

Welcome to the Advisory Board on Occupational Therapy

The Virginia Board of Medicine will hold an electronic meeting of the Advisory Board on Occupational Therapy on **January 26, 2021 at 10:00 A.M.** This meeting will be supported by Cisco WebEx Meetings application.

For the best WebEx experience, you may wish to download the Cisco WebEx Meeting application on your mobile device, tablet or laptop in advance of the meeting. Please note that WebEx will make an audio recording of the meeting for posting

This electronic meeting is deemed warranted under Amendment 28 to HB29 based on that requiring in-person attendance by the Advisory Board members is impracticable or unsafe to assemble in a single location.

Comments will be received from those persons who have submitted an email to william.harp@dhp.virginia.gov no later than 8:00 a.m. on January 25, 2021 indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the chairman.

Whether you are a member of the Advisory Board or a member of the public, you can join the meeting in the following ways.

- **JOIN by WEBEX**

<https://covaconf.webex.com/covaconf/j.php?MTID=m9a3b426e40497da1989e288886727ff7>

Meeting number (access code): 178 331 8963

- **JOIN BY PHONE**

+1-517-466-2023 US Toll

+1-866-692-4530 US Toll Free

Meeting number (access code): 178 331 8963

TECHNICAL DIFFICULTIES: Should you experience technical difficulties, you may call the following number: (804) 339-0627 for assistance. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

The Board of Medicine and the Freedom of Information Act Council are interested in your evaluation of the electronic experience of this meeting. You can provide comment via the following form **HERE**.

Advisory Board on Occupational Therapy

Virginia Board of Medicine

January 26, 2021

10:00 a.m.

Advisory Board on Occupational Therapy

Board of Medicine

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

9960 Mayland Drive, Suite 300, Henrico, VA

Electronic Meeting

| | Page |
|--|---------|
| Call to Order – Breshae Breward, OTR, Chair | |
| Emergency Egress Procedures – William Harp, MD | i |
| Roll Call – ShaRon Clanton | |
| Approval of Minutes of October 6, 2020 | 1 - 3 |
| Adoption of the Agenda | |
| Public Comment on Agenda Items (15 minutes) | |
| New Business | |
| 1. Report of the 2021 General Assembly | 4 - 19 |
| 2. AOTA Proposed Revision to Definition of Occupational Therapy Practice | 20 - 26 |

Announcements:

Next Scheduled Meeting: May 25, 2021 @ 10:00 a.m.

Adjournment

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY

Minutes

October 6, 2020

Electronic Meeting

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

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

MEMBERS ABSENT: Raziuddin Ali, MD

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

GUESTS PRESENT: Shaun Conway, OTR - NBCOT

CALL TO ORDER

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

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Roll call established a quorum of 4 Advisory Board members.

APPROVAL OF MINUTES OF MAY 21, 2019

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

ADOPTION OF AGENDA

DRAFT UNAPPROVED

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

PUBLIC COMMENTS ON AGENDA ITEMS (15 minutes)

None

NBCOT PRESENTATION

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

NEW BUSINESS

1. Regulatory Update and Report of the 2020 General Assembly

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

2. Approval of 2021 Meeting Calendar

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

3. Election of Officers

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

ANNOUNCEMENTS:

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

NEXT MEETING DATE

DRAFT UNAPPROVED

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

ADJOURNMENT

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

Breshae Bedward, OTR, Chair

William L. Harp, MD
Executive Director

ShaRon Clanton, Licensing Specialist

Report of the 2021 General Assembly Session

January 20, 2021

HB 1737 Nurse practitioners; practice without a practice agreement.

Chief patron: Adams, D.M.

Summary as introduced:

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

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

Chief patron: Adams, D.M.

Summary as introduced:

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

HB 1769 Health care providers, certain; licensure or certification by endorsement.

Chief patron: Freitas

Summary as introduced:

Certain health care providers; licensure or certification by endorsement. Requires the Board of Medicine to issue a license or certificate by endorsement to an applicant who holds a valid, unrestricted license or certificate under the laws of another state, the District of Columbia, or a United States territory or possession with which the Commonwealth has not established a reciprocal relationship upon endorsement by the appropriate board or other appropriate

authority of such other state, the District of Columbia, or United States territory or possession and a determination by the Board of Medicine that the applicant's credentials are satisfactory to the Board of Medicine and the examinations and passing grades required by such other board or authority are fully equal to those required by the Board of Medicine.

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

Chief patron: Cole, M.L.

Summary as introduced:

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

HB 1815 Marijuana; legalization of cultivation, manufacture, sale, possession, and testing, penalties.

Chief patron: Heretick

Summary as introduced:

Marijuana; legalization of cultivation, manufacture, sale, possession, and testing; penalties. Establishes a regulatory scheme for the regulation of marijuana cultivation facilities, marijuana manufacturing facilities, marijuana testing facilities, and retail marijuana stores by the Board of Agriculture and Consumer Services. The bill also grants localities the authority to enact ordinances establishing additional licensing requirements for marijuana establishments located within such locality and allows the home cultivation of marijuana for personal use under certain circumstances. The bill imposes a tax on retail marijuana and retail marijuana products sold by a retail marijuana store at a rate of 9.7 percent (for a total sales tax of 15 percent) and provides that 67 percent of the revenues collected from the tax be deposited into the general fund and 33 percent of the revenues be deposited into a "Retail Marijuana Education Support Fund" to be used solely for purposes of public education. Finally, the bill establishes several new criminal penalties related to marijuana, as well as modifies some existing criminal penalties.

HB 1817 Certified nurse midwives; practice.

Chief patron: Adams, D.M.

Summary as introduced:

Practice of certified nurse midwives. Eliminates the requirement that certified nurse midwives practice pursuant to a practice agreement and provides that certified nurse midwives shall practice in accordance with regulations of the Boards of Medicine and Nursing and consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives and shall consult and collaborate with and refer patients to such other health care providers as may be appropriate for the care of the patient.

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

Chief patron: Hope

Summary as introduced:

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

EMERGENCY

HB 1953 Licensed certified midwives; definition of practice, licensure, report.

Chief patron: Gooditis

Summary as introduced:

Licensed certified midwives; licensure; practice. Defines "practice of licensed certified midwifery" and directs the Boards of Medicine and Nursing to establish criteria for the licensure and renewal of a license as a certified midwife. The bill also directs the Department of Health Professions to convene a workgroup to study the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals. The Department shall report its findings and conclusions to the Governor and the General Assembly by November 1, 2021.

HB 1959 Medication abandonment and increasing patient medication adherence; options for reducing rates.

Chief patron: Fowler

Summary as introduced:

Study; Health Professions Subcommittee of the Committee on Health, Welfare and Institutions; options for reducing rates of medication abandonment and increasing patient medication adherence; report. Directs the Health Professions Subcommittee of the Committee on Health, Welfare and Institutions to study options for reducing the rates of medication abandonment and increasing patient medication adherence, including the feasibility of permitting health plans and pharmacy benefits managers to make available in real time to enrollees and their health care providers, upon request of such health care provider made at the time a prescription drug is prescribed to an enrollee, information regarding the actual cost and any benefits of the prescription drug and any health insurance coverage related to the prescription drug.

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

Chief patron: Adams, D.M.

Summary as introduced:

Telemedicine. Clarifies that nothing shall preclude coverage of telehealth services by an insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; a corporation providing individual or group accident and sickness subscription contracts; or a health maintenance organization providing a health care plan for health care services. The bill requires the Board of Medical Assistance Services to amend the state plan for medical assistance to provide for payment of medical assistance for remote patient monitoring services provided via telemedicine for certain high-risk patients, and provides for the establishment of a practitioner-patient relationship via telemedicine for the prescribing of Schedule II through VI controlled substances.

HB 1988 Cannabis oil; processing and dispensing by pharmaceutical processors.

Chief patron: Adams, D.M.

Summary as introduced:

Board of Pharmacy; pharmaceutical processors; processing and dispensing cannabis oil.

Effects numerous changes to the processing and dispensing of cannabis oil by pharmaceutical processors in the Commonwealth. The bill defines the term "designated caregiver facility" and allows any staff member or employee of a designated caregiver facility to assist with the possession, acquisition, delivery, transfer, transportation, and administration of cannabis oil for any patients residing in the designated caregiver facility. The bill allows written certifications for use of cannabis oil to include an electronic practitioner signature. The bill removes the requirement that a cannabis dispensing facility undergo quarterly inspections and instead requires that inspections occur no more than once annually and allows pharmaceutical processors to remediate cannabis oil that fails any quality testing standard. The bill requires pharmaceutical processors to maintain evidence of criminal background checks for all employees and delivery agents of the pharmaceutical processor. The bill directs the Board of Pharmacy to promulgate regulations implementing the provisions of the bill and regulations creating reasonable restrictions on advertising and promotion by pharmaceutical processors by July 1, 2021.

HB 2005 Disposition of the remains of a decedent; persons to make arrangements for funeral.

Chief patron: Sickles

Summary as introduced:

Disposition of the remains of a decedent; persons to make arrangements for funeral and disposition of remains. Establishes an order of priority for persons who have the right to make arrangements and otherwise be responsible for a decedent's funeral and the disposition of his remains, provided that any such person is 18 years of age or older and of sound mind. The bill sets out, among other things, the circumstances under which such persons forfeit the right to make arrangements and otherwise be responsible for a person's funeral and the disposition of his remains and sets out assertions that a person seeking to exercise the right to make such arrangements must attest to in a signed written statement to be delivered to the funeral service establishment. Any funeral service establishment, funeral service establishment manager of record, funeral service licensee, funeral director, embalmer, registered crematory, registered crematory owner, registered crematory manager of record, or certified crematory operator that relies upon such a written statement shall be immune from civil or criminal liability for any act, decision, or omission in connection with following such person's direction related to the decedent's funeral and the disposition of his remains, unless such act, decision, or omission resulted from willful neglect or bad faith. The bill sets out rights of funeral service establishments when there is a dispute regarding the arrangements of a decedent's funeral or

his remains or the identity of any persons who have the right to make arrangements for the decedent. The bill specifies that the provisions do not apply to cemeteries or cemetery companies.

HB 2039 Physician assistant; eliminates certain requirement for practice.

Chief patron: Rasoul

Summary as introduced:

Practice as a physician assistant. Eliminates the requirement that a physician assistant enter into a practice agreement with a single patient care team physician or patient care team podiatrist and provides that a patient care team physician or patient care team podiatrist shall not be liable for the actions or inactions of a physician assistant for whom the patient care team physician or patient care team podiatrist provides collaboration and consultation. The bill also makes clear that a student physician assistant shall not be required to be licensed to engage in acts that otherwise constitute practice as a physician assistant, provided that the student physician assistant is enrolled in an accredited physician assistant education program.

HB 2044 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors. The practice of naturopathic medicine is defined in the bill as (i) a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injury, and disease and (ii) the use of both naturopathic and traditional medical therapies to promote or restore whole patient health. The bill also establishes the Advisory Board on Naturopathic Medicine to assist the Board of Medicine in formulating regulations related to the practice of naturopathic medicine.

HB 2061 VIIS; any health care provider in the Commonwealth that administers immunizations to participate.

Chief patron: Willett

Summary as introduced:

Virginia Immunization Information System; health care entities; required participation.

Requires any health care provider in the Commonwealth that administers immunizations to

participate in the Virginia Immunization Information System (VIIS) and report patient immunization history and information to VIIS. Under current law, participation in VIIS is optional for authorized health care entities. The bill has a delayed effective date of January 1, 2022.

HB 2079 Pharmacists; initiation of treatment with and dispensing and administering of drugs and devices.

Chief patron: Rasoul

Summary as introduced:

Pharmacists; initiation of treatment; certain drugs and devices. Expands provisions governing the initiation of treatment with and dispensing and administering of drugs and devices by pharmacists to allow the initiation of treatment with and dispensing and administering of drugs, devices, and controlled paraphernalia to persons 18 years of age or older, in accordance with protocols developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health, and of (i) vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention; (ii) tuberculin purified protein derivative for tuberculosis testing; (iii) controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention; and (iv) drugs, devices, controlled paraphernalia, and other supplies and equipment available over-the-counter, covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment. The bill requires any pharmacist who administers a vaccination pursuant to clause (i) to report such administration to the Virginia Immunization Information System. The bill also (a) requires the Board of Pharmacy, in collaboration with the Board of Medicine and the Department of Health, to establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, and controlled paraphernalia by pharmacists in accordance with the provisions of the bill by November 1, 2021; (b) requires the Board of Pharmacy, in collaboration with the Board of Medicine, to adopt regulations within 280 days of the bill's enactment to implement the provisions of the bill; and (c) requires the Board of Pharmacy to continue the work group composed of equal number of representatives of the Boards of Pharmacy and Medicine and other stakeholders to provide recommendations regarding the

developing of protocols for the initiation of treatment with and dispensing and administering of certain drugs and devices by pharmacists to persons 18 years of age or older.

HB 2116 Declared states of emergency, certain; funeral service licensees designated as essential workers.

Chief patron: Mugler

Summary as introduced:

Certain declared states of emergency; essential workers; funeral service licensees; emergency. Provides that in any case in which the Governor has declared a state of emergency related to a communicable disease of public health threat, funeral service licensees shall be considered essential workers and shall be included in any group afforded priority with regard to (i) access to personal protective equipment and (ii) administration of any vaccination against such communicable disease of public health threat during such emergency. The bill contains an emergency clause.

EMERGENCY

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

Chief patron: Hayes

Summary as introduced:

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

HB 2220 Surgical technologist; certification, use of title.

Chief patron: Hayes

Summary as introduced:

Surgical technologist; certification; use of title. Provides that that no person shall hold himself out to be a surgical technologist or use or assume the title of "surgical technologist" or "certified surgical technologist" unless such person is certified by the Board of Medicine; currently, a person must be registered with the Board of Medicine to use the title "registered surgical technologist." The bill also (i) adds a requirement that an applicant whose certification is based on his holding a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting also demonstrate that he has successfully completed an accredited surgical technologist training program and (ii) provides that the Board of Medicine may certify a person who has practiced as a surgical technologist at any time in the six months prior to July 1, 2021, provided that he registers with the Board of Medicine by December 31, 2021.

HB 2241 Unborn child protection from dismemberment abortion; penalties.

Chief patron: LaRock

Summary as introduced:

Unborn child protection from dismemberment abortion; penalties. Prohibits the practice of dismemberment abortion, which is defined in the bill as meaning to, with the purpose of causing the death of an unborn child, purposely dismember a living unborn child and extract him one piece at a time from the uterus through the use of clamps, grasping forceps, tongs, scissors, or any other instrument that, through the convergence of two rigid levers, slice, crush, or grasp a portion of the unborn child's body to cut or rip such portion of the unborn child's body. The term does not include an abortion that uses suction to dismember the body of an unborn child by sucking fetal parts into a collection container, but it does include an abortion in which a dismemberment abortion is used to cause the death of an unborn child but suction is subsequently used to extract fetal parts after the death of the unborn child. The bill provides that a person who purposely performs a dismemberment abortion is guilty of a Class 4 felony. A cause of action is also created for injunctive relief and civil damages. An exception is made when a dismemberment abortion is necessary to prevent serious health risk to the unborn child's mother.

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

Chief patron: Scott

Summary as introduced:

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

HB 2272 Naturopathic doctors; Department of Health Professions to amend its regulations.

Chief patron: Fowler

Summary as introduced:

Department of Health Professions; naturopathic doctors. Directs the Department of Health Professions to amend its regulations to require that a person complete a four-year accredited doctoral program in naturopathy and pass the naturopathy examination administered by the Virginia Naturopathic Doctors Association in order to use the title "Naturopathic Doctor" or "ND." The bill requires the Department to collaborate with the Virginia Naturopathic Doctors Association to draft and implement regulations related to the scope of practice of naturopathic doctors in the Commonwealth.

HJ 531 Interstate Medical Licensure Compact; Joint Com. on Health Care to study advisability of joining.

Chief patron: Helmer

Summary as introduced:

Study; Joint Commission on Health Care; advisability of the Commonwealth's joining the Interstate Medical Licensure Compact; report. Directs the Joint Commission on Health Care to study the advisability of the Commonwealth's joining the Interstate Medical Licensure Compact (the Compact), including the legal effects of joining of the Compact in the Commonwealth and possible positive and negative outcomes resulting from the adoption of the Compact, and develop recommendations as to whether the Commonwealth should join the Compact. The Joint Commission on Health Care shall complete its work by November 30, 2021, and submit an executive report of its findings and conclusions no later than the first day of the 2022 Regular Session of the General Assembly.

SB 1107 Medical malpractice; limitation on recovery.

Chief patron: Stanley

Summary as introduced:

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

SB 1115 Industrial hemp; increases maximum THC concentration.

Chief patron: Peake

Summary as introduced:

Industrial hemp; increase maximum THC concentration. Increases the maximum tetrahydrocannabinol (THC) concentration in industrial hemp from the maximum allowed by federal law to the maximum allowed by federal law or one percent, whichever is greater. The bill expands the definition of "hemp product" to include raw materials of any part of the plant *Cannabis sativa* and omits from such definition the requirement that the product be otherwise lawful.

SB 1167 Nursing, Board of; licensure or certification by endorsement for members of the U.S. military.

Chief patron: Kiggans

Summary as introduced:

Board of Nursing; licensure or certification by endorsement for members of the United States military. Permits the Board of Nursing to issue licenses and certifications by endorsement for registered nurses, licensed practical nurses, and certified nurse aides who hold a similar or equivalent license or certification from the medical corps of a branch of the United States military.

SB 1178 Genetic counseling; repeals conscience clause.

Chief patron: Ebbin

Summary as introduced:

Genetic counseling; conscience clause. Repeals the conscience clause for genetic counselors who forgo participating in counseling that conflicts with their deeply held moral or religious beliefs, provided that they inform the patient and offer to direct the patient to the online directory of licensed genetic counselors maintained by the Board of Medicine. The law being repealed also prohibits the licensing of any genetic counselor from being contingent upon participating in such counseling.

SB 1187 Physical therapy; extends time allowed for a therapist to evaluate and treat patients.

Chief patron: Hashmi

Summary as introduced:

Department of Health Professions; practice of physical therapy. Extends from 30 days to 60 days the time allowed for a physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization to evaluate and treat patients after an initial evaluation without a referral under certain circumstances. The bill also provides that after discharging a patient a physical therapist shall not perform an initial evaluation of a patient without a referral if the physical therapist has performed an initial evaluation of the patient for the same condition within the immediately preceding 60 days.

SB 1189 Occupational therapists; licensure.

Chief patron: Hashmi

Summary as introduced:

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

SB 1192 Naturopathic doctors; Department of Health Professions to amend its regulations.

Chief patron: Kiggans

Summary as introduced:

Department of Health Professions; naturopathic doctors. Directs the Department of Health Professions to amend its regulations to require that a person complete a four-year accredited doctoral program in naturopathy and pass the naturopathy examination administered by the Virginia Naturopathic Doctors Association in order to use the title "Naturopathic Doctor" or "ND." The bill requires the Department to collaborate with the Virginia Naturopathic Doctors Association to draft and implement regulations related to the scope of practice of naturopathic doctors in the Commonwealth.

SB 1205 Career fatigue and wellness in certain health care providers; programs to address, civil immunity.

Chief patron: Barker

Summary as introduced:

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

EMERGENCY

SB 1218 Naturopathic doctors; license required.

Chief patron: Petersen

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors. The practice of naturopathic medicine is defined in the bill as (i) a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injury, and disease and (ii) the use of both naturopathic and traditional medical therapies to promote or restore whole patient health. The bill also establishes the Advisory Board on Naturopathic Medicine to assist the Board of Medicine in formulating regulations related to the practice of naturopathic medicine.

SB 1268 Disposition of the remains of a decedent; persons to make arrangements for funeral.

Chief patron: Deeds

Summary as introduced:

Disposition of the remains of a decedent; persons to make arrangements for funeral and disposition of remains. Establishes an order of priority for persons who have the right to make

arrangements and otherwise be responsible for a decedent's funeral and the disposition of his remains, provided that any such person is 18 years of age or older and of sound mind. The bill sets out, among other things, the circumstances under which such persons forfeit the right to make arrangements and otherwise be responsible for a person's funeral and the disposition of his remains and sets out assertions that a person seeking to exercise the right to make such arrangements must attest to in a signed written statement to be delivered to the funeral service establishment. Any funeral service establishment, funeral service establishment manager of record, funeral service licensee, funeral director, embalmer, registered crematory, registered crematory owner, registered crematory manager of record, or certified crematory operator that relies upon such a written statement shall be immune from civil or criminal liability for any act, decision, or omission in connection with following such person's direction related to the decedent's funeral and the disposition of his remains, unless such act, decision, or omission resulted from willful neglect or bad faith. The bill sets out rights of funeral service establishments when there is a dispute regarding the arrangements of a decedent's funeral or his remains or the identity of any persons who have the right to make arrangements for the decedent. The bill specifies that the provisions do not apply to cemeteries or cemetery companies.

SB 1320 Licensed certified midwives; definition of practice, licensure, report.

Chief patron: Lucas

Summary as introduced:

Licensed certified midwives; licensure; practice. Defines "practice of licensed certified midwifery" and directs the Boards of Medicine and Nursing to establish criteria for the licensure and renewal of a license as a certified midwife. The bill also directs the Department of Health Professions to convene a workgroup to study the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals. The Department shall report its findings and conclusions to the Governor and the General Assembly by November 1, 2021.

SB 1333 Pharmaceutical processors; permits processors to produce & distribute cannabis products.

Chief patron: Lucas

Summary as introduced:

Pharmaceutical processors; cannabis products. Permits pharmaceutical processors to produce

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

training, promulgation of regulations and guidance documents, and information technology.

SB 1406 Marijuana; legalization of simple possession; penalties.

Chief patron: Ebbin, Lucas

Summary as introduced:

Marijuana; legalization of simple possession; penalties. Eliminates criminal penalties for possession of marijuana for persons who are 21 years of age or older. The bill also modifies several other criminal penalties related to marijuana and provides for an automatic expungement process for those convicted of certain marijuana-related crimes. The bill establishes a regulatory scheme for the regulation of marijuana cultivation facilities, marijuana manufacturing facilities, marijuana testing facilities, marijuana wholesalers, and retail marijuana stores by the Virginia Alcoholic Beverage Control Authority, renamed as the Virginia Alcoholic Beverage and Cannabis Control Authority. The bill imposes a tax on retail marijuana, retail marijuana products, and marijuana paraphernalia sold by a retail marijuana store, as well as non-retail marijuana and non-retail marijuana products at a rate of 21 percent and provides that localities may by ordinance levy a three percent tax on any such marijuana or marijuana products. The bill provides that net profits attributable to regulatory activities of the Authority's Board of Directors pursuant to this bill shall be appropriated as follows: (i) 40 percent to pre-kindergarten programs for at-risk three and four year olds, (ii) 30 percent to the Cannabis Equity Reinvestment Fund, established in the bill, (iii) 25 percent to substance use disorder prevention and treatment programs, and (iv) five percent to public health programs. The bill creates the Cannabis Control Advisory Board, the Cannabis Equity Reinvestment Board, and the Cannabis Public Health Advisory Council. The bill has a delayed effective date of January 1, 2023, with provisions for the Authority's Board of Directors to promulgate regulations for the implementation of the bill and for implementation of the automatic expungement process to begin in due course. In addition, the bill establishes three work groups to begin their efforts in due course: one focused on public health and safety issues, one focused on providing resources for teachers in elementary and secondary schools, and one focused on college-aged individuals. See S. B. 1406 PDF text: <https://lis.virginia.gov/000/CannabisBill.pdf>

SB 1408 Joint Commission on Health Care; sunset.

Chief patron: Barker

Summary as introduced:

Joint Commission on Health Care; sunset. Repeals the sunset provision for the Joint Commission on Health Care.

SB 1424 Funeral service establishments; manager of record.

Chief patron: Cosgrove

Summary as introduced:

Funeral service establishments; manager of record. Defines "manager of record" as a person who manages and handles all operations of a licensed funeral service establishment and sets out the conditions under which a funeral service licensee or a funeral director may serve as a manager of record. The bill requires that funeral service establishments employ a full-time manager of record.

SB 1446 Practice of medicine and other healing arts; provision of litigation assistance.

Chief patron: Surovell

Summary as introduced:

Practice of medicine and other healing arts; provision of litigation assistance. Requires practitioners of medicine and other healing arts to provide litigation assistance to treated patients and their attorneys. Such litigation assistance includes providing a legal consult fee schedule upon request, scheduling and participating in meetings with a treated patient's attorney upon request, participating in trial or de bene esse depositions as needed, and providing a written estimate of the cost of the patient's medical services related to the litigation.



Sobowale, Michael <michael.sobowale@dhp.virginia.gov>

Fwd: REMINDER: Request for feedback: revised Definition of Occupational Therapy Practice

Clanton, ShaRon <sharon.clanton@dhp.virginia.gov>

Wed, Jan 6, 2021 at 12:08 PM

To: "Harp, William" <william.harp@dhp.virginia.gov>, Michael Sobowale <michael.sobowale@dhp.virginia.gov>

----- Forwarded message -----

From: **Kristen Neville** <kneville@aota.org>

Date: Wed, Jan 6, 2021 at 11:52 AM

Subject: REMINDER: Request for feedback: revised Definition of Occupational Therapy Practice

To: Kristen Neville <kneville@aota.org>, Meghan Pudeler <mpudeler@aota.org>

Dear Occupational Therapy Regulatory Entity Administrators and Staff:

AOTA has worked with state occupational therapy associations to enact state licensure laws for more than 40 years. Part of that work has included the development of reference documents, such as the Definition of Occupational Therapy Practice for the AOTA Model Practice Act.

The Model Definition of Occupational Therapy reflects the scope of practice of occupational therapy and is consistent with other AOTA documents. It is intended for use by state associations and state regulatory boards in updating state practice acts to reflect current practice and terminology. Once enacted into law, the definition legally defines the occupational therapy scope of practice in state statutes.

AOTA's Representative Assembly adopted the latest definition in 2011. AOTA's State Affairs Group is seeking input from external stakeholders and membership on a proposed revised definition that is consistent with other AOTA documents, such as the latest edition of the Occupational Therapy Practice Framework. **We are seeking comments on the proposed revised definition and we invite you to participate in the review process for the revision of this key document through this survey:** <https://surveys.aota.org/s3/Definition-of-Occupational-Therapy-Practice-for-the-AOTA-Model-Practice-Act>

The survey breaks the definition into six sections to provide feedback and then asks general questions about the document. You will notice the current version from 2011 and the proposed revised version are listed with the changes noted. The current definition, as well as the proposed revised definition (both with changes noted and clean), is attached to this email.

Thank you in advance. **Please submit your comments no later than February 8th.** We recognize some boards may not meet to discuss this until after the request for feedback is due – if that is the case for your board, please let us know, we would still like your feedback. Your input in this process will help define the occupational therapy scope of practice. If you have any questions, please email stpd@aota.org.

Thank you and Happy Holidays!

Sincerely,

Kristen Neville

Kristen Neville

Manager, State Affairs

American Occupational Therapy Association

6116 Executive Boulevard, Suite 200

North Bethesda, MD 20852-4929

240-800-5981 (direct)

Twitter: @KNevilleAOTA

Definition of Occupational Therapy Practice for the AOTA Model Practice Act

Below is the current version (2011) of the definition of occupational therapy for use in state regulation followed by the proposed revised version with changes noted and a clean version of the proposed revised version. Survey to make comments on the proposed revised version can be found: <https://surveys.aota.org/s3/Definition-of-Occupational-Therapy-Practice-for-the-AOTA-Model-Practice-Act>

Thank you in advance. Your input in this process will help define the occupational therapy scope of practice. If you have any questions, please email stpd@aota.org.

Current version (2011):

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

The practice of occupational therapy includes:

- A. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
 1. Client factors, including body functions (such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement), values, beliefs, and spirituality.
 2. Habits, routines, roles, rituals, and behavior patterns.
 3. Physical and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance.
 4. Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills.
- B. Methods or approaches selected to direct the process of interventions such as:
 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline.
 2. Compensation, modification, or adaptation of activity or environment to enhance performance, or to prevent injuries, disorders, or other conditions.
 3. Retention and enhancement of skills or abilities without which performance in everyday life activities would decline.
 4. Promotion of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
 5. Prevention of barriers to performance and participation, including injury and disability prevention.

- C. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation, including:
1. Therapeutic use of occupations, exercises, and activities.
 2. Training in self-care, self-management, health management and maintenance, home management, community/work reintegration, and school activities and work performance.
 3. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 4. Therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process.
 5. Education and training of individuals, including family members, caregivers, groups, populations, and others.
 6. Care coordination, case management, and transition services.
 7. Consultative services to groups, programs, organizations, or communities.
 8. Modification of environments (home, work, school, or community) and adaptation of processes, including the application of ergonomic principles.
 9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 10. Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs, and other mobility devices.
 11. Low vision rehabilitation.
 12. Driver rehabilitation and community mobility.
 13. Management of feeding, eating, and swallowing to enable eating and feeding performance.
 14. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management; interventions to enhance sensory-perceptual, and cognitive processing; and manual therapy) to enhance performance skills.
 15. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.

Proposed revised version (with changes noted):

The practice of occupational therapy means the therapeutic use of everyday life occupations with individuals, persons, groups, or populations or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability and non-disability-related needs. These services include acquisition and preservation of occupational identity for clients to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. Through engagement in everyday activities, occupational therapy promotes mental health by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical and mental health disorders.

The practice of occupational therapy includes the following components:

- A. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation, including
 1. Context (environmental and personal factors) Physical and social environments, cultural, personal, temporal, and virtual contexts and occupational and activity demands that affect performance occupational and activity demands that affect performance
 2. Performance patterns including habits, routines, roles, and rituals and behavior patterns
 3. Performance patterns and skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and non-verbal skills to communicate)
 4. Client factors, including body functions (e.g., neuromuscular, sensory-perceptual, visual, mental, psychosocial, cognitive, pain factors) and body structures (e.g., cardiovascular, digestive, nervous, integumentary, genitourinary systems, structures related to movement), values, beliefs, and spirituality.
- B. Methods or approaches selected to direct the process of to identify and select interventions, such as
 1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline
 2. Compensation, modification, or adaptation of activity or environment to contexts to improve or enhance performance or to prevent injuries, disorders, or other conditions.
 3. Retention and enhancement of skills or abilities Maintenance of capabilities without which performance in everyday life occupations would decline
 4. Promotion of Health promotion and wellness including the use of self-management strategies to enable or enhance performance in everyday life activities and quality of life
 5. Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention and occupational deprivation.
- C. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation; for example:
 1. Therapeutic use of occupations exercises, and activities
 2. Training in self-care, self-management, health management and maintenance (e.g., medication management, maintaining health routines), home management, community/work integration, and school activities and work performance
 3. Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills
 4. Therapeutic use of self, including one's personality, insights, perceptions, and judgements as part of the therapeutic process
 5. Education and training of persons individuals, including family members,

- caregivers, groups, populations, and others
6. Care coordination, case management, and transition services
 7. Consultative services to persons, groups, populations, programs, and organizations or communities
 8. Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology)
 9. Modification of environments contexts physical (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles
 10. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
 11. Assessment, recommendation, design, fabrication, application, fitting and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices
 12. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
 13. Remediation and compensation of visual deficits including low vision rehabilitation
 14. Driver rehabilitation and community mobility
 15. Management of feeding, eating, and swallowing to enable eating and feeding performance
 16. Application of physical agent and mechanical modalities and use of a range of specific therapeutic procedures (e.g., wound care management; interventions-techniques to enhance sensory-perceptual sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
 17. Facilitating the occupational performance of persons, groups, or populations or organizations through modification of environments contexts (environmental and personal) and adaptation of processes
 18. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations
 19. Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

Proposed revised version (clean):

The practice of occupational therapy means the therapeutic use of everyday life occupations with persons, groups, or populations to support participation. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability and non-disability-related needs. These services include acquisition and preservation of occupational identity for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through engagement in everyday activities, occupational therapy promotes mental health by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical and mental health disorders.

The practice of occupational therapy includes the following components:

- A. Evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation, including
 1. Context (environmental and personal factors) and occupational and activity demands that affect performance

2. Performance patterns including habits, routines, roles, and rituals
 3. Performance skills, including motor skills (e.g., moving oneself or moving and interacting with objects), process skills (e.g., actions related to selecting, interacting with, and using tangible task objects), and social interaction skills (e.g., using verbal and non-verbal skills to communicate)
 4. Client factors, including body functions (e.g., neuromuscular, sensory, visual, mental, psychosocial, cognitive, pain factors) body structures (e.g., cardiovascular, digestive, nervous, integumentary, genitourinary systems, structures related to movement), values, beliefs, and spirituality.
- B. Methods or approaches to identify and select interventions, such as
1. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline
 2. Compensation, modification, or adaptation of activity contexts to improve or enhance performance
 3. Maintenance of capabilities without which performance in everyday life occupations would decline
 4. Health promotion and wellness to enable or enhance performance in everyday life activities and quality of life
 5. Prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention and occupational deprivation.
- C. Interventions and procedures to promote or enhance safety and performance in ADLs, IADLs, health management, rest and sleep, education, work, play, leisure, and social participation; for example:
1. Therapeutic use of occupations and activities
 2. Training in self-care, self-management, health management (e.g., medication management, maintaining health routines), home management, community/work integration, and school activities and work performance
 3. Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensory-perceptual, emotional regulation, visual, mental, and cognitive functions; pain tolerance and management; praxis; developmental skills; and behavioral skills
 4. Education and training of persons, including family members, caregivers, groups, populations, and others
 5. Care coordination, case management, and transition services
 6. Consultative services to persons, groups, populations, programs, and organizations
 7. Virtual interventions (e.g., simulated, real-time, and near-time technologies, including telehealth and mobile technology)
 8. Modification of contexts (environmental and personal factors in settings such as home, work, school, and community) and adaptation of processes, including the application of ergonomic principles
 9. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices
 10. Assessment, recommendation, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices
 11. Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation
 12. Remediation and compensation of visual deficits including low vision rehabilitation
 13. Driver rehabilitation and community mobility
 14. Management of feeding, eating, and swallowing to enable eating and feeding performance

15. Application of physical agent and mechanical modalities and use of a range of specific therapeutic procedures (e.g., wound care management; techniques to enhance sensory, perceptual, and cognitive processing; manual therapy techniques) to enhance performance skills
16. Facilitating the occupational performance of persons, groups, or populations through modification of contexts (environmental and personal) and adaptation of processes
17. Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their everyday life occupations
18. Group interventions (e.g., use of dynamics of group and social interaction to facilitate learning and skill acquisition across the life course).

CONFIDENTIAL