

*****Refer to the Second Page of the Agenda for Virtual Meeting Access Information *****

▪ Call to Order	Mr. Wells
▪ Emergency Egress	Dr. Carter
▪ Public Comment	Mr. Wells
▪ Approval of Minutes - page 3 ▪ July 31, 2019	Mr. Wells
▪ Diagnostic Medical Sonographer Work Plan Review - page 6 ▪ Naturopathic Physician Work Plan Review - page 16	Ms. Jackson Dr. Carter
▪ New Business	Mr. Wells
▪ Next Committee Meeting ▪ TBD	Mr. Wells
▪ Adjournment	

Instructions for Accessing the June 25, 2020 Virtual Full Board Meeting and Regulatory Research Committee Meeting

Access to the Perimeter Center building is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Disregard any reference to the Board of Dentistry as a shared subscription to WebEx is being utilized. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.

- **Oral Public Comment**

- Oral public comments will be received during the full board meeting and the regulatory research committee meeting from those persons who have submitted an email to Elizabeth.Carter@dhp.virginia.gov **no later than 8:00 a.m. on June 25, 2020** indicating that they wish to offer oral comment. Comment may be offered by these individuals when their name is announced by the Chair. Comments must be restricted to 3-5 minutes each.

- **Written Public Comment**

- Written comments should be sent by email to Elizabeth.Carter@dhp.virginia.gov **no later than 8:00 a.m. on June 25, 2020**. Written public comments received will be read during the public comment period.

- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise.
- Dial (804) 367-4403 to report an interruption during the broadcast.
- The FOIA Councils "*Electronic Meetings Public Comment*" form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

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Meeting Number (access code): 132 624 9005

Meeting Password: 678 538 75

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

**July 31, 2019
9:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA 23233**

- In Attendance** 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** David Brown, DC, Director DHP
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
Elaine Yeatts, Senior Policy Analyst DHP
- Observers** Becky Bowers-Lanier, VA Assoc. Hospices & Palliative Care
Jerry Gentile, DPB
Tracy Bowdish, VA Music Therapy State Task Force
- Speakers** No speakers signed in
- Emergency Egress** Dr. Carter

Call to Order

Chair Mr. Wells **Time:** 9:02 a.m.

Quorum Established

Quorum was established with three members in attendance.

Approval of Minutes

The minutes from the June 24, 2019 meeting were approved by Mr. Salay and properly seconded by Dr. Rackets. All members were in favor, none opposed.

Public Comment

No public comment was provided.

Music Therapist Study-Draft 2 Presentation

Presenter Ms. Jackson

Discussion

Ms. Jackson provided an update on the changes made to the first draft of the study. The transcript from the June 24, 2019 public hearing and written comment received were also reviewed. Attachment 1.

Committee Discussion - Music Therapist Presenter Mr. Wells Discussion

The Committee reviewed the criteria and their application and discussed at length the options of licensure, statutory certification and registration.

Mr. Salay recommended licensure, pointing to the special vulnerabilities of the client population, including PTSD victims, dementia patients, ICU and hospice patients, and children with autism and other disorders that affect communication. He also cited the inherent invasiveness music on the frontal cortex and verbal centers of the brain that can result in positive and negative consequences. These effects may not be readily apparent to even other healthcare professionals who may not be familiar with music therapists practice.

Dr. Rackets expressed concerns centered on the level of practice autonomy (Criterion 3) and the fact that the profession permits credentialing with bachelor's degree education (in addition to the other requirements).

Motion-Recommendation of Licensure of Music Therapists in the Commonwealth of Virginia

Discussion

A motion was made by Mr. Salay to license music therapists in the Commonwealth of Virginia. Mr. Salay and Mr. Wells were in favor, Dr. Rackets was opposed. The motion was properly seconded by Mr. Wells and approved.

Motion-Recommendation for Music Therapy to be Placed Under the Board of Counseling

Discussion

Upon motion to license music therapists, the Committee discussed if the profession should be placed under the Board of Medicine or the Board of Counseling. The Board of Counseling was recommended for art therapist licensure previously and that board currently regulates rehabilitation providers. A motion was made by Dr. Rackets to place music therapists under the Board of Counseling. Dr. Rackets and Mr. Wells were in favor, Mr. Salay was opposed. The motion was properly seconded by Mr. Wells and approved.

Next Meeting Presenter Mr. Wells

Discussion

The originally scheduled August 20, 2019 meeting will be cancelled as the Committee voted at this meeting to recommend licensure for music therapists.

New Business Presenter Mr. Wells

Discussion

There was no new business.

Adjourned

Adjourned 10:48 a.m.

Chair James Wells, RPh

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, PhD

Signature: _____ Date: ____/____/____

DRAFT STUDY WORK PLAN
June 25, 2020

***Need for Regulation of the Practice of
Diagnostic Medical Sonography in Virginia***

Background, Authority & Scope

Section 54.1-2510 of the *Code of Virginia* authorizes the Virginia Board of Health Professions to advise the Governor, the General Assembly, and the Department Director on matters related to the regulation and level of regulation of health care occupations and professions in the Commonwealth.

The Board is conducting this study into the need to regulate diagnostic medical sonographers in the Commonwealth pursuant to HB1683(2020).¹ If regulation is deemed necessary, the Board will also recommend the appropriate level of regulation.

Methodology

The Board has adopted a formal evaluative criteria and methodology to guide all such reviews as set forth in its published *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 2019*. (Guidance Document 75-2 accessible at <http://www.dhp.virginia.gov/bhp/guidelines/75-2.doc>). Referred to hereinafter as “the Criteria,” these policies and procedures provide a standard conceptual framework with proscribed questions and research methods that have been employed for over two decades to objectively inform key policy issues related to health professional regulation. This standard is in keeping with regulatory principles established in Virginia law and is accepted in the national community of regulators. The approach is designed to lead to consideration of the least governmental restrictions possible that is consistent with the public’s protection.

The Criteria address:

1. Risk of Harm to the Consumer
2. Specialized Skills and Training
3. Autonomous Practice
4. Scope of Practice
5. Economic Impact
6. Alternatives to Regulation
7. Least Restrictive Regulation

The Regulatory Research Committee (Committee) will prepare the report for consideration by the Full Board. The Board’s report with recommendations will be forwarded to the Department’s Director for further review and comment prior to publication.

¹ See Appendix

The following steps are recommended for this review:

1. Conduct a comprehensive review of the pertinent policy and professional literature.
2. Review and summarize available relevant empirical data as may be available from pertinent research studies, malpractice insurance carriers, and other sources.
3. Review relevant federal and state laws, regulations and governmental policies.
4. Review other states' relevant experiences with scope and practice.
5. Develop a report of research findings, to date, and solicit public comment on reports and other insights through public hearing and written comment period.
6. Publish second draft of the report with summary of public comments.
7. Develop final report with recommendations, including proposed legislative language as deemed appropriate by the Committee.
8. Present final report and recommendations to the Full Board for review and approval.
9. Board report to the Director and Secretary for review and comment.
10. Final report due to the General Assembly **November 1, 2020**.
11. Publish final report.

Timetable and Resources

This study will be conducted with existing staff and within the budget for FY2020-2021 and according to the following **TENTATIVE** timetable:

<u>Date</u>	<u>Meeting</u>
06/25/2020	BHP Full Board Meeting <ul style="list-style-type: none">• Approval of work plan BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Draft work plan review
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Review 1st draft report• Public Hearing and Written Comment Period (21 days)
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Review 2nd draft report
08/20/2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Final review and recommendations BHP Full Board Meeting <ul style="list-style-type: none">• BHP Regulatory Research Committee report to Full Board for consideration
TBD-2020	Full Board report to the Director for review and comment
11/01/2020	Final report due to the General Assembly
11/01/2020	Publish final report

20105638D

HOUSE BILL NO. 1683

Offered January 17, 2020

A BILL to amend and reenact §§ 54.1-2900 and 54.1-2901 of the Code of Virginia and to amend the Code of Virginia by adding in Article 4 of Chapter 29 of Title 54.1 sections numbered 54.1-2957.23 through 54.1-2957.28, relating to diagnostic medical sonography, licensure; civil penalty.

Patron—Hope

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2900 and 54.1-2901 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 4 of Chapter 29 of Title 54.1 sections numbered 54.1-2957.23 through 54.1-2957.28 as follows:

§ 54.1-2900. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Board" means the 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.

"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, 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 health care providers who are members of a patient care team related to the treatment of a patient that includes the degree of cooperation necessary to provide treatment and care of the patient and includes (i) communication of data and information about the treatment and care of a patient, including the 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.

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

"Diagnostic medical sonographer" means a person, including a cardiovascular or vascular technologist, certified and registered by a sonography certification organization and licensed pursuant to § 54.1-2957.26 to engage in the practice of diagnostic medical sonography.

"Genetic counselor" means a person licensed by the Board to engage in the practice of genetic counseling.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.

INTRODUCED

HB1683

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59 "Occupational therapy assistant" means an individual who has met the requirements of the Board for
60 licensure and who works under the supervision of a licensed occupational therapist to assist in the
61 practice of occupational therapy.

62 "Patient care team" means a multidisciplinary team of health care providers actively functioning as a
63 unit with the management and leadership of one or more patient care team physicians for the purpose of
64 providing and delivering health care to a patient or group of patients.

65 "Patient care team physician" means a physician who is actively licensed to practice medicine in the
66 Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management
67 and leadership in the care of patients as part of a patient care team.

68 "Patient care team podiatrist" means a podiatrist who is actively licensed to practice podiatry in the
69 Commonwealth, who regularly practices podiatry in the Commonwealth, and who provides management
70 and leadership to physician assistants in the care of patients as part of a patient care team.

71 "Physician assistant" means a health care professional who has met the requirements of the Board for
72 licensure as a physician assistant.

73 "Practice of acupuncture" means the stimulation of certain points on or near the surface of the body
74 by the insertion of needles to prevent or modify the perception of pain or to normalize physiological
75 functions, including pain control, for the treatment of certain ailments or conditions of the body and
76 includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture
77 does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the
78 use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular
79 acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment
80 program for patients eligible for federal, state or local public funds by an employee of the program who
81 is trained and approved by the National Acupuncture Detoxification Association or an equivalent
82 certifying body.

83 "Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries
84 or conditions related to athletic or recreational activity that requires physical skill and utilizes strength,
85 power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or
86 condition resulting from occupational activity immediately upon the onset of such injury or condition;
87 and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the
88 patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or
89 dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

90 "Practice of behavior analysis" means the design, implementation, and evaluation of environmental
91 modifications, using behavioral stimuli and consequences, to produce socially significant improvement in
92 human behavior, including the use of direct observation, measurement, and functional analysis of the
93 relationship between environment and behavior.

94 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column,
95 and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not
96 include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs,
97 medicines, serums or vaccines. "Practice of chiropractic" shall include performing the physical
98 examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to
99 § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner
100 pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified
101 Medical Examiners.

102 "Practice of diagnostic medical sonography" means the use of specialized equipment to direct
103 high-frequency sound waves into an area of the human body to generate an image. "Practice of
104 diagnostic medical sonography" includes the performance of diagnostic medical sonography and any
105 related procedure (i) authorized or prescribed by a person licensed to practice medicine or osteopathy
106 or (ii) prescribed by another licensed health care professional authorized by the Commonwealth to
107 prescribe a sonography or related procedure.

108 "Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical
109 histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and
110 other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk
111 management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other
112 diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family
113 medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v)
114 evaluating the patient's and family's responses to the medical condition or risk of recurrence and
115 providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community
116 resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii)
117 providing written documentation of medical, genetic, and counseling information for families and health
118 care professionals.

119 "Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of
120 human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

121 "Practice of occupational therapy" means the therapeutic use of occupations for habilitation and
 122 rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the
 123 evaluation, analysis, assessment, and delivery of education and training in basic and instrumental
 124 activities of daily living; the design, fabrication, and application of orthoses (splints); the design,
 125 selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance
 126 functional performance; vocational evaluation and training; and consultation concerning the adaptation of
 127 physical, sensory, and social environments.

128 "Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical
 129 conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical
 130 and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of
 131 the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the
 132 metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility
 133 accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of
 134 lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and
 135 ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital
 136 or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The
 137 Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within
 138 the scope of practice of podiatry.

139 "Practice of radiologic technology" means the application of ionizing radiation to human beings for
 140 diagnostic or therapeutic purposes.

141 "Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and
 142 therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease
 143 prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or
 144 osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a
 145 practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii)
 146 observation and monitoring of signs and symptoms, general behavior, general physical response to
 147 respiratory care treatment and diagnostic testing, including determination of whether such signs,
 148 symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv)
 149 implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting,
 150 referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a
 151 licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures,
 152 pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care
 153 may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed
 154 appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or
 155 osteopathic medicine, and shall be performed under qualified medical direction.

156 "Qualified medical direction" means, in the context of the practice of respiratory care, having readily
 157 accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who
 158 has specialty training or experience in the management of acute and chronic respiratory disorders and
 159 who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the
 160 respiratory therapist.

161 "Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy,
 162 podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i)
 163 performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic
 164 or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises
 165 responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from
 166 unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive
 167 chemical compounds under the direction of an authorized user as specified by regulations of the
 168 Department of Health, or other procedures that contribute to any significant extent to the site or dosage
 169 of ionizing radiation to which a patient is exposed.

170 "Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist,
 171 dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27
 172 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic
 173 procedures employing equipment that emits ionizing radiation that is limited to specific areas of the
 174 human body.

175 "Radiologist assistant" means an individual who has met the requirements of the Board for licensure
 176 as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor
 177 of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate
 178 the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii)
 179 evaluate image quality, make initial observations, and communicate observations to the supervising
 180 radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist;
 181 and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the

182 guidelines adopted by the American College of Radiology, the American Society of Radiologic
183 Technologists, and the American Registry of Radiologic Technologists.

184 "Respiratory care" means the practice of the allied health profession responsible for the direct and
185 indirect services, including inhalation therapy and respiratory therapy, in the treatment, management,
186 diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the
187 cardiopulmonary system under qualified medical direction.

188 **§ 54.1-2901. Exceptions and exemptions generally.**

189 A. The provisions of this chapter shall not prevent or prohibit:

190 1. Any person entitled to practice his profession under any prior law on June 24, 1944, from
191 continuing such practice within the scope of the definition of his particular school of practice;

192 2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice
193 in accordance with regulations promulgated by the Board;

194 3. Any licensed nurse practitioner from rendering care in accordance with the provisions of
195 §§ 54.1-2957 and 54.1-2957.01 or any nurse practitioner licensed by the Boards of Medicine and
196 Nursing in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957
197 when such services are authorized by regulations promulgated jointly by the Boards of Medicine and
198 Nursing;

199 4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician,
200 *diagnostic medical sonographer*, or other technical personnel who have been properly trained from
201 rendering care or services within the scope of their usual professional activities which shall include the
202 taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes
203 when performed under the orders of a person licensed to practice medicine or osteopathy, a nurse
204 practitioner, or a physician assistant;

205 5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his
206 usual professional activities;

207 6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by
208 him, such activities or functions as are nondiscretionary and do not require the exercise of professional
209 judgment for their performance and which are usually or customarily delegated to such persons by
210 practitioners of the healing arts, if such activities or functions are authorized by and performed for such
211 practitioners of the healing arts and responsibility for such activities or functions is assumed by such
212 practitioners of the healing arts;

213 7. The rendering of medical advice or information through telecommunications from a physician
214 licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to
215 emergency medical personnel acting in an emergency situation;

216 8. The domestic administration of family remedies;

217 9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in
218 public or private health clubs and spas;

219 10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists
220 or druggists;

221 11. The advertising or sale of commercial appliances or remedies;

222 12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or
223 appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant
224 bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when
225 such bracemaker or prosthetist has received a prescription from a licensed physician, licensed nurse
226 practitioner, or licensed physician assistant directing the fitting of such casts and such activities are
227 conducted in conformity with the laws of Virginia;

228 13. Any person from the rendering of first aid or medical assistance in an emergency in the absence
229 of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

230 14. The practice of the religious tenets of any church in the ministrations to the sick and suffering by
231 mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for
232 compensation;

233 15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally
234 licensed practitioners in this Commonwealth;

235 16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable
236 regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia
237 temporarily and such practitioner has been issued a temporary authorization by the Board from
238 practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer
239 camp or in conjunction with patients who are participating in recreational activities, (ii) while
240 participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any
241 site any health care services within the limits of his license, voluntarily and without compensation, to
242 any patient of any clinic which is organized in whole or in part for the delivery of health care services
243 without charge as provided in § 54.1-106;

244 17. The performance of the duties of any active duty health care provider in active service in the
245 army, navy, coast guard, marine corps, air force, or public health service of the United States at any
246 public or private health care facility while such individual is so commissioned or serving and in
247 accordance with his official military duties;

248 18. Any masseur, who publicly represents himself as such, from performing services within the scope
249 of his usual professional activities and in conformance with state law;

250 19. Any person from performing services in the lawful conduct of his particular profession or
251 business under state law;

252 20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

253 21. Qualified emergency medical services personnel, when acting within the scope of their
254 certification, and licensed health care practitioners, when acting within their scope of practice, from
255 following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of
256 Health regulations, or licensed health care practitioners from following any other written order of a
257 physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

258 22. Any commissioned or contract medical officer of the army, navy, coast guard or air force
259 rendering services voluntarily and without compensation while deemed to be licensed pursuant to
260 § 54.1-106;

261 23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture
262 detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent
263 certifying body, from administering auricular acupuncture treatment under the appropriate supervision of
264 a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

265 24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation
266 (CPR) acting in compliance with the patient's individualized service plan and with the written order of
267 the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

268 25. Any person working as a health assistant under the direction of a licensed medical or osteopathic
269 doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional
270 facilities;

271 26. Any employee of a school board, authorized by a prescriber and trained in the administration of
272 insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents
273 as defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to a
274 student diagnosed as having diabetes and who requires insulin injections during the school day or for
275 whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

276 27. Any practitioner of the healing arts or other profession regulated by the Board from rendering
277 free health care to an underserved population of Virginia who (i) does not regularly practice his
278 profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another
279 state, territory, district or possession of the United States, (iii) volunteers to provide free health care to
280 an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer,
281 nonprofit organization that sponsors the provision of health care to populations of underserved people,
282 (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v)
283 notifies the Board at least five business days prior to the voluntary provision of services of the dates and
284 location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be
285 valid, in compliance with the Board's regulations, during the limited period that such free health care is
286 made available through the volunteer, nonprofit organization on the dates and at the location filed with
287 the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts
288 whose license or certificate has been previously suspended or revoked, who has been convicted of a
289 felony or who is otherwise found to be in violation of applicable laws or regulations. However, the
290 Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer
291 services without prior notice for a period of up to three days, provided the nonprofit organization
292 verifies that the practitioner has a valid, unrestricted license in another state;

293 28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens
294 of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as
295 defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division
296 of Consolidated Laboratories or other public health laboratories, designated by the State Health
297 Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in
298 § 32.1-49.1;

299 29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered
300 nurse under his supervision the screening and testing of children for elevated blood-lead levels when
301 such testing is conducted (i) in accordance with a written protocol between the physician or nurse
302 practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations
303 promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be
304 conducted at the direction of a physician or nurse practitioner;

305 30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good
 306 standing with the applicable regulatory agency in another state or Canada from engaging in the practice
 307 of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or
 308 athlete for the duration of the athletic tournament, game, or event in which the team or athlete is
 309 competing;

310 31. Any person from performing state or federally funded health care tasks directed by the consumer,
 311 which are typically self-performed, for an individual who lives in a private residence and who, by
 312 reason of disability, is unable to perform such tasks but who is capable of directing the appropriate
 313 performance of such tasks; or

314 32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good
 315 standing with the applicable regulatory agency in another state from engaging in the practice of that
 316 profession in Virginia with a patient who is being transported to or from a Virginia hospital for care.

317 B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as
 318 defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans
 319 Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or
 320 podiatrist or the chief medical officer of an organization participating in such program, or his designee
 321 who is a licensee of the Board and supervising within his scope of practice.

322 **§ 54.1-2957.23. Diagnostic medical sonographer; definitions.**

323 *As used in this section and §§ 54.1-2957.24 through 54.1-2957.28, unless the context requires a*
 324 *different meaning:*

325 *"Advanced diagnostic medical sonographer" means a diagnostic medical sonographer who performs*
 326 *advanced or expanded diagnostic medical sonography or related procedures under the supervision of a*
 327 *physician, in accordance with the written policies, parameters, or requirements of the facility where the*
 328 *procedure is performed and, if the policy is publicly available for at least two years, is additionally*
 329 *certified and registered by a certification organization in the advanced sonography specialization being*
 330 *performed.*

331 *"Business entity" means a corporation, partnership, association, limited liability company, limited*
 332 *liability partnership, or other legal entity recognized by the Commonwealth.*

333 *"Certification organization" means a national certification organization that specializes in the*
 334 *certification and registration of diagnostic medical sonographers and is accredited by the National*
 335 *Commission for Certifying Agencies or American National Standards Institute.*

336 *"National practitioner data bank" or "NPDB" means the electronic information repository established*
 337 *by Congress pursuant to § 6403 of the federal Patient Protection and Affordable Care Act of 2010, P.L.*
 338 *111-148, which contains information on medical malpractice payments and certain adverse actions*
 339 *related to health care practitioners, entities, providers, and suppliers.*

340 *"Specialization" means a medical specialty area with a corresponding sonography certification from*
 341 *a certification organization.*

342 **§ 54.1-2957.24. Diagnostic medical sonography; regulation of practice; certification and**
 343 **registration required; exceptions.**

344 A. Except as provided in this section, on and after January 1, 2022, only a person currently certified
 345 and registered in sonography by a certification organization may perform, offer to perform, or state or
 346 imply that the person is certified or registered to perform a diagnostic medical sonography or related
 347 procedure on a human or human fetus.

348 B. Except as provided in this section, on and after January 1, 2022, no person or business entity
 349 shall knowingly employ a person who does not hold a current certification and registration or is not
 350 exempt under this section to perform a diagnostic medical sonography procedure on a human or human
 351 fetus.

352 C. The provisions of this section shall not apply to:

353 1. A physician performing diagnostic medical sonography procedures.

354 2. A resident physician or student enrolled in and attending a school or college of medicine or
 355 osteopathy who performs an authorized diagnostic medical sonography procedure on a human or human
 356 fetus while under the supervision of a physician or direct supervision of a person holding a certification
 357 and registration in diagnostic medical sonography in the same area of specialization.

358 3. A student enrolled in and attending a diagnostic medical sonography educational program who
 359 performs an authorized diagnostic medical sonography procedure on a human or human fetus while
 360 under the supervision of a physician or direct supervision of a person holding a certification and
 361 registration in diagnostic medical sonography in the same area of specialization.

362 4. A person licensed in the Commonwealth as a radiologic technologist who is completing the
 363 clinical experience requirements for a sonography certification pathway established by a certification
 364 organization and is under the supervision of a physician or direct supervision of a person holding a
 365 certification and registration in the same area of specialization.

366 5. A person who is:

367 a. A graduate, within the previous 18 months, of a diagnostic medical sonography school or institute
 368 of higher education accredited by an organization recognized by the Council for Higher Education
 369 Accreditation and the U.S. Department of Education, or by Accreditation Canada;

370 b. Actively preparing for a sonography examination administered by a certification organization; and
 371 c. Under the supervision of a physician or direct supervision of a person holding a certification and
 372 registration in the same area of specialization.

373 6. A person who is employed by the United States government to perform a diagnostic medical
 374 sonography procedure associated with that employment.

375 7. A person licensed in the Commonwealth who is performing a sonography procedure within his
 376 scope of practice, education, training, and competence that is used to assess specific and limited
 377 information about a patient's immediate medical condition, is limited to a focused imaging target, and
 378 does not generate a recorded diagnostic medical image. A focused imaging target includes, but is not
 379 limited to:

380 a. Assessment of fetal presentation or heartbeat;

381 b. Assessment of fluid in a body cavity;

382 c. Assessment of foreign body position or location;

383 d. Fetal monitoring during active labor; or

384 e. Identification of an anatomical landmark or blood vessel for vascular access or administration of
 385 anesthesia.

386 8. An ophthalmic medical technologist using ultrasound for ophthalmic purposes (e.g., ultrasound
 387 biometry) within his scope of practice, education, training, and competence.

388 9. A person performing a diagnostic medical sonography procedure on a nonhuman subject or a
 389 human cadaver (e.g., for research purposes).

390 10. A person licensed in the Commonwealth performing a medical procedure on a human using
 391 ultrasound or ultrasound-emitting equipment for a nonimaging purpose (e.g., lithotripsy, tissue heating
 392 or healing) that is within such person's scope of practice, education, training, and competence.

393 **§ 54.1-2957.25. Limitations; scope of practice; authorizations.**

394 A. A person may perform a diagnostic medical sonography or related procedure on a human or
 395 human fetus only:

396 1. With a valid prescription of a person authorized by the Commonwealth to prescribe a diagnostic
 397 medical sonography or related procedure;

398 2. Under the supervision of a physician; and

399 3. Within the person's scope of practice, education, training, and competence.

400 B. A person performing a diagnostic medical sonography or related procedure shall perform such
 401 procedure under a scope of practice established by a certification organization or a professional society
 402 or association and within the written policies, parameters, or requirements of the facility where the
 403 procedure is performed.

404 C. A person holding a certification and registration in diagnostic medical sonography may initiate,
 405 maintain, and remove intravenous access and may administer an intravenous fluid, ultrasound contrast
 406 agent, or other drugs required for a diagnostic medical sonography or related procedure under the
 407 person's scope of practice, education, training, and competence, and under the written policies,
 408 parameters, or requirements of the facility where the procedure is performed.

409 **§ 54.1-2957.26. Licensure equivalence.**

410 A person who holds a sonography certification and registration in accordance with the provisions of
 411 §§ 54.1-2957.23 through 54.1-2957.28 and the regulations adopted by the Board shall be deemed
 412 licensed by the Commonwealth for other applicable statutes or regulations and may represent himself or
 413 be referred to as licensed by the Commonwealth.

414 **§ 54.1-2957.27. Failure to maintain certification and registration; false use or misrepresentation.**

415 A. If a person fails to maintain current certification and registration or is subject to revocation or
 416 suspension of a certification and registration by a sonography certification organization, the person
 417 shall notify his employer and shall not use ultrasound equipment or perform a diagnostic medical
 418 sonography or related procedure.

419 B. No person shall falsely use or misrepresent a title, word, abbreviation, or insignia to indicate or
 420 imply that the person is certified or registered or is authorized by §§ 54.1-2957.23 through 54.1-2957.28
 421 to perform a diagnostic medical sonography or related procedure.

422 **§ 54.1-2957.28. Regulations; violations; injunctive relief; civil penalties.**

423 A. The Board shall adopt regulations that specify the threshold for required reporting of
 424 noncompliance with §§ 54.1-2957.23 through 54.1-2957.28 or regulations adopted by the Board by a
 425 person or business entity resulting from a legal, civil, or disciplinary action against the person by any:

426 1. Business entity;

427 2. Certification organization;

- 428 3. Court;
- 429 4. Educational institution;
- 430 5. Government agency;
- 431 6. Health care institution;
- 432 7. Law-enforcement agency;
- 433 8. Licensing jurisdiction, whether inside or outside the United States; or
- 434 9. Professional society or association.
- 435 B. The Board shall adopt regulations that specify the threshold for required and optional reporting
- 436 of an action against a person to the NPDB and an applicable certification organization or licensing
- 437 jurisdiction.
- 438 C. A person who holds or has held a sonography certification and registration shall notify the
- 439 Board, applicable certification organization, and his employer within seven days of any legal, civil, or
- 440 disciplinary action against the person if such action meets or exceeds the threshold reporting
- 441 requirements established by regulation by the Board.
- 442 D. A business entity that employs a person who holds or has held a sonography certification and
- 443 registration shall notify the Board and applicable certification organization or licensing jurisdiction
- 444 within seven days of any legal, civil, or disciplinary action against the person by the employer that
- 445 meets or exceeds the threshold reporting requirements established by regulation by the Board.
- 446 E. The Board may require a person who is subject to §§ 54.1-2957.23 through 54.1-2957.28 or
- 447 regulations adopted by the Board to notify the applicable certification organization that the person is
- 448 performing sonography and deemed licensed in the Commonwealth.
- 449 F. A person or business entity that violates §§ 54.1-2957.23 through 54.1-2957.28 or regulations
- 450 adopted by the Board may be subject to a monetary penalty or consent agreement, as determined by the
- 451 Board pursuant to § 54.1-202. The penalty may be sued for and recovered in the name of the
- 452 Commonwealth.
- 453 G. Before imposing and assessing a monetary penalty, the Board shall consider the following
- 454 factors:
- 455 1. The nature, gravity, and persistence of the violation;
- 456 2. The appropriateness of imposing a monetary penalty when considered alone or combined with
- 457 another punishment;
- 458 3. Whether the violation was willful and malicious; and
- 459 4. Any other factors that would mitigate or aggravate the violations found to exist.
- 460 H. The Board may apply to any court for an order to enjoin a person or business entity from a
- 461 violation of §§ 54.1-2957.23 through 54.1-2957.28 or regulations adopted by the Board or from
- 462 endangering the health or safety of the citizens or others within the Commonwealth.
- 463 I. Upon a showing by the Board that a person or business entity has violated any provision of
- 464 §§ 54.1-2957.23 through 54.1-2957.28 or regulations adopted by the Board or has endangered or will
- 465 endanger the health or safety of others within the Commonwealth, the court may grant an injunction or
- 466 restraining order or may take another action deemed necessary by the court.

DRAFT STUDY WORK PLAN
June 25, 2020

***Need for Regulation of the Practice of
Naturopathic Doctors in Virginia***

Background, Authority & Scope

Section 54.1-2510 of the *Code of Virginia* authorizes the Virginia Board of Health Professions to advise the Governor, the General Assembly, and the Department Director on matters related to the regulation and level of regulation of health care occupations and professions in the Commonwealth.

The Board is conducting this study into the need to regulate naturopathic doctors in the Commonwealth of Virginia in response to requests pursuant to HB1040/SB858(2020).¹ If regulation is deemed necessary, the Board will also recommend the appropriate level of regulation.

Methodology

The Board has adopted a formal evaluative criteria and methodology to guide all such reviews as set forth in its published *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 2019*. (Guidance Document 75-2 accessible at <http://www.dhp.virginia.gov/bhp/guidelines/75-2.doc>). Referred to hereinafter as “the Criteria,” these policies and procedures provide a standard conceptual framework with proscribed questions and research methods that have been employed for over two decades to objectively inform key policy issues related to health professional regulation. This standard is in keeping with regulatory principles established in Virginia law and is accepted in the national community of regulators. The approach is designed to lead to consideration of the least governmental restrictions possible that is consistent with the public’s protection.

The Criteria address:

1. Risk of Harm to the Consumer
2. Specialized Skills and Training
3. Autonomous Practice
4. Scope of Practice
5. Economic Impact
6. Alternatives to Regulation
7. Least Restrictive Regulation

The Regulatory Research Committee (Committee) will prepare the report for consideration by the Full Board. The Board’s report with recommendations will be forwarded to the Department’s Director for further review and comment prior to publication.

¹ See Appendix

The following steps are recommended for this review:

1. Conduct a comprehensive review of the pertinent policy and professional literature.
2. Review and summarize available relevant empirical data as may be available from pertinent research studies, malpractice insurance carriers, and other sources.
3. Review relevant federal and state laws, regulations and governmental policies.
4. Review other states' relevant experiences with scope and practice.
5. Develop a report of research findings, to date, and solicit public comment on reports and other insights through public hearing and written comment period.
6. Publish second draft of the report with summary of public comments.
7. Develop final report with recommendations, including proposed legislative language as deemed appropriate by the Committee.
8. Present final report and recommendations to the Full Board for review and approval.
9. Board report to the Director and Secretary for review and comment.
10. Final report due to the General Assembly **November 1, 2020**.
11. Publish final report.

Timetable and Resources

This study will be conducted with existing staff and within the budget for FY2020-2021 and according to the following **TENTATIVE** timetable:

<u>Date</u>	<u>Meeting</u>
06/25/2020	BHP Full Board Meeting <ul style="list-style-type: none"> • Approval of work plan BHP Regulatory Research Committee Meeting <ul style="list-style-type: none"> • Draft work plan review
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none"> • Review 1st draft report • Public Hearing and Written Comment Period (21 days)
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none"> • Review 2nd draft report
08/20/2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none"> • Final review and recommendations BHP Full Board Meeting <ul style="list-style-type: none"> • BHP Regulatory Research Committee report to Full Board for consideration
TBD-2020	Full Board report to the Director for review and comment
11/01/2020	Final report due to the General Assembly
11/01/2020	Publish final report

SENATE OF VIRGINIA

L. LOUISE LUCAS

PRESIDENT PRO TEMPORE
18TH SENATORIAL DISTRICT

ALL OF GREENSVILLE AND SUSSEX COUNTIES;
ALL OF THE CITY OF EMPORIA; PART OF BRUNSWICK,
ISLE OF WIGHT, SOUTHAMPTON, AND SURRY COUNTIES;
AND PART OF THE CITIES OF CHESAPEAKE, FRANKLIN,
PORTSMOUTH, AND SUFFOLK
POST OFFICE BOX 700
PORTSMOUTH, VIRGINIA 23705-0700



COMMITTEE ASSIGNMENTS:
EDUCATION AND HEALTH, CHAIR
COMMERCE AND LABOR
FINANCE AND APPROPRIATIONS
JUDICIARY
RULES

April 17, 2020

David E. Brown, D.C.
Director, Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Dr. Brown,

I am writing to you in regards to SB 858 (Petersen) Naturopathic doctors; Board of Medicine to license and regulate. Senator Petersen's bill would have created a licensing and modest scope of practice structure for medically-trained naturopathic doctors (NDs). However, it was PBI'd during the 2020 Session. This letter is to formally request a study. Given my previous legislative efforts and interests on behalf of naturopathic medicine and practitioners in Virginia, provider shortfalls compiled with access to care issues we currently face here in Virginia, and the current health crisis we are facing today I fervently believe that it would be especially important to include within the study but not be limited to:

The need for distinction on which group of naturopaths are being evaluated and considered for licensure. All practitioners should be allowed to freely continue offering their services in Virginia, within existing parameters and guidelines. However, during our advocacy efforts – both with legislators, and with other medical colleagues and professionals – we repeatedly observed significant misunderstandings about the differences in education, training, and qualifications between NDs who would be eligible for licensure and an expanded scope of practice under SB 858, and other lay practitioners and naturopathic consultants. The legislation included clear, easily-applied guidelines for discerning medically-trained NDs who would be eligible for licensure, yet it was still common for officials to mistakenly group all practitioners together when discussing regulating this profession.

Accuracy when evaluating healthcare positions and tenants of practice. As mentioned above, we heard other stakeholders and officials relaying some confused information related to the stance of NDs on certain core healthcare practices. One particularly relevant and concrete example: a DHP representative mistakenly mentioned in one of our conversations after committee that medically-trained NDs have an "anti-vaccination" standpoint, which is inaccurate – in states where vaccines are included in their scope of practice, NDs are administering them as outlined and in keeping with basic healthcare practices. While there are certainly health freedom advocates, and other groups representing lay practitioners who are against vaccinations as a part of healthcare, our medically-trained and educated NDs are not – and it would benefit public health and transparency for this to be clarified and considered when evaluating the need for licensure.

Defining that the “risk of harm” criteria is appropriately inclusive of the numerous healthcare services that medically-trained NDs are skilled to provide, and consistent with the scope of practice sought through SB 858. Currently in Virginia, both medically-trained NDs and the lay practitioners are functionally only able to operate as consultants – principally in food and nutrition advice, including herbal supplements. Medically-trained NDs however are educated and trained in numerous other standard and primary health care practices (performing physical exams, ordering and interpreting laboratory examinations, wound care and cleaning, etc.), and in states where there is a licensing and scope of practice framework established, NDs are evaluated and regulated within these frameworks because the risk for doing harm is understandably higher with such practices. During the last study, it seems that DHP focused almost exclusively on naturopaths providing nutrition counseling when evaluating the risk for harm – providing a cloudy and incomplete picture. (Our regulatory association, the FNMRA, has compiled numerous data sets and resources that speak to regulation and enforcement in the U.S.)

With every sincere sentiment of respect and very warm personal regards, I am,

Sincerely,

A handwritten signature in cursive script that reads "L. Louise Lucas". The signature is written in dark ink and is positioned above the typed name.

L. Louise Lucas
President Pro Tempore

**To view the 2005 Study Into the Need to Regulate
Naturopaths in Virginia click on the following link:**

https://www.dhp.virginia.gov/media/dhpweb/docs/studies/Study_NeedtoRegulateNaturopaths.pdf

**THE VIRGINIA BOARD OF HEALTH PROFESSIONS
THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS**

**STUDY INTO THE NEED TO REGULATE
NATUROPATHS IN VIRGINIA**

September 8, 2005

Virginia Board of Health Professions
6603 W. Broad Street
Richmond, VA 23230-1712
(804) 662-9910