term **'compounding'** does not include mixing, reconstituting, or other ***such acts that are performed in accordance with directions contained in approved labeling provided by the product's manufacturer and other manufacturer directions consistent with that labeling.***"

It is our interpretation that: The practice of physicians (or their delegates) reconstituting products in accordance to the FDA approved label does not constitute "compounding" and therefore not subject to actual compounding regulations or pharmacy licensing requirements, unless otherwise stated by your state law.

If you could please advise on this matter, we would greatly appreciate it.

Thank you,



Ta'Qyra Freeman, CPhT, RCPHT

Pharmacy Operations Transition Associate

American Oncology Network, LLC

9160 Forum Corporate Pkwy

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AON



Harp, William <william.harp@dhp.virginia.gov>

Re: Occupational Licensing Policy Academy Project -- Council of State Governments seeking our help

1 message

Harp, William <william.harp@dhp.virginia.gov>
To: "Carter, Elizabeth" <elizabeth.carter@dhp.virginia.gov>

Thu, Jun 11, 2020 at 12:15 PM

Liz:

I can be on a call.

Proposed responses to Mr. Bates.

- a. Yes, policies have been helpful. They allowed for greater numbers of healthcare professionals to be licensed in Virginia.
- b. Most likely, 2 of the 3 expedited processes will become permanent.
- c. No gaps in DATA, and temporary closing of some testing centers had minimal impact. The most significant issue concerning testing is the unavailability of USMLE Step 2 CS.
- d. Yes, the Board of Medicine Executive Committee will discuss licensure of physicians without USMLE 2 CS.
- e. No budgetary issues - yet.
- f. Just many, many questions regarding the waivers and Executive Orders.
- g. Licensure by Endorsement was implemented a little over a year before the pandemic, and Medicine was able to streamline that process even more for COVID-19.
- h. Not under Medicine's jurisdiction.

Hope this helps.

Bill

On Thu, Jun 11, 2020 at 11:10 AM Carter, Elizabeth <elizabeth.carter@dhp.virginia.gov> wrote:

Good morning:

Your help is needed in responding to a request from CSG for information on Virginia's experiences and insights.

Recall that the Council of State Governments, National Governors' Association, and National Council of State Legislature have been participating in a policy academy funded by the U.S. Dept. of Labor. The ultimate aim of the project is to provide strategies for states to consider in lessening occupational licensure barriers and otherwise streamline administrative processes.

Please see the e-mails copied below for details. Barbara has advised that we should all be present to respond to Mr. Bates' questions.

The three-year project's report was due to be published this month. However, the timeline has been extended to later August. Mr. Bates is available for a call over the next two weeks or so from noon to 3 p.m. ET each day.

Please advise of your thoughts and potential availability at your earliest convenience. We would be doing them a big favor, so they are happy to be flexible and will arrange the logistics on their end.

Many thanks!

Liz

Elizabeth A. Carter, Ph.D.
Executive Director for the Virginia Board of Health Professions

Director for the DHP Healthcare Workforce Data Center
9960 Mayland Drive, Suite 300
Henrico, VA 23223
(804) 367-4426 (phone) (804) 527-4466 (fax)
Alternate e-mail: Laura.Jackson@dhp.virginia.gov



Andrew Bates <abates@csg.org>
to me

Wed, Jun 10, 1:30 PM (21 hours ago)

Hi Elizabeth, hope this message finds you well.

My organization, the Council of State Governments, is conducting an analysis of state policy responses to the COVID-19 pandemic, as part of a broader occupational licensure project for the Department of Labor. We have identified Virginia as having an especially relevant/informative response, including allowing out-of-state medical professionals and certain in-training practitioners to practice in VA during the emergency, as well as the Board of Medicine's suspension of requirements for renewal of a lapsed license and waiver of certain documentation requirements for new licensees.

As Director of the Board of Health Professions, we anticipate that you would be able to provide crucial context to these policy responses. Would you have about 15 minutes available within the next week or so for a quick phone interview?

Thanks so much, and please let me know if you have any questions about this.

Best,

Andrew Bates

Research Associate

The Council of State Governments

502.382.7762

abates@csg.org

Andrew Bates
to me

Wed, Jun 10, 2:50 PM (19 hours ago)

Hi Elizabeth,

Thanks for the quick reply! Here is a list of topics I would ask you about:

- a. How effective have the identified policies been? Are many people taking advantage of these temporary licensure provisions?
- b. Are there plans to make any of these changes permanent?
- c. Has COVID highlighted any other gaps or deficiencies in your state's licensure capabilities/procedures?
 - i. (Examples from other states include)
 1. Certification testing centers shut down
 2. Police not able to perform background checks
 3. Data/information needs
 - ii. Are there any gaps in data that have affected operations?
 - iii. Are there any plans to collect more data in the future?
- d. Have you considered formally reviewing these gaps to develop a plan for future emergencies? (including asking for research, funding a study, forming a committee)
 - a. Is there any info regarding other states' practices that would be useful to you?
- e. Has budget planning been affected?
- f. Have you had any feedback from employers concerning the executive actions? (hospitals, treatment centers, testing centers)
- g. Are there any policies or processes implemented recently before the state of emergency that have been especially helpful? (Virginia: possibly digitization of licensure system)
- h. Contact tracers, generally -- are they licensed (+ how), what obstacles is VA facing in hiring tracers, any plans for increased regulation?

If any of these questions would get at inside-baseball info that you are unable to divulge, I can definitely skip it.

Thanks for your willingness to help!

Andrew

Andrew Bates

Research Associate



State Board Data Survey

1. Please identify your board Virginia Board of Medicine

2. What is your current position at the board?

Executive Director
 Other (specify) _____

Board Membership Composition

3. Please enter the number of board members you have for the following categories:

	Currently Filled	Vacant
Total members	18	0
MD members	11	0
DO members	1	0
Public members	4	0
Allied health professional members (e.g. PA, nurse, chiropractor, podiatrist)	Chiropractic + Podiatry	0

4. How long is a board member's term?

3 years
 4 years
 5 years
 6 years
 7 years
 Other (specify) _____

5. How many consecutive board member terms are allowed?

2 terms
 3 terms
 No term limits
 Other (specify) _____

6. Are there rules or consideration for board membership based on congressional district, medical society, professional organization or other demographic characteristics? (Specify)

1 MD from each Congressional District and 1 DO, 1 DPM and 1 DC at large.

Medical Disciplines Under Purview of Board

7. What medical disciplines are under purview of your board? (Select all that apply)

- MDs
- DOs
- Physician Assistants
- Anesthesiologist Assistants
- Acupuncturists
- Athletic Trainers
- Chiropractors
- Dietician/Nutritionist
- Genetic Counselors
- Lab Technicians
- Massage Therapists
- Midwives
- Naturopaths/Naturopathic Doctors
- Occupational Therapist
- Paramedic/EMT
- Perfusionist
- Physical Therapists
- Podiatrists
- Polysomnographers
- Radiologist Assistants/Radiographers
- Respiratory Therapists
- Surgical Assistants/Technicians
- Other (specify) Behavior Analysts & Assistant Behavior Analysts

Number of Board Staff Assigned to Single or Multiple Boards

8. How many of the following board staff are assigned to your board?

	Full-time	Part-time	Temporary/Seasonal
Chief Executive Management	4		
Administrative	13	2	2
Investigative	0		
Legal Counsel	0		
Hearing Officers	0		
Medical Directors	1		

Entities Required to Report Possible Violations to Board

9. Which of the following entities are required to report possible violations to your Board? (Select all that apply)

- Self-reporting required
- Peer licensees
- Courts
- Hospitals
- Managed care organizations
- Liability insurance organizations
- Federal agencies
- State/local law enforcement agencies
- State medical/osteopathic societies
- State professional/specialty societies
- Other state agencies
- Local professional societies
- Peer review committees/organizations
- Other professional organizations
- Other health care professions
- Other (specify) Any licensee of the Board is required to report any other licensee of the Board.

Information About Complaints or Reports of Possible Violations

10. With regards to complaints, does your board practice any of the following?

	Yes	No
Civil penalties authorized for failing to report violations		
Confidentiality assured to those reporting violations in good faith		X
Disclosure of identity required before filing a complaint or report		X
Complainant's identity shared with the practitioner whose conduct is in question		
Complaints are made public		X
Complaints are shared with other boards		X

11. Are there other requirements or policies your board has regarding the sharing or confidentiality of complaints? (Specify)

Virginia's confidentiality statute allows sharing of disciplinary information with other state boards.

Informal Investigations or Informational Conferences

12. Are informal investigations or informational conferences permitted?

Yes
 No

13. If permitted, can these informal investigations or informational conferences be closed sessions?

Yes
 No

14. If conferences may be closed, are disciplinary actions agreed to in writing by the board and the licensee a matter of public record?

Yes
 No

Allowable Actions or Sanctions

15. What actions or sanctions is your board able to take? (Select all that apply)

- Revocation of license
- Summary suspension of license
- Suspension of license
- Probation
- Stipulation or consent agreements
- Private reprimand
- Public reprimand
- Letter/decreed of censure
- Letter of concern
- Collection of costs of proceedings
- Collection of fines
- Other (specify) Confidential Consent Agreements & Advisory Letters

16. What is the maximum fine permitted per count or violation? \$5,000

17. May a fine be imposed for each count in a statement of charges?

- Yes
- No

18. Does your board follow an established schedule of fines?

- Yes
- No

19. Where are fines retained?

- With the Board
- State General Fund
- Other (specify) Virginia Literary Fund to build schools.

Sharing Information with Public and Other Boards

20. Which of the following information does your board share with the **public**? (Select all that apply)

- Current license status
- Discipline history
- Reason(s) for disciplinary action
- Medical education
- Specialty background
- Specialty board certification

21. Does your board share the following information with the **public**?

	Yes	No
Complaints against licensees (before investigation and decision)		X
Investigation information (before decision or action)		X
Informal actions or agreements		X
Formal board actions or agreements		
License application denials		
Examination irregularities (e.g., allegations of cheating)		

22. Does your board share the following information with **other boards**?

	Yes	No
Complaints against licensees (before investigation and decision)		X
Investigation information (before decision or action)		X
Informal actions or agreements		
Formal board actions or agreements		
License application denials		
Examination irregularities (e.g., allegations of cheating)		

Physician Profile Information

23. Does your board have physician profiles?

- Yes
- No

If Yes, ask #24

24. Which of the following information is included in a physician's profile? (Select all that apply)

- License Number
- License Issue Date
- License Renewal Date
- License Expiration Date
- Medical education
- Practice location(s)
- Medicare participation
- Medicaid participation
- Languages spoken
- Specialty board certifications
- Board actions
- Board actions in other states
- Hospital disciplinary actions
- Criminal convictions
- Medical malpractice
- Other (specify) _____

Outreach/Informational Programs Offered by Board

25. Does your board offer outreach and/or informational programs to any of the following groups? (Select all that apply)

- Public
- Licensees
- Medical students
- Residents
- Board members

26. Do you offer an orientation for newly appointed members?

- Yes
- No

Educational/Informational Programs Offered by Board

27. Does your board provide online CME?

- Yes
- No
- Other (specify) May recommend sites for CME

Licensure Requirements for of U.S. Medical/Osteopathic School Graduates

28. What is the minimum amount of **undergraduate** medical education required for your board to issue an initial license to **U.S. medical/osteopathic school graduates**?

- Graduation from an LCME- or AOA-accredited medical school
- 1 year
- 2 years
- 3 years
- 4 years

29. What is the minimum amount of accredited U.S. or Canadian **GME** required for your board to issue an initial license to **U.S. medical/osteopathic school graduates**?

- 1 year
- 2 years
- 3 years
- 4 years
- Completion of an approved residency program
- Other (specify) _____

30. Which of the following special purpose exams (not including USMLE or COMLEX) are required for your board to issue an initial license? (Select all that apply)

- No special purpose exam required
- Jurisprudence exam
- Ethics exam
- Other special purpose exam(s) (specify) _____

31. Does your state allow for the requirements for a **permanent** license to be waived?

- Yes
- No

Licensure for Canadian Citizens Who Are Graduates of Accredited Canadian Medical Schools

32. Does a Canadian-trained physician have to be LMCC-approved for initial licensure by endorsement?

- Yes
- No

33. Does a Canadian-trained physician have to have GME in an accredited Canadian program accepted as equivalent to ACGME-accredited programs in the United States?

Yes
 No

Licensure Requirements for International Medical Graduates (IMGs)

34. Does your board currently accept the Fifth Pathway for IMGs?

Yes
 No

35. Which list of approved foreign medical schools does your board maintain or use?

World Directory of Medical Schools
 Internally constructed list
 Other (specify) ECFMG certification of the school and candidate.

36. Does your board endorse a Canadian certificate (LMCC) held by an IMG?

Yes
 No

37. What is the minimum amount of accredited U.S. or Canadian GME required for your board to issue an initial license to an IMG?

1 year
 2 years
 3 years
 4 years
 Completion of an approved residency program
 Other (specify) _____

Additional Policies for International Medical Graduates (IMGs)

38. Does your board have requirements for appointment to a GME program other than ECFMG certificate or limited license for IMGs? (Select all that apply)

Yes, residency permit required
 Yes, other requirement(s) (specify) _____
 No

39. Can your board accept GME completed in foreign countries other than Canada for credit toward a license?

Yes
 No

40. Can your board accept specialty certification of foreign boards (e.g. Royal College of Physicians of the United Kingdom) for credit toward a license?

Yes
 No

Licensure Fees and Requirements

41. How much is your board's **initial** licensure fee? \$302

42. How much is your licensure **renewal** fee? \$270

43. What is your licensure renewal interval?

1 year
 2 years
 3 years

Interstate Medical Compact

44. Does your board participate in the Interstate Medical Licensure Compact?

Yes
 No

If Yes, ask #45 & #46

45. How much is your **initial** licensure fee for a license using the Compact? _____

46. How much is your licensure **renewal** fee for a license using the Compact? _____

License Types and Applications

47. In addition to full, unrestricted licenses, what types of licenses does your board issue? (Select all that apply)

- Limited or special purpose
- Temporary
- Retired
- Resident
- Locum tenens
- Volunteer
- Administrative
- Emeritus
- Institutional practice
- Faculty or educational
- Camp doctor license or registration
- Military

48. Do any of these online application scenarios apply to your board?

	Yes	No
Application for initial licensure available online		
Application for initial licensure must be completed online		X
Application for licensure renewal available online		
Application for licensure renewal must be completed online		X
Requests for duplicate certificates available online		
Online renewal notices automatically generated		

Agenda Item: Committee and Advisory Board Reports

Staff Note: Please note Committee assignments and minutes of meetings since February 20, 2020.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2019-2020

EXECUTIVE COMMITTEE (8)

Ray Tuck, DC, **President**
Syed Salman Ali, MD
David Archer, MD
Lori Conklin, MD, **Vice-President**
Alvin Edwards, PhD
L. Blanton Marchese, **Secretary/Treasurer**
Karen Ransone, MD
Kenneth Walker, MD

LEGISLATIVE COMMITTEE (7)

Lori Conklin, MD, **Vice-President, Chair**
David Giammittorio, MD
Jane Hickey, JD
Jacob Miller, DO
Kevin O'Connor, MD
Joel Silverman, MD
Brenda Stokes, MD

CREDENTIALS COMMITTEE (9)

Kenneth Walker, MD, Chair
James Arnold, DPM
Jane Hickey, JD
L. Blanton Marchese, **Secretary/Treasurer**
Jacob Miller, DO
Joel Silverman, MD
Brenda Stokes, MD
Ray Tuck, DC, **President**
Martha Wingfield

FINANCE COMMITTEE

Ray Tuck, DC, **President**
Lori Conklin, MD, **Vice-President**
L. Blanton Marchese, **Secretary/Treasurer**

BOARD BRIEFS COMMITTEE

William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE

Ray Tuck, Jr., DC - **President**

BOARD OF HEALTH PROFESSIONS

Kevin O'Connor, MD

**COMMITTEE OF THE JOINT BOARDS
OF NURSING AND MEDICINE**

Ray Tuck, DC, **President**
Karen Ransone, MD
Kenneth Walker, MD

---DRAFT UNAPPROVED---

**VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES**

Friday, August 7, 2020

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Tuck called the in-person meeting of the Executive Committee to order at 8:31 AM in Board Room 4 of the Perimeter Center Conference Complex.

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

MEMBERS PRESENT: Ray Tuck, DC - President
Blanton Marchese - Secretary-Treasurer
David Archer, MD
Alvin Edwards, MDiv, PhD
Karen Ransone, MD
Kenneth Walker, MD

MEMBERS ABSENT: Syed Salman Ali, MD
Lori Conklin, MD - Vice-President

STAFF PRESENT: William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Director for Discipline
Colanthia Morton Opher - Deputy Director for Administration
Michael Sobowale, LLM - Deputy Director for Licensure
Barbara Matusiak, MD - Medical Review Coordinator
David Brown, DC - DHP Director
Elaine Yeatts - DHP Senior Policy Analyst
Erin Barrett, JD - Assistant Attorney General

OTHERS PRESENT: W. Scott Johnson, JD – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

Mr. Marchese provided the emergency egress instructions.

APPROVAL OF MINUTES OF DECEMBER 6, 2019

Dr. Edwards moved to approve the meeting minutes from December 6, 2019 as presented. The motion was seconded and carried unanimously.

---DRAFT UNAPPROVED---

ADOPTION OF AGENDA

Dr. Ransone moved to adopt the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Brown presented an overview of the measures taken by DHP to ensure the safety of staff, Board members, and the public during the COVID-19 pandemic, including social distancing guidelines and the wearing of masks. He thanked the Board members, specifically acknowledging Dr. Walker and Mr. Marchese for their work on review of cases. He also thanked Mr. Sobowale for the efficiencies gained through the changes made to the Board's licensing processes. Dr. Brown also noted that each board is looking at what lessons have been learned, what amended processes should become permanent, and what if any waivers need to be adopted. He also stated that teleworking will remain an option for many DHP employees.

PRESIDENT'S REPORT

Dr. Tuck thanked Dr. Harp and staff for keeping him informed and ensuring the continuity of the Board's business

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp provided a brief report on the Board of Medicine staff's hybrid work schedules, the changes in processes to lessen the time from application to licensure, the Board's financial balance as of June 30, 2020, and the approval of the 2021-2022 budget.

Dr. Harp reported on the joint effort with the Board of Pharmacy and Ms. Deschenes in rewriting part of the Pharmacy laws for easier reference about prescribing and use of drugs and devices. He also mentioned that Dr. Miller and Dr. Stokes are participating with the Board of Pharmacy on the HB1506 Work Group to establish protocols for pharmacists to initiate dispensing and treatment with certain drugs and devices. He said Dr. Stokes and Dr. Miller did a fantastic job representing the Board of Medicine. Dr. Harp acknowledged Dr. Ransone's participation as part of a collaborative effort with the behavioral boards to study and report on SB431 – Provision of mental health services to a minor; access to health records.

Dr. Harp then spoke to the status of the Supreme Court list for malpractice panels and the expiring terms of several Board members. He indicated that the new Director of Appointments in the Office of the Secretary of the Commonwealth, Shawn Soares, is working very efficiently.

---DRAFT UNAPPROVED---

NEW BUSINESS

Chart of Regulatory Actions

Ms. Yeatts provided a brief overview of the Board's regulatory actions as of July 15, 2020. She pointed out that 18VAC85-20 Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic – Conversion therapy and 18VAC85-50 Regulations Governing the Practice of Physician Assistants – Practice with patient care team physician have been approved by Governor Northam. She anticipates that, after a minor revision of 18 VAC85-40 Regulations Governing the Practice of Respiratory Therapists - CE credit for specialty examination, all these regulations will be ready for adoption at the October Board meeting.

This report was for information only and did not require any action.

Report of the 2020 General Assembly

Ms. Yeatts summarized the Report of the 2020 General Assembly and pointed out that HB 1040 Naturopathic doctors; Board of Medicine to license and regulate, did not pass. However, the Board of Health Professions has been charged with conducting a study of the profession to see if it meets the criteria for regulation.

Adoption of Amendment to Regulations for Surgical Assistants/Surgical Technologists

Ms. Yeatts presented HB1084 from the 2020 Session and the draft regulatory amendments necessary to conform 18VAC85-160-10 et seq. to the Code. She pointed out that the standard sections on unprofessional conduct, fees, etc., will be added for consistency with the other professions licensed by the Board.

Ms. Yeatts also noted that only surgical assistants will be licensed; surgical technologists will remain registered.

MOTION: Dr. Edwards moved to adopt the amended regulation as an exempt action. The motion was seconded and carried unanimously.

Waiver of Requirement for Electronic Prescribing

Ms. Yeatts stated that this action is to replace emergency regulations currently in effect with permanent regulations for nurse practitioners. A Notice of Intended Regulatory Action was published on January 6, 2020; no comment was received on the NOIRA. Ms. Yeatts pointed out that the Board of Nursing adopted these amendments at its July meeting.

MOTION: Dr. Edwards moved to adopt the proposed amendments as presented. The motion was seconded and carried unanimously.

~~---DRAFT UNAPPROVED---~~

Petition for Rulemaking

Ms. Yeatts presented the petition from the Virginia Society of Radiologic Technologists (VSRT) to amend 18VAC85-101-150,151 & 152 on renewal, reinstatement, or reactivation to require the individual to hold current ARRT and/or NMTCB credentials and be in good standing for biennial renewal, reinstatement, or reactivation of a license.

At the suggestion of Ms. Yeatts, the members agreed to defer action and allow the Advisory Board on Radiologic Technology the opportunity to review the proposal and forward a recommendation to the Full Board.

USMLE Step 2 Clinical Skills (CS)

After a historical review of examination requirements, Dr. Harp reported that the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) have notified the Board of Medicine that administration of Step 2 CS of the USMLE is being suspended for the next 12-18 months. Dr. Harp explained that the suspension also affects the ability of international medical graduates to become certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

One question posed by Dr. Harp to the members was: does an individual that failed Step 2 CS prior to the suspension of the examination, but has passed all Clinical Knowledge (CK) Steps 1, 2 & 3, qualify for a license?

Ms. Barrett advised that unless that person were to go back and retake the test and pass, they are considered to have failed and are therefore ineligible. She stated that the Board should avoid making special accommodations.

After a brief discussion, Mr. Marchese moved to authorize Board staff to accept evidence of passing scores in USMLE Steps 1, 2 & 3 CK until the reinstatement of Step 2 CS. The motion was seconded and carried unanimously.

Waiver Request of Opioid E-Prescribing

Dr. Harp reminded the Committee that the 2017 General Assembly passed law that required the electronic transmission of prescriptions containing an opioid beginning July 1, 2020. It also gave the Board the authority to grant a 1-year waiver for demonstrated reasons. After briefly reviewing the Code, the Waiver Request form, and the 3 email responses to waiver requestors, Dr. Harp asked for guidance on the threshold for not granting waivers. .

After discussion, the members agreed that with there being a waiver end date of July 1, 2021, there could be some leniency in granting waivers this year. For those licensees who do not provide a feasible explanation, Ms. Barrett suggested that amending the Additional Information Needed letter to say "not granted" would serve as adequate notification.

---DRAFT UNAPPROVED---

Reciprocity with Contiguous States

Dr. Harp noted that the 2020 General Assembly passed HB1701 and SB757 that require the Department, and therefore, the Board of Medicine to pursue reciprocal agreements for the licensure of MDs, DOs, PAs and NPs with Virginia's contiguous states. Dr. Harp also gave an account of his communication efforts with Executive Directors of boards of medicine in those jurisdictions. He noted that two states seem to be willing to pursue reciprocal licensing but ask that other parameters be included such as a criminal background check and 5 years of practice, which go beyond HB1701 and SB757. Dr. Harp said he is still gathering information and will be providing a report to the Legislature committees by November 1, 2020.

ANNOUNCEMENTS

Dr. Matusiak reminded the Board members that there were cases for probably cause review after the meeting adjourns.

The next meeting of the Executive Committee will be December 4, 2020 at 8:30 AM.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:13 AM.

Ray Tuck, Jr., DC
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

ADVISORY BOARD ON BEHAVIOR ANALYSIS

Minutes

October 5, 2020

Electronic Meeting

The Advisory Board on Behavior Analysis held a virtual meeting on Monday, October 5, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Amanda Kusterer, LABA Vice-Chair
Mark Llobell, Citizen Member
Christina Giuliano, LBA
Autumn Kaufman, LBA

MEMBERS ABSENT: Asha Patton Smith, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Michael Sobowale, LLM, Deputy Director, Licensure
Colanthia Morton Opher, Deputy Director, Administration
Jennifer Deschenes, JD, Deputy Director, Discipline
Pamela Smith, Licensing Specialist

GUESTS PRESENT: Christy Evanko, BCBA, VABA
Julianne Condrey
Sara Zeinert

Call to Order

Amanda Kusterer called the meeting to order at 10:06 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Ms. Smith called the roll, and a quorum was declared.

Introduction of Members

Amanda Kusterer asked the members to individually introduce themselves.

Approval of Minutes of May 20, 2019

Mark Llobell moved to approve the minutes of the May 20, 2019 meeting with a minor edit to correct the pronoun beside Ms. Opher's name on page 2. Christina Giuliano seconded. By roll call vote, the minutes were approved with the amendment.

Adoption of Agenda

Mark Llobell moved to adopt the agenda. The motion was seconded by Ms. Giuliano. By roll call vote, the agenda was adopted as presented.

Public Comment on Agenda Items (15 minutes)

Christy Evanko, BCBA, had a question on the requirement for a National Practitioners' Data Bank (NPDB) query report for behavior analyst and assistant behavior analyst license applicants. She was seeking to clarify what she thought to be a discrepancy between the instructions provided in the online application form and requirements for licensure in the regulation. Ms. Evanko also inquired whether there was a way for certified behavior analysts and assistant behavior analysts to continue working while waiting for their license in Virginia. She inquired that, perhaps, license reciprocity through the Board joining a licensure compact might be one way that this could be achieved.

Dr. Harp responded to her concerns. He explained that a NPDB self-query report is required for those working in the field of behavioral analysis prior to applying for licensure in the state. This would depend on the chronology of employment history and practice experience listed by the applicant on the application.

In response to Ms. Evanko's request to hear about how the Board of Medicine decided not to join the Interstate Medical Licensure Compact (Compact), Dr. Harp said that joining the Compact would lead to an increase in fees for the applicants and require the Board to hire additional personnel to process letters of qualification. There were also statutory issues of concern. The Board reasoned that it could offer a less costly, equally expeditious alternative with licensure by endorsement, for which the foundation was already in the law. Since December 2018, licensure by endorsement has been a successful and popular pathway to licensure for physicians..

Amanda Kusterer requested to add further discussion on this topic to the Advisory Board agenda for the next meeting.

New Business

1. Regulatory Update and Report of the 2020 General Assembly

Mrs. Yeatts provided a regulatory update and report of the 2020 General Assembly. She discussed bills of interest to members, including HB 65 which creates the Virginia Missing Child with Autism Alert Program and SB 177 which continues the Autism Advisory Council until 2022.

2. Approval of 2021 Meeting Calendar

Mark Llobell moved to approve the proposed 2021 meeting dates for the Advisory Board as presented. Autumn Kauffman seconded the motion. By roll call vote, members voted approval of the 2021 schedule of meetings.

3. Election of Officers

Ms. Christina Giuliano nominated herself for Chair. Amanda Kusterer nominated Autumn Kaufman as Vice-Chair. Both motions were seconded by Mark Llobell. By roll call vote, Christina Giuliano was elected Chair, and Autumn Kaufman was elected Vice-Chair.

Announcements

Ms. Opher informed the Advisory Board that there are currently 1,516 Behavior Analysts and 191 Assistant Behavior Analysts licensed by the Board.

Next Meeting Date

Next scheduled meeting: January 25, 2021 at 10:00 am.

Adjournment

With no other business to conduct, Ms. Kusterer adjourned the meeting at 12:13 p.m.

Christina Giuliano, BCBA, LBA
Chair

William L. Harp, M.D.
Executive Director

Pamela Y. Smith, Licensing Specialist

ADVISORY BOARD ON GENETIC COUNSELING

Electronic Meeting Minutes
October 5, 2020

The Advisory Board on Genetic Counseling held a virtual meeting on Monday, October 5, 2020 at 1:00 p.m. hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Lori Swain, Vice-Chair
Tahnee Causey, CGC
Marilyn Jerome-Foust, MD
Lydia Higgs, CGC
Martha Thomas, CGC

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM., Deputy Director, Licensure
Colanitha Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: John M. Quillin, PhD, MPH, CGC
Heather A. Creswick, MS, CGC
Matthew J. Thomas, ScM, CGC

CALL TO ORDER

Lori Swain, Vice-Chair, called the meeting to order at 1:17 pm.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Roll call established a quorum with all members present.

INTRODUCTION OF MEMBERS

Lori Swain asked the 3 new members and 3 former members to introduce themselves. Ms. Swain and Dr. Harp both expressed gratitude to Dr. Quillin, Ms. Creswick, and Mr. Thomas whose terms on the Advisory Board have expired, yet joined the meeting as guests in support of the new members.

BRIEF BOARD OVERVIEW

Dr. Harp gave a brief presentation on the structure and function of advisory boards as well as the roles and responsibilities of the members.

APPROVAL OF THE MINUTES OF May 22, 2019

Dr. Foust moved to approve the minutes. The motion was seconded by Tahnee Causey. By roll call vote, the minutes were approved as presented.

ADOPTION OF AGENDA

Lydia Higgs requested an edit to the agenda to replace John Quillin's name with Lori Swain's name. Martha Thomas moved to adopt the agenda with the suggested revisions. Tahnee Causey seconded. By roll call vote, the amended agenda was adopted.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. Regulatory Update and Report of the 2020 General Assembly

Mrs. Yeatts provided a regulatory update and report of legislative actions from the 2020 General Assembly.

2. Approval of 2021 Meeting Calendar

Tahnee Causey moved to approve the proposed meeting dates in 2021 for the Advisory Board. Dr. Foust seconded. By roll call vote, the schedule of meetings was approved.

3. Election of Officers

Dr. Foust nominated Lori Swain as Chair. Lydia Higgs seconded. Tahnee Causey nominated herself as Vice-Chair. Lydia Higgs seconded. By roll call vote, the members unanimously approved the slate of officers.

Dr. Harp provided a point of clarification that an Advisory Board officer's term is one year. The Bylaws allow a second consecutive term.

ANNOUNCEMENTS

Michael Sobowale provided a licensing report. As of October 5, 2020, there are **386** actively licensed genetic counselors. 110 are in Virginia, and 266 are out-of-state. There are 7 temporary licensees in Virginia, and 3 temporary licensees out-of-state. Since May 2019, 138 licenses have been issued, 15 of which are temporary.

NEXT SCHEDULED MEETING:

January 24, 2021 at 1:00 p.m.

ADJOURNMENT

With no other business to discuss, Lori Swain adjourned the meeting at 2:24 p.m.

Lori Swain, Chair

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

Beulah Baptist Archer, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY

Minutes

October 6, 2020

Electronic Meeting

The Advisory Board on Occupational Therapy held a virtual meeting on Tuesday, October 6, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Breshae Bedward, OTL, Chair
Dwayne Pitre OTL, Vice-Chair
Karen Lebo
Kathryn Skibek, OTL

MEMBERS ABSENT: Raziuddin Ali, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Director, Licensing
Colanthia Morton Opher, Deputy Director, Administration
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT: Shaun Conway, OTR - NBCOT

CALL TO ORDER

Breshae Bedward, Chair, called the meeting to order at 10:07a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Roll call established a quorum of 4 Advisory Board members.

APPROVAL OF MINUTES OF MAY 21, 2019

Ms. Lebo moved to approve the minutes dated May 21, 2019. The motion was seconded by Mr. Pitre. By roll call vote, the minutes were approved as presented.

ADOPTION OF AGENDA

DRAFT UNAPPROVED

Ms. Skibek moved to approve the adoption of the agenda. The motion was seconded by Mr. Pitre. By roll call vote, the agenda was adopted as presented.

PUBLIC COMMENTS ON AGENDA ITEMS (15 minutes)

None

NBCOT PRESENTATION

Shaun Conway, OTR, NBCOT Senior Director for External and Regulatory Affairs, provided a review of NBCOT's national certification program and initiatives, including the Occupational Therapy action exchange for reporting of state actions and Navigator continued competency tools developed for certification renewal.

NEW BUSINESS

1. Regulatory Update and Report of the 2020 General Assembly

Dr. Harp provided a regulatory update and report of the 2020 General Assembly. He discussed bills that were of interest to members.

2. Approval of 2021 Meeting Calendar

Ms. Lebo moved to approve the 2021 proposed meeting dates of the Advisory Board as presented. The motion was seconded by Mr. Pitre. By roll call vote, the schedule of meetings for 2021 was approved.

3. Election of Officers

Ms. Lebo nominated Breshae Bedward for Chair. Mr. Pitre seconded. Ms. Bedward nominated Dwayne Pitre as Vice-Chair; Ms. Lebo seconded. By roll call vote, Breshae Bedward was elected to continue as Chair, and Dwayne Pitre was elected as Vice-Chair.

ANNOUNCEMENTS:

Ms. ShaRon Clanton provided the licensing report. As of October 6, 2020, the Board currently licenses 4,496 occupational therapists and 1,654 occupational therapy assistants.

NEXT MEETING DATE

DRAFT UNAPPROVED

January 26, 2021 @ 10:00 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:47 a.m.

Breshae Bedward, OTR, Chair

William L. Harp, MD
Executive Director

ShaRon Clanton, Licensing Specialist

---- **DRAFT UNAPPROVED** ----

ADVISORY BOARD ON RESPIRATORY THERAPY

Minutes

October 6, 2020

Electronic Meeting

The Advisory Board on Respiratory Therapy held a virtual meeting on Tuesday, October 6, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Shari Toomey, RRT, Chair
Daniel Gochenour, RRT, Vice-Chair
Bruce Rubin, MD
Santiera Yearling-Brown, RRT
Denver Supinger, Citizen Member

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Director, Licensing
Colanthia Morton Opher, Deputy Director, Administration
Yetty Shobo, DHP Workforce Data Center

GUESTS PRESENT: Brian Walsh, PhD, RRT

Call to Order

Shari Toomey, Chair, called the meeting to order at 1:03 p.m.

Emergency Egress Instructions

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called, and a quorum was declared.

Approval of Minutes of May 21, 2019

Denver Supinger moved to approve the minutes of May 21, 2019. The motion was seconded by Daniel Gochenour. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Dr. Rubin moved to approve the adoption of the agenda. The motion was seconded by Daniel Gochenour. By roll call vote, the agenda was adopted as presented.

Public Comment on Agenda Items

None

Special Guest Presentation

Dr. Brian Walsh appeared as a special guest to make a presentation to the Board on steps being taken in the profession to establish an advanced practice respiratory therapist (APRT) designation. He discussed that, so far, Ohio State University has developed an APRT curriculum, and there is an APRT regulation declaratory ruling in North Carolina. The Commission on Accreditation for Respiratory Care (CoARC) has completed the development of standards of accreditation for advanced practice programs in respiratory care. There has also been an advanced practice provider scope of practice published.

Dr. Walsh suggested placing the APRT designation on the agenda for the next meeting to be discussed with additional information, including what other states are doing to implement this initiative.

This report was for the Advisory Board's information. No action was required.

Healthcare Workforce Data Presentation

Yetty Shobo, PhD, presented the workforce data for respiratory therapists surveyed in 2019. Her presentation showed a slightly older workforce workforce that is increasingly likely to be working in non-metro locations, an increase in racial diversity and stable economic prospects for the profession.

NEW BUSINESS

1. Regulatory Update and Report of the 2020 General Assembly

Mrs. Yeatts provided a regulatory update and report of the 2020 General Assembly. She discussed bills that were of interest to members.

2. Approval of 2021 Meeting Calendar

Daniel Gochenour moved to approve the 2021 proposed meeting dates of the Advisory Board as presented. The motion was seconded by Santiera Yearling-Brown. By roll call vote, the schedule of meetings for 2021 was approved.

3. Election of Officers

Santiera Yearling-Brown nominated Daniel Gochenour for Chair. Dr. Rubin seconded. Denver Supinger nominated Santiera Yearling-Brown as Vice-Chair; Ms. Toomey seconded. By roll call vote, Daniel Gochenour was elected Chair, and Santiera Yearling-Brown was elected Vice-Chair.

Announcements

Next meeting date: January 26, 2021 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 2:14 p.m.

Daniel Gochenour, RRT, Chair

William L. Harp, MD, Executive Director

Michael Sobowale, LLM, Recording Secretary

ADVISORY BOARD ON ACUPUNCTURE
Minutes
October 7, 2020
Electronic Meeting

The Advisory Board on Acupuncture held a virtual meeting on Wednesday, October 7, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Janet Borges, L.Ac., Chair
Sharon Crowell, L.Ac., Vice-Chair
R. Keith Bell, L.Ac.

MEMBERS ABSENT: Chheany W.C. Ung, MD
Beth Rodgers

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensing
Colanthia Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Janet Borges, L.Ac. called the meeting to order at 10:02 am.

EMERGENCY EGRESS PROCEDURES

Janet Borges announced the emergency egress instructions.

ROLL CALL

Roll was called, and a quorum was declared.

APPROVAL OF MINUTES OF MAY 24, 2019

Sharon Crowell moved to approve the minutes from the May 24, 2019 meeting. Janet Borges seconded. By roll call vote, the minutes were approved as presented.

ADOPTION OF AGENDA

R. Keith Bell moved to adopt the agenda. Sharon Crowell seconded. The agenda was adopted by a roll call vote.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. Regulatory Update and Report from the 2020 General Assembly

Elaine Yeatts provided a regulatory update and report of the actions of the 2020 General Assembly. She discussed bills that were of interest to members.

2. Approval of 2021 Meeting Calendar

Sharon Crowell motioned to approve the meeting calendar for 2021. R. Keith Bell seconded. By roll call vote, the 2021 meeting calendar was approved.

3. Election of Officers

Sharon Crowell moved that Janet Borges remain Chair of the Advisory Board. R. Keith Bell seconded. Janet Borges nominated Sharon Crowell to continue as Vice-Chair. R. Keith Bell seconded. By roll call vote, Janet Borges was elected to continue as Chair, and Sharon Crowell was elected to continue as Vice-Chair.

ANNOUNCEMENTS

The Board has 582 licensed acupuncturists. From May 2019 to the present, 66 licenses have been issued. 436 are current active with 135 of those being out-of-state.

NEXT SCHEDULED MEETING:

January 27, 2021 at 10:00 a.m.

ADJOURNMENT

Janet Borges adjourned the meeting at 10:36 am.

Janet L. Borges, L. Ac., Chair

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

Beulah Baptist Archer, Licensing Specialist

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Minutes
October 7, 2020
Electronic Meeting

The Advisory Board on Radiologic Technology held a virtual meeting on Wednesday, October 7, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Joyce Hawkins, RT, Vice-Chair
Rebecca Keith, RT
Uma Prasad, MD
William Quarles, Jr., Citizen Member

MEMBERS ABSENT: David Roberts, RT

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensing
Colanithia Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Joyce Hawkins called the meeting to order.

Emergency Egress Procedures

Joyce Hawkins announced the emergency egress instructions.

Roll Call

A quorum of 4 Advisory Board members was established.

Approval of Minutes from May 22, 2019

Dr. Prasad moved to approve the minutes of the May 24, 2019 meeting. Rebecca Keith seconded. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Dr. Prasad moved to adopt the agenda. Rebecca Keith seconded. By roll call vote, the agenda was adopted.

Public Comment

None

Healthcare Workforce Data Presentation

Yetty Shobo, PhD, presented the workforce data for radiologic technologists surveyed in 2019. Her presentation showed a younger workforce that is less likely to be working in non-metro locations and stable economic prospects for the profession.

NEW BUSINESS

1. Petition for Rulemaking

Mrs. Yeatts discussed a petition for rulemaking submitted by the Virginia Society of Radiologic Technologists to amend regulation to require maintenance of ARRT and/or NMTCB certification on renewal, reinstatement, or reactivation of a license. Members generally discussed that not having current ARRT certification to practice was a loophole in the regulations which affects patient safety.

After discussion, members inquired about tabling the discussion for further consideration at the next Advisory Board meeting. William Quarles moved to table discussion. Dr. Prasad seconded the motion. By roll call vote, the members unanimously approved to table this item and place it on the agenda for discussion at the next meeting.

2. Regulatory Update and Report of the Actions of the 2020 General Assembly

Ms. Yeatts provided a regulatory update and a report of the 2020 General Assembly. She discussed bills that were of interest to members.

3. Approval of 2021 Meeting Calendar

Rebecca Keith moved to approve the proposed meeting dates of the Advisory Board for 2021. Dr. Prasad seconded. By roll call vote, the schedule of meetings in 2021 was approved.

4. Election of Officers

William Quarles nominated Rebecca Keith for Chair. Dr. Uma Prasad seconded. Ms. Keith nominated William Quarles for Vice-Chair. Ms. Hawkins seconded. By roll call vote, Rebecca Keith was elected Chair, and Mr. Quarles was elected Vice-Chair.

Announcements

Beulah Archer provided the report for licensed Radiologic Technologists. There are a total of 4,619 licensed by the Board. In Virginia, there are 3,586 current active Radiologic Technologists and 29 with inactive licenses. There are 990 current active Radiologic Technologists out-of-state and 14 with inactive licenses.

Next Meeting Date

Next scheduled meeting: January 27, 2021 @ 1:00 p.m.

Adjournment

With no other business to conduct, Joyce Hawkins adjourned the meeting at 2:40 pm.

Joyce Hawkins, RT, Chair

William L. Harp, MD, Executive Director

Beulah Baptist Archer, Licensing Specialist

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ADVISORY BOARD ON ATHLETIC TRAINING

Minutes

October 8, 2020

Electronic Meeting

The Advisory Board on Athletic Training held a virtual meeting on Thursday, October 8, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Mike Puglia, AT, Chair
Deborah Corbato, AT, PhD, Vice-Chair
David Pawlowski, AT
Trilizsa Trent, Citizen Member

MEMBERS ABSENT: Jeffrey B. Roberts, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Colanthia Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Mike Puglia called the meeting to order at 10:01 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called, and a quorum was declared.

Approval of Minutes from February 6, 2020

Dr. Corbatta moved to approve the minutes with a minor edit to list her academic title beside her name. David Pawlowski seconded. By roll call vote, the minutes were approved as amended.

Adoption of Agenda

Dr. Corbatta moved to adopt the agenda. David Pawlowski seconded. By roll call vote, the agenda was adopted.

Public Comment on Agenda Items

None

NEW BUSINESS

1. Regulatory Update and Report from the 2020 General Assembly

Mrs. Yeatts provided a regulatory update and report of the 2020 General Assembly. She discussed bills that were of interest to members, including House Bill 1683, which defines the practice of diagnostic medical sonography and provides that only a certified and registered sonographer may be qualified to perform diagnostic medical sonography. The bill did not pass in the 2020 General Assembly and was referred for study to the Board of Health Professions (BHP). Ms. Yeatts indicated that the BHP did not recommend licensure. However, since the BHP study is only advisory to the General Assembly, the bill may be introduced again in the 2021 Session.

Mr. Puglia expressed concern that this bill, if passed, may affect the scope of practice of Athletic Trainers, and requested that this item be placed on the agenda for the next Advisory Board meeting to review the findings from the BHP study.

2. Approval of 2021 Meeting Calendar

Dr. Corbatta moved to approve the 2021 proposed meeting dates on the calendar. David Pawlowski seconded the motion. By roll call vote, the schedule of meetings for the Advisory Board in 2021 was approved.

3. Election of Officers

Dr. Corbatta nominated David Pawlowski as Chair. Mike Puglia seconded the nomination. Mike Puglia nominated Dr. Corbatta as Vice-Chair. Dr. Corbatta declined due to her term limit as Vice-Chair. She nominated Trilizsa Trent as Vice-Chair. Mike Puglia seconded the nomination. By roll call vote, David Pawlowski was elected Chair, and Trilizsa Trent was elected Vice-Chair.

Announcements

Beulah Archer gave the licensing report. The total number of AT's licensed by the Board is 1,739. There are 1,441 with current active licenses in Virginia and 4 out-of-state. In Virginia, 287 licensees are currently inactive, and 7 are inactive out-of-state. Since May 2019, 286 licenses have been issued.

Next Scheduled Meeting:

January 28, 2021 at 1:00 p.m.

Adjournment

With no other business to conduct, Mike Puglia adjourned the meeting at 10:40 a.m.

Michael J. Puglia, Chair
Director

William L. Harp, M.D., Executive

Beulah Baptist Archer, Licensing Specialist

ADVISORY BOARD ON PHYSICIAN ASSISTANTS
Minutes
October 8, 2020
Electronic Meeting

The Advisory Board on Physician Assistants held a virtual meeting on Thursday, October 8, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Portia Tomlinson, PA-C, Chair
Kathleen Scarbalis, PA-C
Frazier W. Frantz, MD
James Carr, PA-C
Tracey Dunn, Citizen

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM., Deputy Director, Licensing
Colanthia Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Yetty Shobo, PhD, Healthcare Workforce Data Center
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT: Jonathan Williams, VAPA
Scott Johnson, JD, MSV
Robert Glasgow, PA-C, VAPA

Call to Order

Ms. Tomlinson called the meeting to order at 10:17 am.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Roll was called; all advisory board members present. A quorum was established.

Approval of Minutes May 23, 2019

Ms. Scarbalis moved to adopt the minutes. The motion was seconded by Ms. Dunn. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Ms. Scarbalis moved to adopt the agenda with the topic of the physician assistant licensure compact added to the agenda. The motion was seconded by Mr. Carr. By roll call vote, the adoption of the agenda as amended carried unanimously.

Public Comment on Agenda Items (15 minutes)

None

Healthcare Workforce Data Presentation

Yetty Shobo, PhD, presented the workforce data for physician assistants surveyed in 2019. Her presentation showed a younger workforce and stable economic prospects for the profession as part of their findings.

NEW BUSINESS

1. Proposed Regulations for Public Hearing

Ms. Tomlinson conducted a Public Hearing to receive comment on proposed amendments relating to the replacement of emergency regulations with final regulations on physician assistant collaborative practice with a patient care team physician. There was no public comment. Ms. Tomlinson concluded the hearing.

2. Physician Assistant Licensure Compact

Ms. Scarbalis gave a report on the meeting organized by the Federation of State Medical Boards on November 21st, 2019 in Washington, DC at which the physician assistant licensure compact was discussed.

This report was for information only, and no action was required.

3. Report of Regulatory Actions and 2020 General Assembly

Mrs. Yeatts provided a legislative update and report of the 2020 General Assembly. She discussed bills that were of interest to members.

4. Approval of 2021 Meeting Calendar

Ms. Tomlinson moved to approve the 2021 proposed meeting dates for the Advisory Board as presented. The motion was seconded by Ms. Scarbalis. By roll call vote, the schedule of meetings for 2021 was approved.

5. Election of Officers

Ms. Tomlinson nominated Kathleen Scarbalis for Chair. James Carr seconded. Ms. Tomlinson nominated Mr. Carr for Vice-Chair. Ms. Dunn seconded. By roll call vote, Kathleen Scarbalis was approved as Chair, and James Carr was approved as Vice-Chair.

Announcements

Next Scheduled Meeting: January 28, 2021 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 2:11 p.m.

Portia Tomlinson, PA-C, Chair

William L. Harp, MD, Executive Director

ShaRon Clanton, Licensing Specialist

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ADVISORY BOARD ON MIDWIFERY

Minutes

October 9, 2020

Electronic Meeting

The Advisory Board on Midwifery held a virtual meeting on Friday, October 9, 2020 hosted at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kim Pekin, CPM, Chair
Mayanne Zielinski, CPM
Rebecca Banks, CPM
Natasha Jones, MSC

MEMBERS ABSENT: Ami Keatts, MD

STAFF PRESENT: William L. Harp, MD Executive Director
Michael Sobowale, LLM, Deputy Director, Licensing
Colanthia Morton Opher, Deputy Director, Administration
Jennifer Deschenes, JD, Deputy Director, Discipline
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Rebecca Bowers-Lanier, Lobbyist
Tammi McKinley
Nicole Lawter
Ben Traynham, JD, MSV

Call to Order

Kim Pekin called the meeting to order at 10:04 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Roll was called; a quorum was declared.

Approval of Minutes February 7, 2020

Mayanne Zielinski moved to approve the minutes of the February 7, 2020 meeting. Rebecca Banks seconded. By roll call vote, the minutes were approved as presented.

Kim Pekin requested an update on an item from the February 7, 2020 meeting to clarify procedures for reporting and getting death certificates signed in the unfortunate event of a stillbirth. It was suggested in February that an item on this topic be placed in the Board Briefs and emailed to Advisory Board members. Dr. Harp advised that the item will be included in the next Board Briefs that should go out the week of October 13th.

Adoption of the Agenda

Natasha Jones moved to adopt the agenda. The motion was seconded by Mayanne Zielinski. By roll call vote, the agenda was adopted as presented.

Public Comment on Agenda Items (15 Minutes)

Tammi McKinley spoke in support of legalizing medication use within the scope of practice of Midwifery. She also commended the Board of Medicine's commitment to the Advisory Board during the growth of the midwifery profession in Virginia.

NEW BUSINESS

1. Report of Regulatory Actions and 2020 General Assembly

Dr. Harp provided a regulatory update and report of the 2020 General Assembly. He discussed bills that were of interest to members.

In regards to HB42, Kim Pekin inquired about the creation of a guidance document for pre-natal and post-natal screening for depression. Dr. Harp related that the HB42 article in the next Board Briefs will have resources for licensees to help in the evaluation of depression. He suggested that the article be reviewed prior to deciding if a guidance document needs to be created.

Ms. Pekin requested that discussion of a guidance document be placed on the agenda for the next meeting.

2. Review of High-Risk Pregnancy Disclosures Guidance Document

After preliminary discussion, Ms. Pekin requested that this document be placed on the agenda in January 2021. She advised the members to be prepared to discuss any editorial or substantive changes that may be in order. Dr. Harp reminded the

Advisory Board that the guidance document was initially created by an Ad Hoc Committee of the Board of Medicine, and any substantive changes would need to be reviewed by a newly constituted Ad Hoc.

3. Approval of 2021 Meeting Calendar

Kim Pekin moved to approve the proposed 2021 meeting dates for the Advisory Board as presented, and for the Advisory Board to continue to hold virtual meetings beyond COVID-19. Mayanne Zielinski seconded the motion. By roll call vote, members voted to approve the 2021 schedule of meetings and to continue to hold virtual meetings if possible.

Dr. Harp remarked that the Director of the Department of Health Professions, Dr. David Brown, will be made aware of the Advisory Board's request to continue to hold virtual meetings.

4. Election of Officers

Rebecca Banks made a motion for Kim Pekin to continue as Chair. Mayanne Zielinski seconded. Kim Pekin nominated Rebecca Banks as Vice-Chair. Mayanne Zielinski seconded. By roll call vote, Kim Pekin was elected Chair, and Rebecca Banks was elected Vice-Chair.

Dr. Harp reminded the Advisory Board that a member continues in the seat until a successor is appointed. He thanked Ms. Zielinski for her willingness to continue to serve.

Announcements

Ms. Archer provided the licensing report. The Board has a total of 97 licensed midwives, 70 of which are current active with Virginia addresses. There are 27 current active licensees with out-of-state addresses.

Next Meeting Date

Next scheduled meeting date: January 29, 2021, at 10:00 a.m.

Adjournment

With no other business to conduct, Kim Pekin adjourned the meeting at 11:16. a.m.

Kim Pekin, CPM, Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

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ADVISORY BOARD ON POLYSOMNOGRAPHIC TECHNOLOGY

Minutes

October 9, 2020

Electronic Meeting

The Advisory Board on Polysomnographic Technology held a virtual meeting on Friday, October 9, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Jonathan Clark, RPSGT, Chair
Ronnie Hayes, RPSGT
Raid Mohaidat, Citizen Member
Abdul Amir, MD

MEMBERS ABSENT: Hannah Tyler, RPSGT

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Colanthia Morton Opher, Deputy Director, Administration
Jennifer Deschenes, JD, Deputy Director, Discipline

GUESTS PRESENT: None

Call to Order

Jonathan Clark called the meeting to order at 1:01 p.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called, and a quorum was declared.

Approval of Minutes from May 24, 2019

Ronnie Hayes moved to approve the minutes as presented. Dr. Amir seconded. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Raid Mohaidat moved to adopt the agenda. Ronnie Hayes seconded. By roll call vote, the agenda was adopted.

Public Comment on Agenda Items

None

NEW BUSINESS

1. Regulatory Update and Report from the 2020 General Assembly

Dr. Harp provided a regulatory update and report of the 2020 General Assembly. He discussed bills that were of interest to members.

2. Approval of 2021 Meeting Calendar

Ronnie Hayes moved to approve the 2021 proposed meeting dates on the calendar. Raid Mohaidat seconded the motion. By roll call vote, the schedule of meetings for the Advisory Board in 2021 was approved.

3. Election of Officers

Jonathan Clark nominated Ronnie Hayes as Chair. The motion was not seconded. Raid Mohaidat nominated Dr. Amir as Chair. Jonathan Clark seconded the nomination. Jonathan Clark also nominated Ronnie Hayes as Vice-Chair. Dr. Amir seconded. By roll call vote, Dr. Amir was elected Chair, and Ronnie Hayes was elected Vice-Chair.

Announcements

Next Scheduled Meeting:

January 29, 2021 at 1:00 p.m.

Adjournment

With no other business to conduct, Jonathan Clark adjourned the meeting at 1:47 p.m.

Abdul Amir, MD, Chair

William L. Harp, MD, Executive Director

Michael Sobowale, LL.M., Recording Secretary

Agenda Item: Other Reports

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

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

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



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

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

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

Speakers No speakers signed-in

Observers Rebekah Allen, VDH

Emergency Egress Dr. Carter

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

**Executive
Director's Report-
Continued**

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

**Healthcare
Workforce Data
Center**

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

Lunch

11:49 a.m.

**Individual Board
Reports**

Board of Counseling - Dr. Doyle (Attachment 1)

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

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

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

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

Board of Dentistry - Dr. Watkins (Attachment 5)

Board of Psychology - Dr. Stewart (Attachment 6)

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

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

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

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

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

Board of Nursing - Ms. Hershkowitz (Attachment 11)

New Business

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

Next Full Board Meeting

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

Adjourned

1:12 p.m.

**Chair
Signature**

Allen Jones, Jr., DPT, PT

_____ / /

**Board Executive
Director
Signature**

Elizabeth A. Carter, PhD

_____ / /

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

A recording of the meeting may be found here:

<https://www.dhp.virginia.gov/audio/BHP/FullBoardMeeting06252020.mp3>

In Attendance Sahil Chaudhary, Citizen Member
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Steve Karras, DVM, Board of Veterinary Medicine
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent Sheila E. Battle, MHS, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member

DHP Staff Barbara Allison-Bryan, MD, Deputy Director DHP
David Brown, DC, Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Rajana Siva, MBA, Research Analyst BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Elaine Yeatts, Senior Policy Analyst DHP

**DHP Staff
Cont'd**

Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Kelli Moss, Deputy Executive Director, Boards of Audiology & Speech-Language Pathology, Optometry and Veterinary Medicine
Anthony Morales, DHP Staff
Celia Wilson, DHP Staff

OAG

Charis Mitchell, Assistant Attorney General

Speakers

No speakers signed-up to provide virtual comment.

Call to Order

Dr. Stewart, Board Vice Chair, chaired this meeting as Board Chair, Dr. Allen Jones, Jr. was unable to attend.

Time: 10:07 a.m.

Quorum: Established with 11 members in attendance

Public Comment

No public comment was provided to Dr. Carter prior to the June 25, 2020 8:00 a.m. deadline

**Approval of
Minutes**

Minutes from the February 27, 2020 meeting were approved as presented.

**Director's
Report**

Dr. Brown provided information regarding the Governor's Executive Orders relating to the COVID19 pandemic. He noted provisions that permit electronic meetings; issuance of temporary licenses by the behavioral science, nursing and medical boards; and greater use of telemedicine. He also noted that the Executive Orders provide key information on the specific phases of reopening the state. He reported that, overall, COVID19 patients have not overrun Virginia hospitals. He stated that DHP will continue to hold meetings, virtually and in person based upon current social distancing requirements. He reported that DHP has utilized teleworking to allow employees to continue the work of the Boards. At this time, DHP has approximately 75% of its positions teleworking. Teleworking protects the public, as well as staff, as there are less people in the building allowing for social distancing and the use of masks. DHP is working with the Secretary's office on getting expired board members seats filled.

**Legislative and
Regulatory
Report**

Ms. Yeatts provided documents that are included in the agenda packet.

Board Chair Report Dr. Stewart informed attendees that Dr. Watkins (Board of Dentistry) and Dr. O'Connor (Board of Medicine) have come to the end of their terms on their boards as well as BHP. He thanked them on behalf of the Board for their time and service to the Commonwealth.

Executive Director's Report **Board Budget and Agency Statistics/Performance** Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance. The 2020 Board work plan will be updated to include the two studies currently underway.

Virginia Board of Health Professions Amendments to Guidance Document 75-4 Bylaws At the February 27, 2020 Full Board meeting, a request was made that the Board consider adding a new position of 2nd Vice Chair to the existing board positions. This necessitates amending the Bylaws. The following details the recommended changes: Under ARTICLE IV-Officers and Election. Item 1 should be changed to read as follows: "1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair." Under ARTICLE V-Duties of Officers. Item 2 should be changed to read as follows:"2.The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair."

Motion to Amend Article 75-4 Board Bylaws Ms. Hershkowitz moved that the Bylaws be amended as noted above. It was properly seconded. In response to discussion, Ms. Hershkowitz amended the motion to include that the term "Chairman" be replaced with the term "Chair" throughout the entire document.

Amended Motion The amended motion was seconded by Dr. Doyle. The motion passed with all members in favor, none opposed.

Healthcare Workforce Data Center Dr. Carter and Dr. Shobo provided an update on the Center's workforce reports, presentations, and data requests.

Board Studies The General Assembly has requested that the Board of Health Professions perform sunrise reviews on the following two professions: Diagnostic Medical Sonographer and Naturopathic Physician.

Diagnostic Medical Sonographer Motion Ms. Jackson presented the workplan for the Diagnostic Medical Sonographer.

A motion was made by Mr. Wells to proceed with the study and was seconded by Dr. Watkins. All members were in favor, none opposed.

Naturopathic Physician Dr. Carter presented the workplan for the Naturopathic Physician.

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

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

New Business There was no new business.

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

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

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

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



**Board of Health Professions
Regulatory Research Committee
Virtual Meeting**

**June 25, 2020
12:07 p.m.
9960 Mayland Dr, Henrico, VA 23233**

The recording of this meeting may be found here:
<https://www.dhp.virginia.gov/audio/BHP/RegResearchCteMeeting06252020.mp3>

- In Attendance** Louise Hershkowitz, CRNA, MSHA, Board of Nursing
John Salay, MSW, LCSW, Board of Social Work
James Wells, RPH, Citizen Member
- Absent** Louis R. Jones, Board of Funeral Directors & Embalmers
Martha S. Perry, MS, Citizen Member
Maribel Ramos, Citizen Member
- DHP Staff** Barbara Allison-Bryan, Chief Deputy Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
- Observers** There were no observers.
- Speakers** No individuals requested by email to speak prior to the June 25, 2020 8:00 a.m. deadline.

Call to Order

Chair Mr. Wells **Time:**12:07 p.m.

Public Comment

There was no public comment provided.

Quorum Established

Quorum was established with three members in attendance.



Meeting Minutes

The meeting minutes from the July 31, 2019 meeting were approved as presented and properly seconded.

Discussion on Holding Virtual Public Comment Hearings

The Committee discussed the options for holding the public hearing for the two studies. It was determined that a virtual meeting is acceptable and that the meeting dates selected should reflect the ability for quorum to be established.

Diagnostic Medical Sonographer Draft Work Plan

Presenter Ms. Jackson

Discussion

Ms. Jackson presented the Diagnostic Medical Sonographer Draft work plan. The date for the review of the first draft report and public hearing as well as the date for the review of the second draft of the report are noted as "TBD". After brief discussion, the Committee decided that staff would select dates for this meeting and the dates selected would be determined by the establishment of quorum.

Naturopathic Physician Study Work Plan

Presenter Dr. Carter

Discussion

Dr. Carter presented the Naturopathic Physician study draft work plan. The date for the review of the first draft report and public hearing as well as the date for the review of the second draft of the report are noted as "TBD". After brief discussion, the Committee decided that staff would select dates for these meetings and the dates selected would be determined by the establishment of quorum.

New Business

Presenter Mr. Wells

Discussion

There was no new business.



Next Committee Meeting

Presenter Mr. Wells

Discussion

The next meeting date will be selected based on committee member attendance to establish quorum.

Adjourned

Adjourned 12:38 p.m.

Chair James Wells, RPh

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, PhD

Signature: _____ Date: ____/____/____



**Board of Health Professions
Regulatory Research Committee
Virtual Meeting & Public Hearing**

August 11, 2020

9:00 a.m.

9960 Mayland Dr, Henrico, VA 23233

A recording of the Committee meeting may be found here:

<https://www.dhp.virginia.gov/audio/BHP/RegResearchCteMeeting08112020.mp3>

- Virtual Attendance** Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Martha S. Rackets, PhD, Citizen Member
John Salay, MSW, LCSW, Board of Social Work
James Wells, RPH, Citizen Member
- Absent** Louis R. Jones, Board of Funeral Directors & Embalmers
Maribel Ramos, Citizen Member
- DHP Staff** Barbara Allison-Bryan, Chief Deputy Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Matt Treacy, Media Production Specialist DHP
- Court Reporter** Cheryl Lane
- Virtual Observers** Ashley Wright
Baron Glasglow
Ben Traynham
Call In User 5 – Unidentified Observer
Call In User 8 – Unidentified Observer
Call In User 9 – Unidentified Observer
Call In User 10 – Unidentified Observer
Call In User 11 – Unidentified Observer
Call In User 13 – Unidentified Observer
Call In User 15 – Unidentified Observer
Call In User 16 – Unidentified Observer
Deborah Austin
F. Neal
Jo Twombly



K. Wilkinson
Lauren Schmitt
Mark
Tim Faerber
Traci Hobson
Warwick Johnston
Patricia Diefenbach
Unidentified Caller – XSM78572

Virtual Speakers

Dr. Clifford Morris, Board Certified Cardiologist
Dr. Sarah Giardenelli, President of VAANP
Dr. Robert Kachko, President of AANP
Dr. Leah Hollon, CEO Richmond Natural Medicine, Legislative Chair for VAANP
Dr. Dan Seitz, Executive Director of the Council on Naturopathic Medical Education
Dr. Marie Rodriguez, Vice President of the Virginia Association of Naturopathic Physicians
Dr. Carrie Runde
Dana Kleinschuster
Clark Barrineau, Assistant Vice President of Government Affairs, MSV
John Hanks
Dr. Decker Weiss
Dr. Barbara Boardman, Virginia Chapter of American Academy of Pediatrics
Cassady Morris, Naturopathic Student, Portland, Oregon
Julie Coombs, American Naturopathic Medical Association
April Garnett

Call to Order

Chair Mr. Wells **Time:** 9:09 a.m.



General Public Comment

There was no general public comment provided.

Quorum Established

Quorum was established with four members in attendance.

Meeting Minutes

The meeting minutes from the June 25, 2020 meeting were approved as presented and properly seconded.

Diagnostic Medical Sonographer Presentation

Presenter Ms. Jackson

Discussion

Ms. Jackson presented the first Draft of the Diagnostic Medical Sonographer report.

Motion: After committee discussion, a Motion was made to adopt the first draft report of the study. All members were in favor, none opposed. The motion carried.

Naturopathic Doctor Presentation

Presenter Dr. Carter

Discussion

Dr. Carter presented the first Draft of the Naturopathic Doctor report.

Motion: After committee discussion, a Motion was made to adopt the first draft report of the study. All members were in favor, none opposed. The motion carried.

New Business

Presenter Mr. Wells

Discussion

There was no new business presented.



Next Committee Meeting

Presenter Mr. Wells

Discussion

The next meeting of the Committee will be held virtually, on August 20, 2020 at 9:00 a.m.

Adjourned

Adjourned 11:19 a.m.

***The Committee took a brief recess**

A recording of the public hearing may be found here:

<https://www.dhp.virginia.gov/audio/BHP/RegResearchPublicHearing08112020.mp3>

Public Hearing on the Need to Regulate Diagnostic Medical Sonographers and the Need to Regulate Naturopathic Doctors

Call to Order

Chair Mr. Wells **Time:** 11:18 a.m.

Quorum Established

Quorum was established with four members in attendance.

Oral Public Comment – Diagnostic Medical Sonographer Study

Please let the record reflect that there were no requests received by the Board for oral comment concerning the Diagnostic Medical Sonographer review.



Oral Public Comment – Naturopathic Doctor Study

1. Dr. Clifford Morris, Board Certified Cardiologist is in favor of licensure for naturopathic doctors.
2. Dr. Sarah Giardenelli, President of the Virginia Association of Naturopathic Physicians is in favor of licensure for Naturopathic Doctors
3. Dr. Robert Kachko, President of the American Association of Naturopathic Physicians is in favor of licensure for naturopathic doctors.
4. Dr. Leah Hollon, CEO of Richmond Natural Medicine and Legislative Chair for the Virginia Association of Naturopathic Physicians is in favor of licensure for naturopathic doctors.
5. Dr. Dan Seitz, Executive Director of the Council on Naturopathic Medical Education is in favor of licensure for naturopathic doctors.
6. Dr. Marie Rodriguez, Vice President of the Virginia Association of Naturopathic Physicians is in favor of licensure for naturopathic doctors.
7. Dr. Carrie Runde, is in favor of licensure for naturopathic doctors.
8. Dana Kleinschuster was not available when called upon to provide oral public comment.
9. Clark Barrineau, Assistant Vice President of Government Affairs, Medical Society of Virginia. The Medical Society of Virginia is opposed to licensure of naturopathic doctors.
10. John Hanks, is in favor of licensure of naturopathic doctors.
11. Dr. Decker Weiss is in favor of licensure of naturopathic doctors.
12. Dr. Barbara Boardman with the Virginia Chapter of the American Academy of Pediatrics stated that they are opposed to licensure of naturopathic doctors.
13. Cassidy Morris, Naturopathic Student in Portland, Oregon is in favor of licensure for naturopathic doctors.
14. Julie Coombs, representing the American Naturopathic Medical Association, is in favor of licensure of naturopathic doctors.

Closing of Public Hearing

Written comment on both studies will continue to be received until 5:00 p.m. on August 17, 2020. Individuals requesting to provide written public comment on the Diagnostic Medical Sonographer study should email Laura Jackson at laura.jackson@dhp.virginia.gov, and individuals interested in providing



written public comment on the Naturopathic Doctor study should email Elizabeth Carter at elizabeth.carter@dhp.virginia.gov. Thank you to all who participated in today's public hearing.

Adjourned

The public hearing adjourned at 1:03 p.m.

Chair

James Wells, RPh

Signature: _____

Date: ____/____/____

Board Executive Director

Elizabeth A. Carter, PhD

Signature: _____

Date: ____/____/____



DRAFT

**Board of Health Professions
Regulatory Research Committee
Virtual Meeting**

**August 20, 2020
9:09 a.m.
9960 Mayland Dr, Henrico, VA 23233**

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

An audio file of this meeting may be found here:
<https://www.dhp.virginia.gov/audio/BHP/FullBoardMeeting08202020.mp3>

**Board Member
Attendance**

- Virtual-Louise Hershkowitz, CRNA, MSHA, Board of Nursing
- Virtual-John Salay, MSW, LCSW, Board of Social Work
- In-Person-James Wells, RPH, Citizen Member
- Virtual-Martha S. Rackets, MS, Citizen Member

Absent

- Louis R. Jones, Board of Funeral Directors & Embalmers
- Maribel Ramos, Citizen Member

DHP Staff

- Virtual-Barbara Allison-Bryan, Chief Deputy Director DHP
- Virtual-David Brown, DC, Director DHP
- In-Person-Elizabeth A. Carter, PhD, Executive Director BHP
- In-Person-Laura Jackson, MSHSA, Operations Manager BHP
- Virtual-Yetty Shobo, PhD, Deputy Executive Director BHP
- Virtual-Corie Tillman-Wolf, Executive Director for the Boards of Funeral Directors & Embalmers, Long-Term Care Administrators and Physical Therapy
- Virtual-Elaine Yeatts, Senior Policy Analyst DHP

**Virtual Observers-
Participant List**

- Ashley Wright
- Baron Glassgow
- Ben Traynham
- C. Barrineau



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- Jo Twombly
- John Hanks
- K. Wilkinson
- Marie Rodriguez
- Mark (last name not provided)
- Richard Grossman
- Sarah Giardenelli
- Tim Faerber
- Tyler Cox

Introductory Comments

Chair Mr. Wells **Time:** 9:06 a.m.

Mr. Wells specified that the focus of the meeting was to discuss the research and public comment received pertaining to the Study into the Need to Regulatory Diagnostic Medical Sonographers and the Need to Regulate Naturopathic Doctors. He advised that the Committee’s findings and recommendations pertaining to the respective professions under study would be reported to the full Board meeting at 11:00 a.m.

Roll Call

Chair Mr. Wells

A roll call of the Committee members and staff was taken, with attending members acknowledging presence when his or her name was called.

Quorum Established

Quorum was established with four members in attendance (3 virtual attendees, 1 in-person)

Call to Order

Chair Mr. Wells **Time:** 9:09 a.m.

Mr. Wells, Chair of the Committee called the meeting to order at 9:09 a.m.

Approval of Agenda

Chair Mr. Wells

Mr. Wells entertained a motion to approve the agenda as presented. On properly seconded motion by Ms. Hershkowitz, all members voted in favor, none opposed.

General Public Comment

Ms. Jackson reported that the Board office had not received any requests to provide general oral public comment prior to the August 19, 2020 5:00 p.m. deadline.

Previous Committee Meeting Minutes

On properly seconded motion by Mr. Salay to accept the meeting minutes from the June 25, 2020 meeting as presented, all members voted in favor of approval, none opposed.

Diagnostic Medical Sonographer Study Findings

Presenter Ms. Jackson

Mr. Wells reminded the Committee that the draft of the Diagnostic Medical Sonographer report in the meeting packet is the final staff draft of the research conducted.

Ms. Jackson provided an overview of the report and acknowledged that no public comment had been received by the deadline.

Review of the Criteria

The Committee then moved to discussion of its findings and recommendations. The Committee agreed that the profession, itself, did not pose a risk of harm to the public responsive to Criterion One.

Criterion One: Risk for Harm to the Consumer

On properly seconded motion by Mr. Salay the Committee voted that there is insufficient evidence of harm attributable to the practice of diagnostic medical sonography by individuals credentialed to justify regulation by the state. However, the Committee has concerns about the emerging use of 3-D sonography for "Keepsakes" being offered by some photographers and recommends referral of the issue to the full Board for further discussion. All members voted in favor, none opposed.

Naturopathic Doctor Study Findings

Presenter Dr. Carter

Mr. Wells reminded the Committee that the Naturopathic Doctor report provided in the meeting packet is the final staff draft of the research conducted.

Dr. Carter provided an overview of the report and summarized the public comment the Board office received by August 17, 2020, 5:00 p.m.

Public Comment Review

Dr. Carter reported that written comment was received by the Board office from July 27, 2020 through August 17, 2020 (5:00 p.m.) and that oral comment was also received during a public hearing on August 11, 2020. All comments have been provided in advance of today's meeting.

There were over 170 written comments, with 14 opposed and 15 oral commenters, with nine in favor and six in opposition.

Pros of regulation: Over 90 comments in favor were from the patients of the group seeking regulation. Most cited the aid they or their family members had received from NDs, the costs associated with having to go to other providers for physical examinations and testing, and some noted confusion over the different types of naturopathic providers. The remaining comments were from ND students, their parents, ND organizations at state and national levels, and individuals from other provider professions. Several commenters noted that NDs could work safely in solo practices and in primary care and integrative care practices.

Cons of regulation: Individuals working as what the report refers to as traditional naturopaths indicated that they are not interested in, nor do they feel it is necessary, to regulate the practice of naturopathy, itself, because it is non-invasive. They referred to the Board's 2005 study conclusions to that effect. They also cited the concern that those seeking regulation as naturopathic doctors have been evolving their practices and are diverting from pure naturopathy to include the allopathic features. This group is very much opposed to state regulation as they feel it will affect their ability to make a living. According to them, they are not causing harm now.

Commenters from the Medical Society of Virginia and several allopathic specialty organizations expressed concerns over educational training differences between NDs and MDs and the variability among ND education and training, over time, that may not enable each ND to adequately address patient needs, especially children.

Mr. Wells entertained a motion to accept the draft of the Naturopathic Doctor report. On properly seconded motion by Ms. Hershkowitz, all members voted in favor, none opposed.

The Committee then moved on to discussion of its findings and recommendations.

Review of the Criteria

The Committee discussed the research and public comment and determined their findings and recommendations responsive to the Criteria, as follows:

Criterion One: Risk for Harm to the Consumer

The group seeking regulation does present a potential for harm to the consumer that could be remedied through state regulation. The Committee deemed it important that consumers to be able to readily distinguish among practitioner types. The Committee is also concerned over the potential for harm from delays in care attributable to the inability of practitioners to conduct physical examinations and certain tests, themselves, often requiring the consumer to go elsewhere for these services.

Criterion Two: Specialized Skills and Training

The profession has demonstrated requirements for specialized skills and training.

Criterion Three: Autonomous Practice

The profession is practiced within its legislatively focused scope of practice autonomously in some states and in collaborative arrangements in others.

Criterion Four: Scope of Practice

The scope of practice is distinct although there is overlap with other professions. The scope should be determined by the Legislature taking into consideration the specific educational curriculum, training, and competency examination.

Criterion Five: Economic Impact

Regulation of this group is justified to help consumers avoid the cost of duplicated services. Other practitioners of naturopathy could have statutory exemptions that continue to permit them to practice.

Criterion Six: Alternatives to Regulation

The Committee held that all six criteria were met and that consumer redress through the Better Business Bureau and civil remedies do not adequately address the potential for patient harm. State regulation could do so.

Criterion Seven: Least Restrictive Regulation

The Committee concluded that registration and statutory certification (title protection) do not adequately address the potential for patient care harm.

Ms. Hershkowitz moved the following:

The Committee recommends licensure of naturopathic doctors, under the Board of Medicine, to authorize the scope of practice that includes physical exams, orders and interpretation of lab tests, orders for medical imaging to be interpreted by an other qualified provider to not include prescriptive authority of pharmaceuticals other than those specifically of the naturopathic variety or over the counter. And to include a recommendation to include the following statement from

SB858: Any lay person who is not licensed under this chapter from (i) providing natural health consulting on ayurvedic medicine, traditional naturopathic therapies, herbalism, nutritional advice, or homeopathy, or (ii) from selling vitamins and herbs, provided the person or lay practitioner does not use any title prohibited under § 54.1-2956.14.

The motion was properly seconded by Mr. Salay.

Discussion: After discussion, the following amended motion was made by Ms. Hershkowitz.

Amended Motion: The Committee moves that licensure of Naturopathic Doctors seeking regulation be recommended. The scope of practice should include physical exams, orders relating to lab tests and interpretation of lab tests, orders for x-rays or other videography but with the interpretation by another qualified practitioner. Further there should be no prescriptive authority for legend drugs. The profession should be regulated under the Board of Medicine. Also, lay practitioners who are not licensed under this chapter are not precluded from (i) providing natural health consulting on Ayurvedic medicine, traditional naturopathic therapies, herbalism, nutritional advice, or homeopathy, or (ii) from selling vitamins and herbs, provided the person or lay practitioner does not use any title prohibited under § 54.1-2956.14.

The motion carried with all members in favor of the amended motion, none opposed.

New Business

Presenter Mr. Wells

Discussion

There was no new business.

Next Committee Meeting

Presenter Mr. Wells

Discussion

The next committee meeting will be held November 10, 2020.



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Adjourned

Adjourned 10:40 a.m.

Chair James Wells, RPh

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, PhD

Signature: _____ Date: ____/____/____

DRAFT

9960 Mayland Dr, Henrico, VA 23233

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

[An audio file of this meeting may be found here.](#)

In Attendance

- Virtual- Sahil Chaudhary, Citizen Member
- Virtual- Helene Clayton-Jeter, OD, Board of Optometry
- Virtual- Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
- Virtual- Louise Hershkowitz, CRNA, MSHA, Board of Nursing
- In-Person- Allen Jones, Jr., DPT, PT, Board of Physical Therapy, Board Chair
- Virtual- Derrick Kendall, NHA, Board of Long-Term Care Administrators
- Virtual- Ryan Logan, RPh, Board of Pharmacy
- Virtual- Kevin O'Connor, MD, Board of Medicine
- Virtual- Martha Rackets, PhD, Citizen Member
- Virtual- John Salay, MSW, LCSW, Board of Social Work
- Virtual- Herb Stewart, PhD, Board of Psychology
- In-Person- James Wells, RPh, Citizen Member

Absent

- Sheila E. Battle, MHS, Citizen Member
- Louis Jones, FSL, Board of Funeral Directors and Embalmers
- Steve Karras, DVM, Board of Veterinary Medicine
- Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language
- Maribel Ramos, Citizen Member
- Vacant-Board of Dentistry

DHP Staff

- Virtual- Barbara Allison-Bryan, MD, Deputy Director DHP
- Virtual- David Brown, DC, Director DHP
- In-Person- Elizabeth A. Carter, PhD, Executive Director BHP
- Virtual- Jay Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing
- In-Person- Laura Jackson, MSHSA, Operations Manager BHP
- Virtual- Yetty Shobo, PhD, Deputy Executive Director BHP

**DHP Staff
Cont'd.**

- Virtual- Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Physical Therapy
- Virtual- Elaine Yeatts, Senior Policy Analyst DHP

OAG

- Virtual- Charis Mitchell, Assistant Attorney General

**Virtual
Attendees**

- Ashley Wright
- Baron Glassgow
- Ben Traynham
- C. Barrineau
- James Pickral
- Jo Twombly
- Lauren Schmitt
- Marie Rodriguez
- Mark
- Melika Zand
- Sarah Giardenelli
- Sheila
- Traci Hobson
- Unidentified Call-in User 11
- Unidentified Call-in User 12
- Unidentified Call-in User 13
- Unidentified Call-in User 7
- Unidentified Call-in User 8

Call to Order

- Dr. Jones, Jr., Board Chair
- Time: 11:04 a.m.
- Quorum: Established

Agenda

- The agenda was approved by acclamation as presented.

Public Comment

- No public comment was received by the Board office prior to the August 19, 2020 5:00 p.m. deadline.

**Approval of
Minutes**

- On properly seconded motion by Dr. Clayton-Jeter, the minutes from the June 25, 2020 meeting were approved as presented.

Director's Report

Dr. Brown stated that the Department has held several virtual meetings since the onset of COVID-19 and the closing of the Perimeter Center Building to the public. DHP is following government mandated protocols to keep individuals safe and leveraging teleworking to the extent possible. The Enforcement and APD divisions and the Boards are keeping abreast of the incoming cases and disciplinary hearings.

Legislative and Regulatory Report

Ms. Yeatts provided an overview of current legislative and regulatory actions. She also noted that the change made to the Boards Bylaws (Guidance document 75-4) are effective today.

Board Chair Report

Dr. Jones, Jr., thanked Dr. Stewart for filling in as Chair for the June 25, 2020 meeting. He thanked staff for all their efforts in keeping the boards up and running during this pandemic. He noted that the Fall election of officers will usher in the new position of 2nd Chair.

Board Study Into the Need to Regulate Diagnostic Medical Sonographer

Mr. Wells provided an overview of the Diagnostic Medical Sonographer study findings. He advised that after reviewing the study materials that the Regulatory Research Committee deemed that Criterion One: Risk for Harm to the Consumer was not met. There was insufficient evidence of harm attributable to the practice of diagnostic medical sonography by individuals credentialed to justify their regulation by the state. However, the Regulatory Research Committee did have concern about the use of 3-D ultrasound medical devices by unlicensed people taking "Keepsake" fetal sonograms. This matter is being referred to the full Board for further discussion.

Motion: Dr. Doyle moved and Dr. O'Connor seconded acceptance of the Regulatory Research Committee's findings.

Discussion and Amended Motion: Upon discussion, an amendment was made to the original motion to table the discussion of the fetal imaging concerns to the November 10, 2020 agenda. The motion was properly seconded, all members voted in favor, none opposed.

**Board Study
into the Need to
Regulate
Naturopathic
Doctors**

Mr. Wells provided an overview of the Naturopathic Doctor study findings. He stated that the Committee found sufficient evidence of all six criterion and recommended, under criterion seven, licensure of the profession. The Committee requested that the scope of practice include physical exams, ordering lab tests and interpretation of lab tests, ordering x-rays or other videography but with the interpretation by another qualified practitioner. Further, there should be no prescriptive authority for legend drugs. The profession should be regulated under the Board of Medicine. Also, lay practitioners who are not licensed under this chapter should not be precluded from (i) providing natural health consulting on Ayurvedic medicine, traditional naturopathic therapies, herbalism, nutritional advice, or homeopathy, or (ii) from selling vitamins and herbs, provided the person or lay practitioner does not use any title prohibited under § 54.1-2956.14.

A motion to approve the Committees recommendations was made by Mr. Salay and properly seconded.

After discussion and review of the Criteria, the Board voted on the Committee's recommendations. Five members (Dr. Doyle, Ms. Hershkowitz, Mr. Salay, Dr. Rackets, and Mr. Wells) were in favor of licensure, six members (Dr. O'Connor, Dr. Clayton-Jeter, Mr. Logan, Dr. Jones, Jr., Dr. Stewart, Mr. Chaudhary) opposed licensure. The motion failed.

**Executive
Director's
Report**

Due to time constraints, Dr. Carter requested that the Executive Director's Report be carried over to the November 10, 2020 meeting.

**Healthcare
Workforce Data
Center**

Due to time constraints, Dr. Carter requested that the Healthcare Workforce Data Center report also be carried over to the November 10, 2020 meeting.

**Individual
Board Reports**

Board of Medicine - Dr. O'Connor stated that the Board cancelled all June meetings and had just recently begun board hearings. He provided that disciplinary hearings are stacking up so the October meeting (hopefully to be held in person) will have a full schedule to include informal conferences. Dr. O'Connor commended Board staff for keeping up with credentialing of the boards professions.

Board of Nursing - Ms. Hershkowitz (Attachment 2)

Board of Optometry - Dr. Clayton-Jeter (Attachment 3)

Board of Audiology & Speech-Language Pathology - no report

Board of Counseling - Dr. Doyle (Attachment 4)

Board of Funeral Directors & Embalmers - no report

Board of Long-Term Care Administrators - no report

Board of Pharmacy - Mr. Logan reported that the Board of Pharmacy held a virtual meeting and public hearing on June 16, 2020. He stated that the Board is receiving approximately 100 applications for registered patients weekly.

Board of Psychology - Dr. Stewart (Attachment 5)

Board of Social Work - Mr. Salay (Attachment 6)

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

Board of Veterinary Medicine - no report

Board of Dentistry - vacant

New Business There was no new business.

Next Full Board Meeting Dr. Jones, Jr. advised the Board that the next meeting is scheduled for November 10, 2020 at 10:00 a.m.

Adjourned The meeting adjourned at 1:26 p.m.

Vice Chair Signature Allen Jones, Jr., DPT
_____ / ____ / _____

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

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 12, 2020**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:01 A.M., October 16, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; Chair
Louise Hershkowitz, CRNA, MSHA
Ann Tucker Gleason, PhD
Kenneth Walker, MD
L. Blanton Marchese, Board of Medicine Citizen Member

MEMBERS ABSENT: Karen A. Ransone, MD
Nathaniel Ray Tuck, Jr., DC

ADVISORY COMMITTEE MEMBERS PRESENT: Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
David Alan Ellington, MD
Sarah E. Hobgood, MD
Janet L. Setnor, CRNA

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General; Board Counsel
David E. Brown, DO; Department of Health Professions Director
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE: Kathy Martin, Hancock , Daniel & Johnson
Marie Molner, Board of Nursing Staff
Joseph Corley, Board of Nursing Staff

INTRODUCTIONS: Committee members, Advisory Committee members and staff members introduced themselves.

Virginia Board of Nursing
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Dr. Harp informed the Committee that Mr. Marchese has been appointed to the Committee of the Joint Boards of Nursing and Medicine for the day.

ESTABLISHMENT OF A QUORUM:

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

Ms. Gerardo noted that there is a potential new Advisory Committee Member consideration has been added to Agenda under New Business section.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda: New Committee of the Joint Boards Members – Karen A. Ransone, MD and Nathaniel Ray Tuck, Jr., MD.

NCSBN APRN Roundtable Meeting is scheduled for April 7, 2020 in Rosemont, IL – Ms. Douglas will attend as NCSBN Board of Directors for Area III. Ms. Douglas noted that the focus of the meeting will be education preparation of nurse practitioners.

REVIEW OF MINUTES:

The minutes of the October 16, 2019 Business Meeting were reviewed. Ms. Hershkowitz moved to accept the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

DIALOGUE WITH
AGENCY DIRECTOR:

Dr. Brown reported the following:

Changes at General Assembly (GA) – longer lines to access buildings due to changes in security in place

Medical Marijuana – the bill is to remove THC cap on oil and to decriminalize possession of marijuana. The bill was not passed and will be presented again in 2021. The Secretary of Health Task Force is to review the use of marijuana and make recommendations.

Healthcare Workforce – appears to be interested in allowing practitioners, such as nurse practitioners, to broaden the categories of clinical procedures they perform.

LEGISLATION/
REGULATIONS:

2020 General Assembly (GA) Report:

Dr. Allison-Bryan reviewed the 2020 GA report handout noting that Crossover was on February 11, 2020 and Bills are now in opposite house. Dr. Allison-Bryan added once the bills are passed then the Boards will have regulatory work to begin.

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Ms. Setnor stated that the CRNAs are happy with the result regarding HB1059, which allows CRNAs to have prescriptive authority. Ms. Setnor added that although this bill was not exactly what CRNA's wanted, it allowed them to continue to do what they do. Ms. Douglas complimented Virginia Association of Nurse Anesthetists (VANA) for working with the Medical Society and the Anesthetists in preparation for the bill.

B1 Regulatory Update:

Dr. Clinger reviewed the chart of regulatory actions as of February 11, 2020 on behalf of Ms. Yeatts noting that the Board of Nursing staff is working on the waiver form for the electronic prescribing.

POLICY FORUM:

Dr. Elizabeth Carter and Dr. Yetty Shobo presented on the Board of Nursing survey reports. Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC), who administer the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent.

Dr. Shobo provided a summary 2019 reports which will be posted on the DHP website upon approval:

- ❖ Virginia's Licensed Nurse Practitioner Workforce: 2019
- ❖ Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Dr. Ellington asked what is the outcome of these reports. Ms. Douglas said the educators and employers use them for planning purpose.

NEW BUSINESS:

Appointment of Joint Boards Advisory Committee Member, Kathleen J. Bailey, RN, CNM, MA, MS:

Ms. Gerardo stated that Ms. Bailey's CV is presented for the Committee consideration and action for the nurse midwife position on the Advisory Committee to replace Ms. Dotson.

Ms. Douglas noted that the recommendation for Kathleen Bailey was from Katie Page, CNM, FACNM, President of Virginia Affiliate of the ACNM. Ms. Douglas thanked Ms. Dotson for her service on the Advisory Committee.

Dr. Walker moved to accept the appointment of Ms. Bailey for the nurse midwife position on the Advisory Committee. The motion was seconded and passed.

Board of Nursing Executive Director Report:

- **Paperless Licensing** – the Board has implemented paperless licensing beginning with massage therapy, practical nurse and nurse practitioner licenses will be the next groups to be

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Committee of the Joint Boards of Nursing and Medicine – Business Meeting
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implemented. Licensees will no longer receive hard copy paper licenses after renewal. License Lookup will be primary source of verification. All Boards at DHP have started this process incrementally which will decrease costs administrative burden and reduce the risk for fraud.

Dr. Brown left the meeting at 10:45 A.M.

- **Electronic Prescribing Notification** – Dr. Clinger reviewed under Legislation/Regulations.
- **Prescriptive Authority Licensure Regulatory Change Process** – Ms. Douglas said that Regulations for Elimination of Separate License for Prescriptive Authority (PA) will be effective on March 4, 2020. Nurse Practitioners (NPs), who currently have the PA, will receive the new NP licenses with the PA designation. Those, who do not have the PA, can apply with the \$35 fee. New applicants will have one application incorporating both eligibility criteria. Communication has been sent to practitioners already. Ms. Douglas added that this will reduce fees and the administrative burden for licensees. Ms. Douglas added that separate communication will be sent to CRNAs following General Assembly action.
- **NCSBN Board Directors February 10-11, 2020 meeting** – Ms. Douglas said the proposed revisions draft language of the APRN Compact was discussed and will be presented at the NCSBN Midyear Meeting in March 2020.

HB793 – Workforce Data Collection Planning Discussion:

Ms. Douglas said that HB793 requires DHP to submit a report to the General Assembly on the process by which nurse practitioners with autonomous practice licenses may be included in the online Practitioner Profile maintained by DHP by November 1, 2020.

Ms. Douglas added that among other things, the enactment clause of HB793 also requires the Boards of Medicine and Nursing to report the number of NPs who have autonomous practice licenses accompanied by the geographic and specialty areas in which these NPs are practicing to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

Ms. Douglas noted that the Committee of the Joint Boards will review the work plan at its April 15, 2020 meeting.

Autonomous Practice Update:

Ms. Willinger reported that as of yesterday, the Board received 744

applications and 704 licenses were issued.

Ms. Willinger noted that there have been no application denials to date. Ms. Douglas stated that a denial is considered by the Committee of the Joint Boards. Ms. Douglas introduced Joseph Corley as Board Staff who processes Autonomous Practice applications.

Ms. Douglas added that the majority of the categories are of NP's with the autonomous designate family and psychiatric NP's.

**C1 – Consider Revision of the Guidance Document (GD) 90-11:
Continuing Competency Violations for Nurse Practitioners:**

Ms. Douglas stated the proposed revision of the GD 90-11 is presented for the Committee consideration.

Dr. Ellington suggested adding “*Licensure Renewal Requirements*” after the “**Continued Competency**” in the title.

Mr. Marchese moved to adopt the revised GD 90-11 as presented with additional amendment. The motion was seconded and carried unanimously.

C2 2020 Meeting Dates:

Ms. Gerardo stated that this is provided for information only.

RECESS: The Committee recessed at 10:44 A.M.

The Member of the Advisory Committee, Dr. Gleason, and Dr. Allison-Bryan left the meeting at 10:44 A.M.

RECONVENTION: The Committee reconvened at 10:57 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

David Valentine Strider, Jr., LNP	0024-090402
Prescriptive Authority	0017-001538

Mr. Strider provided written response.

CLOSED MEETING: Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:57 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Willinger, Ms. Vu and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence

Virginia Board of Nursing
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will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:16 A.M.

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand David Valentine Strider, Jr. and to suspend his prescriptive authority in the Commonwealth of Virginia for a period of one year from the date of entry of the Order. The motion was seconded and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:17 A.M.

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

**THE COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
August 18, 2020**

A possible summary suspension telephone conference call of the Committee of the Joint Boards of Nursing and Medicine was held August 18, 2020 at 4:31 P.M.

The Members of the Committee of the Joint Boards of Nursing and Medicine participating in the meeting were:

Marie Gerardo, MS, RN, ANP-BC; Chair; Board of Nursing
A Tucker Gleason, PhD; Board of Nursing
Louise Hershkowitz, CRNA, MSHA; Board of Nursing
Nathaniel Ray Tuck, Jr., DC; Board of Medicine

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division
Julia Bennett, Deputy Director, Administrative Proceedings Division
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Huong Vu, Executive Assistant

The meeting was called to order by Ms. Gerardo. With 4 members of the Committee of the Joint Boards of Nursing and Medicine participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of nursing by **Harold E. Ramsey, LNP (0024-169909)** may present a substantial danger to the health and safety of the public.

Ms. Hershkowitz moved to summarily suspend the license of **Harold E. Ramsey** to practice as a nurse practitioner pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license for a period of not less than two years in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 4:46 P.M.

Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

Agenda Item: Regulatory Actions

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

Action: None.

Agenda Item:
Regulatory Actions - Chart of Regulatory Actions
As of October 15, 2020

Board of Medicine	
Chapter	Action / Stage Information
[18 VAC 85 - 20]	<p>Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic</p> <p><u>Conversion therapy</u> [Action 5412]</p> <p>NOIRA - Register Date: 8/31/20 Comment closed: 9/30/20 Board to adopt proposed regulations: 10/22/20</p>
[18 VAC 85 - 21]	<p>Regulations Governing Prescribing of Opioids and Buprenorphine</p> <p><u>Waiver for e-prescribing of an opioid</u> [Action 5355]</p> <p>Proposed - Register Date: 9/14/20 Comment ends: 11/13/20</p>
[18 VAC 85 - 40]	<p>Regulations Governing the Practice of Respiratory Therapists</p> <p><u>CE credit for specialty examination</u> [Action 5486]</p> <p>Fast-Track - Register Date: 8/31/20 Regulation effective: 10/15/20</p>
[18 VAC 85 - 50]	<p>Regulations Governing the Practice of Physician Assistants</p> <p><u>Practice with patient care team physician</u> [Action 5357]</p> <p>Proposed - Register Date: 8/31/20 Comment ends: 10/30/20</p>
[18 VAC 85 - 160]	<p>Regulations Governing the Registration of Surgical Assistants and Surgical Technologists</p> <p> <u>Licensure of surgical assistants</u> [Action 5580]</p> <p>Final - Register Date: 9/14/20 Regulation effective: 10/14/20</p>

Agenda Item: 2020 Report of the General Assembly

Staff Note: Ms. Yeatts will speak to the bills in the 2020 Session of the General Assembly of interest and relevance to the Board of Medicine.

Action: The Board may choose to discuss selected bills and their impact on the mission of the Board.

Agenda Item: Regulatory Action –Proposed rules for Prohibition on Practice of Conversion therapy

Included in your package:

- Copy of NOIRA announcement on Townhall
- 0 comments on Nurse Practitioner NOIRA; 0 comments on Medicine NOIRA
- Copy of Code of Virginia, as amended in the 2020 General Assembly
- Copy of current guidance document on conversion therapy
- Copy of regulations for Nurse Practitioners, as adopted by the Board of Nursing on 10/14/20
- Copy of draft regulations for Medicine (consistent with amended Code)

Board Action:

Motion to adopt proposed amendments for 18VAC90-30 (Nurse Practitioners) as adopted by the Board of Nursing;

Motion to adopt proposed amendments for 18VAC85-20 (Medicine) as drafted in agenda package; or

Other action as determined by the Board

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Agency Department of Health Professions

Board Board of Medicine

Chapter

Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic
[18 VAC 85 - 20]**Action:** Conversion therapy**Notice of Intended Regulatory Action
(NOIRA)**

Action 5412 / Stage 8797

 [Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)

Documents

Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Background Document	10/23/2019 (modified 11/19/2019)	Upload / Replace
Governor's Review Memo	8/6/2020	
Registrar Transmittal	8/6/2020	

Status

Public Hearing	Will be held at the proposed stage
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
DPB Review	Submitted on 10/23/2019 Policy Analyst: Jeannine Rose Review Completed: 11/4/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/29/2020
Governor's Review	Review Completed: 8/6/2020 Result: Approved
Virginia Registrar	Submitted on 8/6/2020 The Virginia Register of Regulations Publication Date: 8/31/2020 Volume: 37 Issue: 1
Comment Period	Ended 9/30/2020 0 comments

Contact Information

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This person is the primary contact for this chapter.

This stage was created by Elaine J. Yeatts on 10/23/2019

13

Current law on Conversion Therapy

§ 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.

Virginia Board of Medicine

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as 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 counseling or therapy that provides assistance to a person undergoing gender transition or counseling or therapy 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 or therapy does not seek to change an individual's sexual orientation or gender identity in any direction.

In § 54.1-2915 of the Code of Virginia, the Board of Medicine is authorized to discipline a licensee for certain acts of unprofessional conduct, including:

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

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

Leading professional medical and mental health associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that the use of conversion therapy has not been shown to be effective or safe, may be harmful to a patient, and is considered to be unethical practice.

In a statement issued in 2019, the American Medical Association stated its opposition to the use of "reparative" or "conversion" therapy for sexual orientation or gender identity." The AMA noted that conversion therapy is not a legitimate medical treatment and that it violates many important ethical principles, the foremost of which: "First, do no harm."

Other medical societies and associations have also opposed conversion therapy for sexual orientation or gender identity. In 2018, the American Psychiatric Association reiterated its long-standing opposition to the practice of conversion therapy. Efforts to change one's sexual orientation "represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change."

In a statement issued in 2018, the American Academy of Child and Adolescent Psychiatry stated that conversion therapy should not be part of any behavioral health treatment of children and

adolescents. The AACAP asserted that conversion therapies lack “scientific credibility and clinical utility,” and that “there is evidence that such interventions are harmful.”

The 2018 policy statement from the American Academy of Pediatrics supported a gender-affirmative care model and stated that reparative or conversion treatments have proven to be unsuccessful but also “deleterious” and “outside the mainstream of traditional medical practice.”

In 2017, the American Osteopathic Association issued its position strongly opposing the practice of conversion therapy or any such technique aimed at changing a person’s sexual orientation or gender identity. The AOA stated that “any effort by an osteopathic physician to participate in any SOCE [Sexual Orientation Change Efforts] is considered unethical.”

BOARDS OF NURSING AND MEDICINE

Regulations Governing the Practice of Nurse Practitioners

Prohibition on Conversion therapy

Part I

General Provisions

18VAC90-30-10. Definitions.

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

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

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

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

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

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

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

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

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

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 (A) of the Code of Virginia.

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

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

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

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

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

Part IV

Disciplinary Provisions

18VAC90-30-220. Grounds for disciplinary action against the license of a licensed nurse practitioner.

The boards may deny licensure or relicensure, revoke or suspend the license; or take other disciplinary action upon proof that the nurse practitioner:

1. Has had a license or multistate privilege to practice nursing in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;
2. Has directly or indirectly represented to the public that the nurse practitioner is a physician, or is able to, or will practice independently of a physician;
3. Has exceeded the authority as a licensed nurse practitioner;

4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing or nurse practitioners;
5. Has become unable to practice with reasonable skill and safety to patients as the result of a physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals or any other type of material;
6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration or distribution of drugs;
7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-30-105;
8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful; ~~or~~
9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program, the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances; or
10. Has engaged in conversion therapy with a person under 18 years of age.

BOARD OF MEDICINE

**Regulations Governing the Practice of Medicine, Osteopathic Medicine,
Podiatry and Chiropractic**

Prohibition on Conversion therapy

Part I. General Provisions.

18VAC85-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in §54.1-2900 of the Code of Virginia:

Board

Healing arts

Practice of chiropractic

Practice of medicine or osteopathic medicine

Practice of podiatry

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

"Approved institution" means any accredited school or college of medicine, osteopathic medicine, podiatry, or chiropractic located in the United States, its territories, or Canada.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 (A) of the Code of Virginia.

"Principal site" means the location in a foreign country where teaching and clinical facilities are located.

18VAC85-20-29. Practitioner responsibility.

A. A practitioner shall not:

1. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

2. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient;

3. Exploit the practitioner and patient relationship for personal gain; or

4. Engage in conversion therapy with a person under 18 years of age.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 2 of this section.

DRAFT

Agenda Item: Petition for rulemaking

Staff Note:

The Board received a petition for rulemaking from the Virginia Society of Radiologic Technologists.

The Executive Committee of the Board considered the petition at its meeting in August and decided to refer to Advisory Board for recommendation to the October Board meeting.

The Advisory Board on Radiologic Technology recommended that the Board not initiate rulemaking at this time to allow for additional study and information-gathering by the Advisory.

Included in your package:

A copy of the petition and Townhall notice (There was no comment on the petition)

Board action:

To accept the recommendation of the Advisory Board to take no regulatory action; OR

To initiate rulemaking with a Notice of Intended Regulatory Action.

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Secretariat **Health and Human Resources**Agency **Department of Health Professions**Board **Board of Medicine**[Edit Petition](#)

Petition 317

Petition Information	
Petition Title	Requirement for maintenance of professional credential for renewal of licensure
Date Filed	2/26/2020 Transmittal Sheet
Petitioner	Virginia Society of Radiologic Technologists
Petitioner's Request	To amend sections on renewal, reinstatement, or reactivation to require a licensee to hold current ARRT and/or NMTCB credentials in good standing for biennial renewal, reinstatement, or reactivation of one's license under the Board of Medicine.
Agency's Plan	<p>In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on March 30, 2020 and posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov. Comment on the petition will be requested until April 29, 2020 and may be posted on the Townhall or sent to the Board.</p> <p>Following receipt of all comments on the petition to amend regulations, the matter will be considered by the Advisory Board on Radiologic Technology and by the full Board at their meetings in June of 2020.</p>
Comment Period	Ended 4/29/2020 0 comments
Agency Decision	Pending
Contact Information	
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COMMONWEALTH OF VIRGINIA
Board of Medicine

FEB 25 2020

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 (804) 367-4600 (Tel)
 (804) 527-4426 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle Initial, Suffix)

Virginia Society of Radiologic Technologists

Street Address

1300 Emerald View Court

Area Code and Telephone Number

City

Bedford

State
 Virginia

Zip Code
 24523

Email Address (optional)

gimminick@gmail.com

kmdeacon@gmail.com

Fax (optional)

Respond to the following questions:

1. What regulations are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Under code section titled :Chapter 101. Regulations Governing the Practice of Radiologic Technology, subsections:

- 18VAC85-101-150. Biennial Renewal of License.
- 18VAC85-101-151. Reinstatement.
- 18VAC85-101-152. Inactive License.

25FEB '20 3:09PM
 BOM

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

The Board of the Virginia Society of Radiologic Technologists (VSRT) wishes to petition the Board of Medicine to consider changes in the above stated subsections of the laws regulating the Licensure of Radiologic Technologists.

Rational: The VSRT considers the existing regulations to have a loophole that allows technologists renewing or reinstatement of license to anyone who once held a properly obtained Virginia license without verification of active credentials. Technologists who have previously held a license may appear to qualify for a current Virginia license, although they may have lost their credentials through inactivity or sanction with their professional body.

We ask the Board to consider adding the following wording to each of the sections above as stated below in each section

1. 18VAC85-101-150. Biennial Renewal of License. - add "and be in good standing" after ARRT and/or NMTCB and before within

D. In order to renew an active license as a radiologic technologist, a licensee shall attest to having completed 24 hours of continuing education as acceptable to the ARRT and/or NMTCB within the last biennium.

2. **18VAC85-101-151. Reinstatement.** - add "and demonstrate evidence of current good standing" after renews/ and before and. A licensee that allows this license to lapse for a period of two years or more and chooses to resume his practice shall submit to the board a new application, information on practice and licensure in other jurisdictions during the period in which the license was lapsed, evidence of completion of hours of continuing education equal to those required for a biennial renewal and the fees for reinstatement of his license as prescribed in 18VAC85-101-25.

3. **18VAC85-101-152. Inactive License.** remove and before 3. and add in section "B" #4- Provide proof of current ARRT and/or NMTCB certification

To reactivate an inactive license, a licensee shall:

1. Submit the required application;
2. Pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and 3. Verify that he has completed continuing education hours equal to those required for the period in which he held an inactive license in Virginia, not to exceed one biennium.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Radiologic Technologist Advisory Board

2010 Code of Virginia,

Title 54.1 - PROFESSIONS AND OCCUPATIONS.

Chapter 24 - General Provisions (54.1-2400 thru 54.1-2409.4)

54.1-2408 - Disqualification for license, certificate or registration.

54.1-2408.1 - Summary action against licenses, certificates, registrations, or multistate licensure privilege; allegations to be in writing.

54.1-2409.2 - Board to set criteria for determining need for professional regulation.

Signature: Nicholas Gimmi, President-Elect, Legislative Affairs member, VSRT
Kourtney Ligon, VSRT Chair

Date: 02/11/2020

Agenda Item: Licensing Report

Staff Note: Mr. Sobowale will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: Discipline Report

Staff Note: Ms. Deschenes will provide information on discipline matters.

Action: Consent orders may be presented for consideration.

Agenda Item: Proposed 2021 Board Meeting Dates

Staff Note: For your review.

Action: Motion to accept or recommend alternate dates.

Virginia Board of Medicine

PROPOSED - 2021 Board Meeting Dates

Full Board Meetings

February 18-20	DHP/Richmond, VA	Board Rooms TBA
June 24-26	DHP/Richmond, VA	Board Rooms TBA
October 14-16	DHP/Richmond, VA	Board Rooms TBA

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

Executive Committee Meetings

April 9	DHP/Richmond, VA	Board Rooms TBA
August 6	DHP/Richmond, VA	Board Rooms TBA
December 3	DHP/Richmond, VA	Board Rooms TBA

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

Legislative Committee Meetings

January 15	DHP/Richmond, VA	Board Rooms TBA
May 21	DHP/Richmond, VA	Board Rooms TBA
September 3	DHP/Richmond, VA	Board Rooms TBA

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

Credentials Committee Meetings

January 6	May TBA	September 29
February 10	June 9	October 23
March 10	July 21	November (TBA)
April 21	August 18	December (TBA)

Times for the Credentials Committee meetings - TBA

Joint Boards of Medicine and Nursing

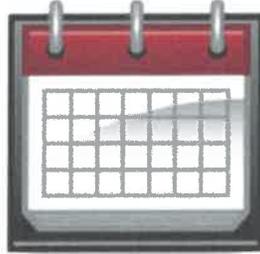
TBA

Advisory Board on:

Behavioral Analysts			10:00 a.m.
Mon - January 25	May 24	October 4	
Genetic Counseling			1:00 p.m.
Mon - January 25	May 24	October 4	
Occupational Therapy			10:00 a.m.
Tues - January 26	May 25	October 5	
Respiratory Care			1:00 p.m.
Tues - January 26	May 25	October 5	
Acupuncture			10:00 a.m.
Wed - January 27	May 26	October 6	
Radiological Technology			1:00 p.m.
Wed - January 27	May 26	October 6	
Athletic Training			10:00 a.m.
Thurs - January 28	May 27	October 7	
Physician Assistants			1:00 p.m.
Thurs - January 28	May 27	October 7	
Midwifery			10:00 a.m.
Fri - January 29	May 28	October 8	
Polysomnographic Technology			1:00 p.m.
Fri - January 29	May 28	October 8	
Surgical Assisting			TBA
TBA	TBA	TBA	

Next Meeting Date of the Full Board is

February 18-20, 2021



Please check your calendars and advise staff of any known conflicts that may affect your attendance.



If you are not a state employee, you are eligible for a \$50.00 per diem and reimbursement of your mileage.

The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting no later than

November 22, 2020

See Co-Co for guidelines on submitting your travel voucher electronically.