

# Advisory Board on Radiologic Technology

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Virginia Board of Medicine

February 2, 2022

1:00 p.m.

**Advisory Board on Radiologic Technology**

Board of Medicine

Wednesday, February 2, 2022 @ 1:00 p.m.

9960 Mayland Drive, Suite 201

Henrico, VA

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Call to Order – Joyce Hawkins, RT, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Beulah Archer	
Approval of Minutes of October 6, 2021	1 - 3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
<b>Old Business</b>	
ARRT Credential for License Renewal ..... Joyce Hawkins, RT	5
<b>New Business</b>	
1. Report of Regulatory Actions and 2022 General Assembly ..... Elaine Yeatts	6 – 23

Announcements:

Next Scheduled Meeting: May 25, 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.)

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**Training Room 2**

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**ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY**  
**Minutes**  
**October 6, 2021**

The Advisory Board on Radiologic Technology met on Wednesday, October 6, 2021, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

**MEMBERS PRESENT:** Rebecca Keith, RT, Chair  
Joyce O. Hawkins, RT, Vice-Chair  
Uma Prasad, MD

**MEMBERS ABSENT:** David Roberts, RT

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

**GUESTS PRESENT:** Danyell Gardner, RT – ECPI

**Call to Order**

Rebecca Keith called the meeting to order at 1:02 pm. She requested a moment of silence for former Advisory Board citizen member, William Quarles, Jr.

**Emergency Egress Procedures**

Dr. Harp gave the emergency egress procedures.

**Roll Call**

Beulah Archer called the roll. A quorum was established.

**Approval of Minutes**

Dr. Prasad moved to approve the minutes from the October 7, 2020 meeting. Ms. Hawkins seconded, and the motion carried.

**Adoption of Agenda**

Dr. Prasad moved to adopt the agenda. Joyce Hawkins seconded, and the agenda was adopted.

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## **Public Comment**

Mr. Gardner inquired about the laws governing the regulation of medical assistants and the credentials required for 3-D post-processing. He opined that as long as the procedure is performed by a qualified licensed individual, it should be okay. He also expressed concern regarding the quality of training received in proprietary educational programs.

## **New Business**

### **1. 2021 Legislative Update and 2022 Proposals**

Ms. Yeatts provided an update on legislative actions from the 2021 General Assembly that were of interest to the Advisory Board and spoke to 2022 DHP legislative proposals. She reported that nine pieces of legislation have been proposed, including one that would allow the Boards at the Department of Health Professions to hold electronic meetings.

### **2. VSRC'S Petition to Amend Regulations pertaining to Continuing Education**

Ms. Yeatts advised the Advisory Board that any amendments it recommended would have to be presented to the Full Board of Medicine for approval. The next scheduled meeting of the Board is October 14, 2021.

After a full discussion, Dr. Prasad moved to table the topic. The motion was seconded by Ms. Hawkins and carried.

### **3. Review and Discussion of Correspondence re: 3D Post-Processing of Medical Images**

The Advisory Board discussed that radiologists have to be licensed with the state for which they read images. The members agreed that 3-D post-processing of medical images should be done by a trained and licensed individual. However in Virginia, if the processing of images is done in a hospital under the supervision of a radiologist, a license is not required. If post-processing occurs outside a hospital, the radiologic technologist would need a license. Members were in agreement that Virginia 3-D post-processors of medical images be licensed for interstate transmission of 3D post-processed medical images.

### **4. Clarification of Nuclear Medicine Technologist Licensure**

The Advisory Board agreed that nuclear medicine technologists using equipment that emits ionizing radiation working outside a hospital setting need to be licensed in Virginia.

### **5. Review of Licensure Requirements**

Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend which documents required in the licensing

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process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8<sup>th</sup>.

Members reviewed current licensure requirements for radiologic assistants, radiologic technologists as well as limited radiologic technologists and were in agreement that the application process could be simplified for applicants while still protecting the public. After discussion, and upon a motion made by Joyce Hawkins, seconded by Rebecca Keith, members agreed to make the following recommendations to the Credentials Committee:

A radiologic technology license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification from the most recent state in which the applicant recently obtained a license.

Upon a motion by Ms. Hawkins, seconded by Dr. Prasad, members voted unanimously in favor of putting forward recommendations that a radiologic technology- limited license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification from the most recent state in which the applicant recently obtained a license.

Upon a motion by Ms. Hawkins, seconded by Ms. Keith, members voted unanimously in favor of putting forward recommendations that a radiologic assistant license applicant should submit primary source verification of the following documents: American Registry of Radiologic Technologists (ARRT) certification, current certification in Advanced Cardiac Life Support (ACLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification. Also, pursuant to 18VAC85-101-27, radiologic assistants are graduates of an ARRT-recognized educational program prior to being allowed to sit for the ARRT certifying examination leading to the radiologic assistant credential. It is no longer necessary for a radiologic assistant license applicant to present school transcripts in the application process.

For each profession under radiologic technology, copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

6. Approval of Meeting Calendar

Dr. Prasad moved to approve the proposed meeting dates for the Advisory Board on the 2022 calendar. Ms. Hawkins seconded, and the motion carried.

7. Election of Officers

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Rebecca Keith nominated Joyce Hawkins as Chair. Dr. Prasad seconded, and the motion carried. Joyce Hawkins is Chair of the Radiologic Technology Advisory Board.

Ms. Keith nominated Dr. Prasad as Vice-Chair. Ms. Hawkins seconded, and the motion carried. Dr. Prasad is Vice-Chair of the Radiologic Technology Advisory Board.

**Announcements**

Beulah Archer gave a report on licenses issued for Radiologic Technology. There are 3,407 current active rad techs and 28 current inactive in Virginia. There are 939 current active with out-of-state addresses and 16 current inactive out-of- state.

**Next Meeting Date**

February 2, 2022 at 1:00 p.m.

**Adjournment**

With no other business to conduct, Rebecca Keith adjourned the meeting 3:33 pm.

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Rebecca Keith, RT Chair

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William L. Harp, MD, Executive Director

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Beulah Baptist Archer, Licensing Specialist

## **ARRT Credential for License Renewal**

### MINUTES

#### **1. Excerpts of August 7, 2020 Executive Committee Minutes**

##### *Petition for Rulemaking*

*Ms. Yeatts presented the petition from the Virginia Society of Radiologic Technologists (VSRT) to amend 18VAC85-101-150, 151 & 152 on renewal, reinstatement, or reactivation to require the individual to hold current ARRT and/or NMTCB credentials and be in good standing for biennial renewal, reinstatement, or reactivation of a license. At the suggestion of Ms. Yeatts, the members agreed to defer action and allow the Advisory Board on Radiologic Technology the opportunity to review the proposal and forward a recommendation to the Full Board.*

#### **2. Excerpts of October 7, 2020 Advisory Board on Radiologic Technology Minutes**

##### *NEW BUSINESS*

##### *1. Petition for Rulemaking*

*Mrs. Yeatts discussed a petition for rulemaking submitted by the Virginia Society of Radiologic Technologists to amend regulation to require maintenance of ARRT and/or NMTCB certification on renewal, reinstatement, or reactivation of a license. Members generally discussed that not having current ARRT certification to practice was a loophole in the regulations which affects patient safety. After discussion, members inquired about tabling the discussion for further consideration at the next Advisory Board meeting. William Quarles moved to table discussion. Dr. Prasad seconded the motion. By roll call vote, the members unanimously approved to table this item and place it on the agenda for discussion at the next meeting.*

Also, refer to minutes of the October 6, 2021 advisory board meeting regarding this topic in the agenda packet.



Status of Regulatory Actions - Board of Medicine		
Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Licensure by endorsement - expedited process [Action 5890]
	Regulations Governing the Licensure of Radiologic Technology	Fast-Track - Register Date: 2/14/22 Effective: 4/1/22
	Regulations Governing the Practice of Physician Assistants	
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412]
		Final - Register Date: 1/3/22 Effective: 2/2/22
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	Implementation of the OT Compact [Action 5797]
		Emergency/NOIRA - Register Date: 1/17/22 Comment period on NOIRA ends: 2/16/22
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	Name changes for accrediting bodies [Action 5869]
		Fast-Track - Register Date: 1/31/22 Effective: 3/18/22
[18 VAC 85 - 160]	Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists	Amendments for surgical assistants consistent with a licensed profession [Action 5639]
		Proposed - Register Date: 1/31/22 Public hearing: 2/7/22 Comment period ends: 4/1/22

## Report of the 2022 General Assembly Board of Medicine Advisory Boards

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### **HB 45 Health carriers; licensed athletic trainers.**

*Chief patron:* Ware

*Summary as introduced:*

**Health carriers; licensed athletic trainers.** Requires health insurers and health service plan providers whose policies or contracts cover services that may be legally performed by a licensed athletic trainer to provide equal coverage for such services when rendered by a licensed athletic trainer. This bill is a recommendation of the Health Insurance Reform Commission.

01/27/22 House: Read first time

01/28/22 House: Read second time

01/28/22 House: Committee amendment agreed to (Moves effective date to 2023)

01/28/22 House: Printed as engrossed 22101946D-E

### **HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.**

*Chief patron:* Davis

*Summary as introduced* ☺

**Healthcare Regulatory Sandbox Program; established.** Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

01/04/22 House: Prefiled and ordered printed; offered 01/12/22 22101894D

01/04/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #1

**HB 102 Prescriptions; off-label use.**

*Chief patron:* Greenhalgh

*Summary as introduced:*

**Prescriptions; off-label use.** Provides that a licensed health care provider with prescriptive authority may prescribe, administer, or dispense a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use when the health care provider determines, in his professional judgement, that such off-label use is appropriate for the care and treatment of the patient, and prohibits a pharmacist from refusing to dispense a drug for off-label use if a valid prescription is presented. The bill also requires the Board of Health to include in regulations governing hospitals a provision that no hospital shall deny, revoke, terminate, diminish, or curtail in any way any professional or clinical privilege to a health care provider with prescriptive authority solely on the grounds that such health care provider prescribes, administers, or dispenses a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use.

01/06/22 House: Prefiled and ordered printed; offered 01/12/22 22103672D

01/06/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #1

**HB 145 Physician assistants; practice.**

*Chief patron:* Head

*Summary as introduced:*

**Practice of physician assistants.** Removes the requirement that physician assistants appointed as medical examiners practice as part of a patient care team. For hospice program licensing, the bill adds physician assistants to the list of hospice personnel who may be part of a medically directed interdisciplinary team. The bill removes a reference to physician assistants in the definition of patient care team podiatrist. Finally, the bill permits physician assistants working in the field of orthopedics as part of a patient care team to utilize fluoroscopy for guidance of diagnostic and therapeutic procedures, provided other requirements are met.

01/27/22 House: Read first time

01/28/22 House: Read second time

01/28/22 House: Committee amendments agreed to

**HB 192 Opioids; repeals sunset provisions relating to prescriber requesting information about a patient.**

*Chief patron:* Hodges

*Summary as introduced:*

**Prescription of opioids; sunset.** Repeals sunset provisions for the requirement that a prescriber registered with the Prescription Monitoring Program request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days.

01/10/22 House: Prefiled and ordered printed; offered 01/12/22 22101714D

01/10/22 House: Referred to Committee on Health, Welfare and Institutions

**HB 243 Medicine, osteopathy, chiropractic, and podiatric medicine; requirements for practitioners.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Practitioners of medicine, osteopathy, chiropractic, and podiatric medicine; requirements.** Increases the duration of postgraduate training required issuance of a license to practice medicine, osteopathy, chiropractic, or podiatric medicine from 12 months to 36 months requires every practitioner licensed to practice medicine, osteopathy, chiropractic, and podiatric medicine to obtain and maintain coverage by or to be named insured on a professional liability insurance policy with limits equal to the current limitation on damages set forth in the Code of Virginia.

01/10/22 House: Prefiled and ordered printed; offered 01/12/22 22101322D

01/10/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #3

**HB 264 Public health emergency; out-of-state licensees, deemed licensure.**

*Chief patron:* Head

*Summary as introduced:*

**Public health emergency; out-of-state licensees; deemed licensure.** Provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, a practitioner of a profession regulated by the Board of Medicine who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession shall not be prevented or prohibited from engaging in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship.

The bill also provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, individuals licensed or certified to practice medicine, osteopathic medicine, or podiatry or as a physician assistant, respiratory therapist, advanced practice registered nurse, registered nurse, licensed practical nurse, or nurse aide by another state, the District of Columbia, or a United States territory or possession shall be deemed to be licensed or certified to practice in the Commonwealth for a period of 30 days when certain criteria are met.

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #2

01/27/22 House: House subcommittee amendments and substitutes offered

01/27/22 House: Subcommittee recommends reporting with substitute (9-Y 0-N)

**HB 286 Nurse practitioners; declaration of death and cause of death.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Nurse practitioners; declaration of death and cause of death.** Authorizes autonomous nurse practitioners, defined in the bill, to declare death and determine cause of death; allows nurse practitioners who are not autonomous nurse practitioners to pronounce the death of a patient in certain circumstances; and eliminates the requirement for a valid Do Not Resuscitate Order for

the deceased patient for declaration of death by a registered nurse, physician assistant, or nurse practitioner who is not an autonomous nurse practitioner.

01/18/22 House: Assigned HWI sub: Subcommittee #1

01/25/22 House: Subcommittee recommends reporting with amendments (9-Y 0-N)

01/27/22 House: Reported from Health, Welfare and Institutions with amendment(s) (22-Y 0-N)

01/27/22 House: House committee, floor amendments and substitutes offered

**HB 353 Unaccompanied homeless youth; consent to medical care.**

*Chief patron: Willett*

*Summary as introduced:*

**Unaccompanied homeless youth; consent to medical care.** Provides that except for the purposes of sterilization or abortion, a minor who is 14 years of age or older and who is an unaccompanied homeless youth shall be deemed an adult for the purpose of consenting to surgical or medical examination or treatment, including dental examination and treatment, for himself or his minor child. The bill describes evidence sufficient to determine that a minor is an unaccompanied homeless youth and provides that no health care provider shall be liable for any civil or criminal action for providing surgical or medical treatment to an unaccompanied homeless youth or his minor child without first obtaining the consent of his parent or guardian provided in accordance with the law, with the exception of liability for negligence in the diagnosis or treatment of such unaccompanied homeless youth.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22103664D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/18/22 House: Assigned HWI sub: Subcommittee #2

**HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.**

*Chief patron: Bennett-Parker*

*Summary as introduced:*

**Virginia Freedom of Information Act; meetings conducted through electronic meetings.** Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the

public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

01/11/22 House: Referred to Committee on General Laws

01/19/22 House: Impact statement from DPB (HB444)

01/21/22 House: Assigned GL sub: Subcommittee #4

01/25/22 House: Subcommittee recommends reporting (8-Y 0-N)

01/27/22 House: Reported from General Laws (22-Y 0-N)

### **HB 527 Interstate Medical Licensure Compact and Commission; created.**

*Chief patron:* Helmer

*Summary as introduced:*

**Interstate Medical Licensure Compact.** Creates the Interstate Medical Licensure Compact to create a process for expedited issuance of a license to practice medicine in the Commonwealth for qualifying physicians to enhance the portability of medical licenses while protecting patient safety. The bill establishes requirements for coordination of information systems among member states and procedures for investigation and discipline of physicians alleged to have engaged in unprofessional conduct. The bill creates the Interstate Medical Licensure Compact Commission to administer the compact.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22101860D

01/11/22 House: Referred to Committee on General Laws

01/25/22 House: Stricken from docket by General Laws (22-Y 0-N)

### **HB 537 Telemedicine; out of state providers, behavioral health services.**

*Chief patron:* Batten

*Summary as introduced:*

**Telemedicine; out of state providers; behavioral health services.** Allows certain practitioners of professions regulated by the Boards of Medicine, Counseling, Psychology, and Social Work who provide behavioral health services and who are licensed in another state, the District of Columbia, or a United States territory or possession and in good standing with such regulatory agency to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing

continuity of care through the use of telemedicine services and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. The bill provides that a practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22103670D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

**HB 555 Health care providers; transfer of patient records in conjunction with closure, etc.**

*Chief patron: Hayes*

*Summary as introduced:*

**Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted.** Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22102359D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

**HB 580 Covenants not to compete; health care professionals, civil penalty.**

*Chief patron: VanValkenburg*

*Summary as introduced:*

**Covenants not to compete; health care professionals; civil penalty.** Adds health care professionals as a category of employee with whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines health care professional as any physician, nurse, nurse practitioner, physician's assistant, pharmacist, social worker, dietitian, physical and occupational therapist, and medical technologist authorized to provide health care services in the Commonwealth. The bill provides that any employer that violates the prohibition against covenants not to complete with an employee health care professional is subject to a civil penalty of \$10,000 for each violation.



01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22101943D

01/11/22 House: Referred to Committee on Commerce and Energy

01/28/22 House: Assigned sub: Subcommittee #1

**HB 598 Registered surgical technologist; criteria for registration.**

*Chief patron:* Hayes

*Summary as introduced:*

**Registered surgical technologist; criteria for registration.** Requires the Board of Medicine to register as a surgical technologist any applicant who has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, and registers with the Board by December 31, 2022. Under current law, an applicant who practiced as a surgical technologist at any time in the six months prior to July 1, 2021, and registered by December 31, 2021, is eligible for certification by the Board. The bill also provides that no person shall use the designation "C.S.T." or any variation thereof unless such person (i) is certified by the Board and (ii) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor.

01/11/22 House: Prefiled and ordered printed; offered 01/12/22 22103959D

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #2

01/27/22 House: Subcommittee recommends reporting (9-Y 0-N)

**HB 745 Respiratory therapists; practice pending licensure.**

*Chief patron:* Bell

*Summary as introduced:*

**Respiratory therapists; practice pending licensure.** Provides that a person who has graduated from an accredited respiratory therapy education program may practice with the title "Respiratory Therapist, License Applicant" or "RT-Applicant" until he has received a failing score on any examination required by the Board for licensure or six months from the date of graduation, whichever occurs sooner.

01/11/22 House: Referred to Committee on Health, Welfare and Institutions

01/25/22 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

01/27/22 House: Read first time

01/28/22 House: Read second time and engrossed

**HB 864 Professions and occupations; proof of identity to obtain a license, etc.**

*Chief patron:* Lopez

*Summary as introduced:*

**Professions and occupations; proof of identity.** Replaces the requirement for proof of citizenship to obtain a license, certificate, registration, or other authorization issued by the Commonwealth to engage in a business, trade, profession, or occupation with a requirement to provide proof of identity. The bill contains technical amendments.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22103101D

01/12/22 House: Referred to Committee on General Laws

01/21/22 House: Assigned GL sub: Subcommittee #1

**HB 896 Nurse practitioner; patient care team provider.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Nurse practitioner; patient care team provider.** Replaces the term "patient care team physician" with the term "patient care team provider" in the context of requirements for collaboration and consultation for nurse practitioners and provides that a nurse practitioner who is authorized to practice without a practice agreement may serve as a patient care team provider providing collaboration and consultation for nurse practitioners who are not authorized to practice without a practice agreement. Currently, only a licensed physician may provide collaboration and consultation, as evidenced by a practice agreement, for a nurse practitioner.

The bill also eliminates authority of a physician on a patient care team to require a nurse practitioner practicing as part of a patient care team to be covered by a professional liability insurance policy and the requirement that a nurse practitioner practicing without a practice agreement obtain and maintain coverage by or be named insured on a professional liability insurance policy.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22101321D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

**HB 921 Controlled substances; prescriber may establish practitioner-patient relationship.**

*Chief patron:* Orrock

*Summary as introduced:*

**Prescribing controlled substances; practitioner-patient relationship; telemedicine.**

Provides that a prescriber may establish a practitioner-patient relationship for the purpose of prescribing Schedule II through V controlled substances via synchronous interaction with a patient and for the purpose of prescribing Schedule VI controlled substances via asynchronous interaction. The terms "synchronous interaction" and "asynchronous interaction" are defined in the bill.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22101451D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

**HB 939 Necessary drugs and devices; Commissioner of Health to authorize administration and dispensing.**

*Chief patron:* Robinson

*Summary as introduced:*

**Commissioner of Health; administration and dispensing of necessary drugs and devices during public health emergency.** Allows the Commissioner of Health to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so in accordance with protocols established by the Commissioner when the Board of Health has made an emergency order for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health. Current law limits the Commissioner's ability to make such authorizations to circumstances when the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22103968D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/27/22 House: House committee, floor amendments and substitutes offered

**HB 976 Prescriptions; unapproved use.**

*Chief patron:* LaRock

*Summary as introduced:*

**Prescriptions; unapproved use.** Provides that a licensed health care provider with prescriptive authority may prescribe, administer, or dispense a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an unapproved use when the health care provider determines, in his professional judgement, that such unapproved use is appropriate for the care and treatment of the patient and prohibits a pharmacist from refusing to dispense a drug for unapproved use if a valid prescription is presented.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22102844D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #1

**HB 981 Health professions, certain; licensure by endorsement.**

*Chief patron:* Scott, P.A.

*Summary as introduced:*

**Certain health professions; licensure by endorsement.** Requires the Boards of Dentistry, Medicine, and Nursing to grant an application by endorsement to any applicant who is licensed, certified, or registered in another state, the District of Columbia, or a United States territory or possession upon submission of evidence satisfactory to such board. Currently, the Boards of Dentistry, Medicine, and Nursing are authorized but not required to grant a license, certification, or registration by endorsement for applicants wishing to practice regulated professions.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22104006D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #2

**HB 1095 Health care; decision making, end of life, penalties.**

*Chief patron:* Kory

*Summary as introduced:*

**Health care; decision making; end of life; penalties.** Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and

dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22100984D

01/12/22 House: Referred to Committee for Courts of Justice

**HB 1105 Practitioners, licensed; continuing education related to implicit bias and cultural competency.**

*Chief patron: McQuinn*

*Summary as introduced:*

**Board of Medicine; implicit bias and cultural competency.** Requires all practitioners licensed by the Board of Medicine to complete two hours of continuing education in each biennium on topics related to implicit bias and cultural competency.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22102030D

01/12/22 House: Referred to Committee on Health, Welfare and Institutions

01/21/22 House: Assigned HWI sub: Subcommittee #3

**HB 1245 Nurse practitioners; practice without a practice agreement, repeals sunset provision.**

*Chief patron: Adams, D.M.*

*Summary as introduced:*

**Nurse practitioners; practice without a practice agreement; repeal sunset.** Repeals the

sunset provision on the bill passed in 2021 that 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.

01/20/22 House: Presented and ordered printed 22100642D

01/20/22 House: Referred to Committee on Health, Welfare and Institutions

01/27/22 House: Reported from Health, Welfare and Institutions (15-Y 7-N)

**HB 1323 Pharmacists; initiation of treatment with and dispensing and administration of vaccines.**

*Chief patron: Orrock*

*Summary as introduced:*

**Pharmacists; initiation of treatment with and dispensing and administration of vaccines.**

Provides that a pharmacist may initiate treatment with, dispense, or administer to persons three years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention or that have a current emergency use authorization from the U.S. Food and Drug Administration, and provides that the pharmacist may cause such vaccines to be administered by a pharmacy technician or pharmacy intern under the direct supervision of the pharmacist. The bill also requires the Department of Medical Assistance Services and accident and sickness insurance providers to provide reimbursement for such service in an amount that is no less than the reimbursement amount for such service by a health care provider licensed by the Board of Medicine.

01/21/22 House: Presented and ordered printed 22103764D

01/21/22 House: Referred to Committee on Health, Welfare and Institutions

01/25/22 House: Assigned HWI sub: Subcommittee #3

**HB 1359 Health care; consent to services and disclosure of records.**

*Chief patron: Byron*

*Summary as introduced:*

**Health care; consent to services and disclosure of records.** Eliminates authority of a minor to consent to medical or health services needed in the case of outpatient care, treatment, or

rehabilitation for medical illness or emotional disturbance and the disclosure of medical records related thereto. The bill also provides that an authorization for the disclosure of health records shall remain in effect until such time as it is revoked in writing to the person in possession of the health record subject to the authorization; shall include authorization for the release of all health records of the person created by the health care entity to whom permission to release health records was granted from the date on which the authorization was executed; and shall include authorization for the person named in the authorization to assist the person who is the subject of the health record in accessing health care services, including scheduling appointments for the person who is the subject of the health record and attending appointments together with the person who is the subject of the health record. The bill also provides that every health care provider shall make health records of a patient available to any person designated by a patient in an authorization to release medical records and that a health care provider shall allow a person to make an appointment for medical services on behalf of another person, regardless of whether the other person has executed an authorization to release medical records, provided that such health care provider shall not release protected health information to the person making the appointment for medical services on behalf of another person unless such person has executed an authorization to release medical records to the person making the appointment.

01/24/22 House: Unanimous consent to introduce

01/24/22 House: Presented and ordered printed 22104513D

01/24/22 House: Referred to Committee on Health, Welfare and Institutions

01/25/22 House: Assigned HWI sub: Subcommittee #3

**SB 148 Public health emergencies; expands immunity for health care providers.**

*Chief patron:* Norment

*Summary as introduced:*

**Public health emergencies; immunity for health care providers.** Expands immunity provided to health care providers responding to a disaster to include actions or omissions taken by the provider as directed by any order of public health in response to such disaster when a local emergency, state of emergency, or public health emergency has been declared.

01/09/22 Senate: Prefiled and ordered printed; offered 01/12/22 22102585D

01/09/22 Senate: Referred to Committee on the Judiciary

**SB 169 Practical nurses, licensed; authority to pronounce death.**

*Chief patron: Peake*

*Summary as introduced:*

**Licensed practical nurses; authority to pronounce death.** Extends to licensed practical nurses the authority to pronounce the death of a patient, provided that certain conditions are met. Current law provides that physicians, registered nurses, and physician assistants may pronounce death.

01/10/22 Senate: Prefiled and ordered printed; offered 01/12/22 22102397D

01/10/22 Senate: Referred to Committee on Education and Health

01/13/22 Senate: Assigned Education sub: Health Professions

01/28/22 Senate: Senate subcommittee amendments and substitutes offered

**SB 317 Out-of-state health care practitioners; temporary authorization to practice.**

*Chief patron: Favola*

*Summary as introduced:*

**Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency.** Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Department of Health Professions to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause.

**EMERGENCY**

01/24/22 Senate: Committee amendments agreed to

01/24/22 Senate: Engrossed by Senate as amended SB317E

01/24/22 Senate: Printed as engrossed 22103982D-E

01/25/22 Senate: Read third time and passed Senate (40-Y 0-N)



**SB 350 Health records; patient's right to disclosure.**

*Chief patron:* Surovell

*Summary as introduced:*

**Health records; patient's right to disclosure.** Requires a health care entity to include in its disclosure of an individual's health records any changes made to the health records and an audit trail for such records if the individual requests that such information be included in the health records disclosure.

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22100066D

01/11/22 Senate: Referred to Committee on Education and Health

01/21/22 Senate: Assigned Education sub: Health

**SB 414 Nurse practitioners; patient care team physician supervision capacity increased.**

*Chief patron:* Kiggans

*Summary as introduced:*

**Nurse practitioners; patient care team physician supervision capacity increased.** Increases from six to 10 the number of nurse practitioners a patient care team physician may supervise at any one time in accordance with a written or electronic practice agreement.

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22100912D

01/11/22 Senate: Referred to Committee on Education and Health

01/25/22 Senate: Assigned Education sub: Health Professions

01/28/22 Senate: Senate subcommittee amendments and substitutes offered

**SB 456 Practitioners, licensed; continuing education related to implicit bias and cultural competency.**

*Chief patron:* Locke

*Summary as introduced:*

**Board of Medicine; implicit bias and cultural competency.** Requires all practitioners licensed by the Board of Medicine to complete two hours of continuing education in each biennium on topics related to implicit bias and cultural competency.

01/11/22 Senate: Prefiled and ordered printed; offered 01/12/22 22103132D

01/11/22 Senate: Referred to Committee on Education and Health

01/25/22 Senate: Assigned Education sub: Health Professions

01/28/22 Senate: Senate subcommittee amendments and substitutes offered

**SB 672 Pharmacists and pharmacy technicians; prescribing, dispensing, etc. of controlled substances.**

*Chief patron:* Dunnavant

*Summary as introduced:*

**Pharmacists and pharmacy technicians; prescribing, dispensing, and administering of controlled substances.** Allows pharmacists and pharmacy technicians under the supervision of a pharmacist to initiate treatment with and dispense and administer certain drugs devices, and tests in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocol by November 1, 2022, and to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

01/20/22 Senate: Presented and ordered printed 22104494D

01/20/22 Senate: Referred to Committee on Education and Health

**SB 676 Associate physicians; licensure and practice.**

*Chief patron:* DeSteph

*Summary as introduced:*

**Licensure and practice of associate physicians.** Authorizes the Board of Medicine to issue a two-year license to practice as an associate physician to an applicant who is 18 years of age or older, is of good moral character, has graduated from an accredited medical school, has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination, and has not completed a medical internship or residency program. The bill requires all associate physicians to practice in accordance with a practice agreement entered into between the associate physician and a physician licensed by the Board and provides for prescriptive authority of associate physicians in accordance with regulations of the Board.

01/20/22 Senate: Presented and ordered printed 22103475D

01/20/22 Senate: Referred to Committee on Education and Health

01/25/22 Senate: Assigned Education sub: Health Professions