

# Advisory Board on Genetic Counseling

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Virginia Board of Medicine

October 4, 2021

1:00 p.m.

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**Advisory Board on Genetic Counseling**

Board of Medicine

Monday, October 4, 2021 @ 1:00 p.m.

9960 Mayland Drive, Suite 201

Henrico, VA

	Page
Call to Order – Lori Swain, MS - Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Delores Cousins	
Approval of Minutes of October 5, 2020	1 - 3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
<b>New Business</b>	
1. 2021 Legislative Update and 2022 Proposals ..... Elaine Yeatts	4 – 5
2. Report of Regulatory Actions ..... Elaine Yeatts	6 - 8
3. Review of Licensure Requirements and Applications ..... Michael Sobowale	9 - 24
4. Correspondence: CE Requirements .....	25
5. Approval of 2022 Meeting Calendar ..... Lori Swain, MS	26
6. Election of Officers Lori Swain, MS	

Announcements:

Next Scheduled Meeting: January 31, 2022 @ 1:00 p.m.

Adjournment

**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.**

**Training Room 2**

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

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **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.

<< DRAFT UNAPPROVED >>

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, LL.M., 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**

<< DRAFT UNAPPROVED >>

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.

<< DRAFT UNAPPROVED >>

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.

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Lori Swain, Chair

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

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Beulah Baptist Archer, Licensing Specialist

**Department of Health Professions  
Regulatory/Policy Actions – 2021 General Assembly  
Board on Medicine/Advisory Boards**

**EMERGENCY REGULATIONS:**

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
SB1189	Occupational therapy compact	Medicine	8/6/21	<b>By 12/23/21</b>

**EXEMPT REGULATORY ACTIONS**

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB2039	Conform PA regs to Code	Medicine	6/24/21	9/15/21
HB2220	Change registration of surgical technologists to certification	Medicine	6/21/21	9/1/21
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	6/24/21	

**APA REGULATORY ACTIONS**

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown

**NON-REGULATORY ACTIONS**

Legislative source	Affected agency	Action needed	Due date
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and	November 1, 2021

		regulations on practice and patient outcomes.	
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals.	November 1, 2021

**Future Policy Actions:**

**HB2559 (2019)** - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.



VIRGINIA ACTS OF ASSEMBLY -- 2021 SPECIAL SESSION I

CHAPTER 240

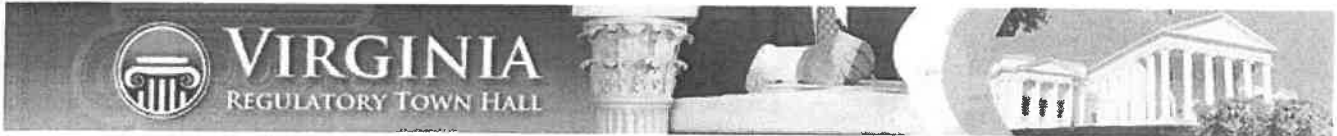
*An Act to repeal § 54.1-2957.21 of the Code of Virginia, relating to genetic counseling; conscience clause.*

Approved March 18, 2021

[S 1178]

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

- 1. That § 54.1-2957.21 of the Code of Virginia is repealed.**



## Final Text

[highlight](#)**Action:** Conforming to 2021 legislation - repeal of conscience clause**Stage:** Final

7/27/21 9:33 AM [latest] ▼

**18VAC85-170-150 Practitioner-patient communication; conscience clause; termination of relationship****A. Communication with patients.**

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.
2. A practitioner shall not deliberately withhold pertinent findings or information or make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure provided or directed by the practitioner in the treatment of any disease or condition.
3. When a genetic procedure is recommended, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner practicing genetic counseling in Virginia would tell a patient.
  - a. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.
  - b. An exception to the requirement for consent prior to performance of a genetic procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.
  - c. For the purposes of this provision, "genetic procedure" means any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decisionmaker prior to proceeding.
4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

**B. Exercise of the conscience clause.**

~~1. Notwithstanding provisions of subsection A of this section, a practitioner may exercise the conscience clause pursuant to requirements of § 54.1-2957.21 of the Code of Virginia. If a genetic counselor has deeply held moral or religious beliefs that may prevent him from participating in genetic counseling, he shall immediately inform a prospective patient with specificity about any associated limitations on counseling resulting therefrom, prior to the initiation of the patient-practitioner relationship and shall:~~

~~a. Offer to refer the patient to another licensed health care practitioner with a relevant scope of practice and direct the patient to the online directory of licensed genetic counselors maintained by the board;~~

~~b. Immediately notify any referring practitioner, if known, of this refusal to participate in genetic counseling for the patient; and~~

~~c. Alert the patient and the referring practitioner if the referral is time sensitive.~~

~~2. If, during the course of patient care, the genetic counselor encounters a situation in which his deeply held moral or religious beliefs would prevent him from participating in counseling, he shall immediately inform the patient with specificity about any associated limitations on counseling and shall:~~

~~a. Document the communication of such information in the patient record;~~

~~b. Offer to refer the patient to another licensed health care practitioner with a relevant scope of practice and direct the patient to the online directory of licensed genetic counselors;~~

~~c. Immediately notify any referring practitioner, if known, of such refusal and referral of the patient; and~~

~~d. Alert the patient and the referring practitioner if the referral is time sensitive.~~

~~C. B. Termination of the practitioner-patient relationship.~~

~~1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.~~

~~2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.~~

Profession	Board Requirements Pre-COVID	COVID Process per Executive Order 57 Effective March 12, 2020	Recommendation(s)
Genetic Counseling	<ul style="list-style-type: none"> <li>• Form B / Employment Verification</li> <li>• Master's degree transcripts – <b>primary source verified</b></li> <li>• <b>ABGC or ABMG</b> certification – <b>primary source verified</b></li> <li>• Other State License Verifications – <b>primary source only</b></li> <li>• NPDB Self-Query Report – <b>Mailed primary source only</b></li> <li>• Temporary License – <b>ABGC Active Candidate Status – Primary Source only</b></li> <li>• Non-routine questions # 6-18 answered on application require supporting documentation from the applicant.</li> <li>• Required documents received at the Board must be primary source verified, and may be electronically transmitted from the source to the licensing specialist.</li> </ul>	<p style="text-align: center;"><b>WAIVED</b></p> <ul style="list-style-type: none"> <li>• Form B / Employment Verification</li> </ul>	

*Commonwealth of Virginia*



# REGULATIONS

## GOVERNING THE PRACTICE OF GENETIC COUNSELORS

### VIRGINIA BOARD OF MEDICINE

**Title of Regulations: 18 VAC 85-170-10 et seq.**

**Statutory Authority: § 54.1-2400 and Chapter 29  
of Title 54.1 of the *Code of Virginia***

**Effective Date: September 1, 2021**

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## **Part I. General Provisions.**

### **18VAC85-170-10. 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"

"Genetic counselor"

"Practice of genetic counseling"

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

"ABGC" means the American Board of Genetic Counseling.

"ABMG" means the American Board of Medical Genetics.

"Active practice" means a minimum of 160 hours of professional practice as a genetic counselor within the 24-month period immediately preceding application for reinstatement or reactivation of licensure. The active practice of genetic counseling may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

"Conscience clause" means the provision of § 54.1-2957.21 of the Code of Virginia.

"NSGC" means the National Society of Genetic Counselors.

### **18VAC85-170-20. Public participation guidelines.**

A separate board regulation, 18VAC85-11, entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

### **18VAC85-170-30. Current name and address.**

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or change in the address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

### **18VAC85-170-40. Fees.**

The following fees are required:

1. The application fee for licensure, payable at the time the application is filed, shall be \$130.

2. The application fee for a temporary license, payable at the time the application is filed, shall be \$50.
3. The biennial fee for renewal of active licensure shall be \$135 and for renewal of inactive licensure shall be \$70, payable in each odd-numbered year in the license holder's birth month. For 2021, the renewal fee for an active license shall be \$108, and the renewal fee for an inactive license shall be \$54.
4. The additional fee for late renewal of licensure within one renewal cycle shall be \$50.
5. The fee for reinstatement of a license that has lapsed for a period of two years or more shall be \$180 and shall be submitted with an application for licensure reinstatement.
6. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
7. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
8. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
9. The fee for a letter of good standing or letter of verification to another jurisdiction shall be \$10.

## **Part II. Requirements for Licensure as a Genetic Counselor.**

### **18VAC85-170-50. Application requirements.**

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-170-40.
2. Verification of a professional credential in genetic counseling as required in 18VAC85-170-60.
3. Verification of practice as required on the application form.
4. If licensed or certified in any other jurisdiction, documentation of any disciplinary action taken or pending in that jurisdiction.

### **18VAC85-170-60. Licensure requirements.**

A. An applicant for a license to practice as a genetic counselor shall provide documentation of (i) a master's degree from a genetic counseling training program that is accredited by the Accreditation Council of Genetic Counseling and (ii) a current, valid certificate issued by the ABGC or ABMG to practice genetic counseling.

B. Pursuant to § 54.1-2957.19 D of the Code of Virginia, applicants for licensure who do not meet the requirements of subsection A of this section may be issued a license provided they (i) apply for licensure before December 31, 2018; (ii) comply with the board's regulations relating to the NSGC



Code of Ethics; (iii) have at least 20 years of documented work experience practicing genetic counseling; (iv) submit two letters of recommendation, one from a genetic counselor and another from a physician; and (v) have completed, within the last five years, 25 hours of continuing education approved by the NSGC or the ABGC. For the purpose of this subsection, the board deems the provisions of Part IV (18VAC85-170-110 et seq.) of this chapter to be consistent with the NSGC Code of Ethics.

C. An applicant for a temporary license shall provide documentation of having been granted the active candidate status by the ABGC. Such license shall expire 12 months from issuance or upon failure of the ABGC certification examination, whichever comes first.

### **Part III. Renewal and Reinstatement.**

#### **18VAC85-170-70. Renewal of license.**

A. Every licensed genetic counselor who intends to maintain an active license shall biennially renew his license each odd-numbered year during his birth month and shall:

1. Submit the prescribed renewal fee; and
2. Attest to having met the continuing education requirements of 18VAC85-170-100.

B. The license of a genetic counselor that has not been renewed by the first day of the month following the month in which renewal is required is lapsed. Practice with a lapsed license may be grounds for disciplinary action. A license that is lapsed for two years or less may be renewed by payment of the renewal fee, a late fee as prescribed in 18VAC85-170-40, and attestation of compliance with continuing education requirements.

#### **18VAC85-170-80. Inactive license.**

A licensed genetic counselor who holds a current, unrestricted license in Virginia shall, upon a request at the time of renewal and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to perform any act requiring a license to practice genetic counseling in Virginia.

#### **18VAC85-170-90. Reactivation or reinstatement.**

A. To reactivate an inactive license or to reinstate a license that has been lapsed for more than two years, a genetic counselor shall submit evidence of competency to return to active practice to include one of the following:

1. Information on continued active practice in another jurisdiction during the period in which the license has been inactive or lapsed;
2. Attestation of meeting requirements for continuing education as specified in 18VAC85-170-100 for each biennium in which the license has been inactive or lapsed, not to exceed four years; or

3. Current certification by ABGC or ABMG.

B. To reactivate an inactive license, a genetic counselor shall pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure.

C. To reinstate a license that has been lapsed for more than two years a genetic counselor shall file an application for reinstatement and pay the fee for reinstatement of his licensure as prescribed in 18VAC85-170-40. The board may specify additional requirements for reinstatement of a license so lapsed to include education, experience, or reexamination.

D. A genetic counselor whose licensure has been revoked by the board and who wishes to be reinstated shall make a new application to the board, fulfill additional requirements as specified in the order from the board, and make payment of the fee for reinstatement of his licensure as prescribed in 18VAC85-170-40 pursuant to § 54.1-2408.2 of the Code of Virginia.

E. The board reserves the right to deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

**18VAC85-170-100. Continuing education requirements.**

A. In order to renew an active license biennially, a licensee shall complete the Continued Competency Activity and Assessment Form that is provided by the board indicating completion of at least 50 contact hours of continuing learning activities as follows:

1. A minimum of 30 of the 50 hours shall be in Category 1 activities approved by the ABGC, the ABMG, or the NSGC and may include in-service training, self-study courses, continuing education courses, or professional workshops.

2. No more than 20 of the 50 hours may be Category 2 activities or professional activity credits, which may include consultation with another counselor or a physician, independent reading or research, authorship, clinical supervision, volunteer leadership in the profession, preparation for a presentation, or other such experiences that promote continued learning.

B. A licensee shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The licensee shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The licensees selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

#### **Part IV. Scope of Practice.**

##### **18VAC85-170-110. General responsibility.**

A genetic counselor shall engage in the practice of genetic counseling, as defined in § 54.1-2900 of the Code of Virginia. The practice of genetic counseling may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

##### **18VAC85-170-120. Supervisory responsibilities.**

A. A genetic counselor shall be responsible for supervision of unlicensed personnel who work under his direction and ultimately responsible and accountable for patient care and outcomes under his clinical supervision.

B. Delegation to unlicensed personnel shall:

1. Not include delegation of the discretionary aspects of the initial assessment, evaluation, or development of recommendations for a patient, or any task requiring a clinical decision or the knowledge, skills, and judgment of a licensed genetic counselor;

2. Only be made if, in the judgment of the genetic counselor, the task or procedures do not require the exercise of professional judgment and can be properly and safely performed by appropriately trained unlicensed personnel, and the delegation does not jeopardize the health or safety of the patient; and

3. Be communicated on a patient-specific basis with clear, specific instructions for performance of activities, potential complications, and expected results.

##### **18VAC85-170-125. Responsibilities of a temporary licensee.**

A. A person holding a temporary license as a genetic counselor shall practice under the clinical supervision of a genetic counselor or a physician licensed in the Commonwealth.

B. Clinical supervision shall require that:

1. The supervisor and temporary licensee routinely meet to review and evaluate patient care and treatment; and

2. The supervisor reviews notes on patient care entered by the temporary licensee prior to reporting study results and making recommendations to a patient. Such review shall be documented by some method in a patient record.

## **Part V. Standards of Professional Conduct.**

### **18VAC85-170-130. Confidentiality.**

A practitioner shall not willfully or negligently breach 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.

### **18VAC85-170-140. Patient records.**

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible, and complete patient records.

D. Practitioners who are employed by a health care institution or other entity in which the individual practitioner does not own or maintain his own records shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner owns and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child shall be maintained until the child reaches the age of 18 years or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. Post information or in some manner inform all patients concerning the timeframe for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

3. When closing, selling, or relocating his practice, meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

**18VAC85-170-150. Practitioner-patient communication; conscience clause; termination of relationship.**

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately withhold pertinent findings or information or make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. When a genetic procedure is recommended, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner practicing genetic counseling in Virginia would tell a patient.

a. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

b. An exception to the requirement for consent prior to performance of a genetic procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

c. For the purposes of this provision, "genetic procedure" means any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decisionmaker prior to proceeding.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner-patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

**18VAC85-170-160. Practitioner responsibility.**

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;
2. 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;
3. 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; or
4. Exploit the practitioner-patient relationship for personal gain.

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 subdivision A 3 of this section.

**18VAC85-170-170. Solicitation or remuneration in exchange for referral.**

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility as defined in § 37.2-100 of the Code of Virginia or hospital as defined in § 32.1-123 of the Code of Virginia.

"Remuneration" means compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b), as amended, or any regulations promulgated thereto.

**18VAC85-170-180. Sexual contact.**

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the practitioner-patient relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient neither changes the nature of the conduct nor negates the statutory prohibition.

C. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient means spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

**18VAC85-170-190. Refusal to provide information.**

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.



### Application for License to Practice as a Genetic Counselor

To the Board of Medicine of Virginia:

I hereby make application for a license to practice as a genetic counselor in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last	First	Middle
Date of Birth ____ _ MO DAY YEAR	Social Security No. or VA Control No.*	Maiden Name if applicable
Public Address: This address will be public information:	House No. Street or PO Box	City State and Zip
Board Address: This address will be used for Board Correspondence and may be the same or different from the public address.	House No. Street or PO Box	City State and Zip
Work Phone Number	Home/Cell Phone Number	Email Address

Please submit address changes in writing immediately to [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

Please attach check or money order payable to the Treasurer of Virginia for \$130.00. Applications will not be processed without the fee. Do not submit fee without an application. **IT WILL BE RETURNED.**

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY**

APPROVED BY

Date

LICENSE NUMBER	PROCESSING NUMBER	FEE
<b>0139-</b>		<b>\$130.00</b>

\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

\*\*In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.





3. I hereby certify that I studied genetic counseling and received the degree of \_\_\_\_\_ on \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_  
 (Date) (Name of School) (Degree)

4. Do you intend to engage in the active practice of genetic counseling in the Commonwealth of Virginia?  Yes  No

If Yes, give location \_\_\_\_\_

5. List all jurisdictions in which you have been issued a license to practice genetic counseling: include all active, inactive, expired, suspended or revoked licenses. Indicate number and date issued.

Jurisdiction	Number Issued	Active/Inactive/Expired

Yes No

**QUESTIONS MUST BE ANSWERED.** If any of the following questions (6-18) is answered **Yes**, explain and substantiate with documentation.

6. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority?  Yes  No

7. Have you ever been convicted of a violation of or pled Nolo Contendere to any federal, state, or local statute, or regulation or ordinance, or entered into an plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**  Yes  No

8. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason?  Yes  No

9. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or Requested to withdraw from any professional school, training program, hospital, etc?  Yes  No

10. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier?  Yes  No

11. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice of genetic counseling?  Yes  No

12. Have you voluntarily withdrawn from any professional society while under investigation?  Yes  No

13. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?  Yes  No

14. Within the past five years, have you been disciplined by any entity?  Yes  No

15. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the Obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing genetic counselor.  Yes  No

16. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing genetic counselor.
17. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing genetic counselor.
18. Within the past 5 years, have you any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?

**Military Service:**

19. Are you a spouse of someone who is on a federal activity duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?
20. Are you active duty military?

**21. AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice Chiropractic in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at [www.dhp.virginia.gov](http://www.dhp.virginia.gov) and I understand that fees submitted as part of the application process shall not be refunded.

\_\_\_\_\_  
Signature of Applicant



**Genetic Counseling Advisory Board Meeting - October 4**

Martha Thomas <marthahthomas@gmail.com>

Sun, Sep 26, 2021 at 8:46 PM

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

Cc: Michael Sobowale <michael.sobowale@dhp.virginia.gov>

Thank you both - I appreciate it very much.

My agenda item is concerning the continuing education component of our license.

1) The rules and regulations do not state that the continuing education must be earned within the previous license renewal cycle - it simply states that 50 hours of continuing education must be completed. My assumption is that the intention is to have GCs show 50 hours of new education for each renewal cycle but it's not explicitly stated.

2) Item D that pertains to the random audit and being able to produce our continuing education. How our national society (National Society of Genetic Counselors, NSGC) issues our continuing education has changed since we began writing our bill, and the pandemic has further emphasized these changes. Many GCs rely on webinars as a way to earn continuing education. Most of these webinars are series that take place throughout the year. However, certificates for these webinar series are not issued until the beginning of December at which point the certificate speaks to the entire year of webinars attended as opposed to having a certificate for each individual webinar. Therefore, if someone was audited in say July, they would not have that year's continuing education certificates until December of that year.

3) This is directly related to my 2). Since we renew our licenses in our birth month, this makes it more challenging for demonstrating our continuing education requirements based on what I stated in my second point. If someone renews their license in April, technically, they should be able to count education they earned the first 4 months of that calendar year; however, not only will they not receive their webinar certificate until December, it will not specify what months this education was earned. Conferences will of course specify a month but webinars are an integral part of GC continuing education - especially in 2020!

My immediate idea is to change the wording to allow GCs to still renew their license in their birth month but have the continuing education requirement based on the calendar year. So for everyone renewing this year, they would need to show continuing education earned in 2020 and 2021. If audits occurred in January, this would then enable the proper documentation to be presented. This is simply 1 idea for addressing this issue - certainly the group could come up with a better one!

I think the other GCs on the committee will understand this issue so if something is not clear, hopefully they should be able to speak to it more. As I said in my previous email too, I'll be available on the phone or Zoom next Monday if you need me. And certainly reach out to me this week if I can clarify something via email.

Again, thank you very much for your kind words and understanding.

Sincerely,

Martha

[Quoted text hidden]

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"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. We ask ourselves, Who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be?" - Marianne Williamson

Advisory Board on:

<b>Behavioral Analysts</b>			<b>10:00 a.m.</b>
Mon - January 31	May 23	September 19	
<b>Genetic Counseling</b>			<b>1:00 p.m.</b>
Mon - January 31	May 23	September 19	
<b>Occupational Therapy</b>			<b>10:00 a.m.</b>
Tues - February 1	May 24	September 20	
<b>Respiratory Care</b>			<b>1:00 p.m.</b>
Tues - February 1	May 24	September 20	
<b>Acupuncture</b>			<b>10:00 a.m.</b>
Wed - February 2	May 25	September 21	
<b>Radiological Technology</b>			<b>1:00 p.m.</b>
Wed - February 2	May 25	September 21	
<b>Athletic Training</b>			<b>10:00 a.m.</b>
Thurs - February 3	May 26	September 22	
<b>Physician Assistants</b>			<b>1:00 p.m.</b>
Thurs - February 3	May 26	September 22	
<b>Midwifery</b>			<b>10:00 a.m.</b>
Fri - February 4	May 27	September 23	
<b>Polysomnographic Technology</b>			<b>1:00 p.m.</b>
Fri - February 4	May 27	September 23	
<b>Surgical Assisting</b>			<b>10:00 a.m.</b>
Mon - February 7	Tues - May 31	September 26	