

****Please refer to the 3rd page of the agenda for instructions on attending the virtual meeting ****

Call to Order – James Werth, Ph.D, Board Chair

- Welcome and Introductions/Roll Call
 - Mission of the Board Page 4
-

Approval of Minutes

- Board Meeting – July 13, 2020* Page 5
 - Sex Offender Treatment Provider Regulatory Advisory Panel (RAP) – September 10, 2020 (For Informational Purposes Only) Page 10
 - RAP – October 1, 2020 (For Informational Purposes Only) Page 12
-

Ordering of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Director Report – David E. Brown, D.C.

Chair Report – Dr. Werth

Legislation and Regulatory Actions – Elaine Yeatts, DHP Sr. Policy Analyst

- Update on Legislative and Regulatory Actions
 - Consideration of Recommendations from the Certified Sex Offender Treatment Provider RAP* Page 14
-

Presentation

Virginia’s Licensed Clinical Psychologist Workforce: 2020 - Yetty Shobo, PhD, Deputy Director, Healthcare Workforce Datacenter Page 39

Staff Reports

Executive Director’s Report – Jaime Hoyle, JD, Executive Director for the Boards of Counseling, Psychology and Social Work Page 70

Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work

Board Office Report – Deborah Harris, Licensing Manager, Board of Psychology Page 77

Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing for the Boards of Counseling, Psychology, and Social Work Page 79

Board Counsel Report – James Rutkowski, Office of the Attorney General

Committee Reports

Regulatory Committee Report – J.D. Ball, Ph.D.

Board of Health Professions Report – Herb Stewart, Ph.D.

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Unfinished Business

Update on Study of Mental Health Services for Minors - Jaime Hoyle

Page 111

Next Meeting – February 9, 2021

Adjournment

*Requires a Board Vote

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Board of Psychology

Instructions for Accessing October 27, 2021 Virtual Board Meeting and Providing Public Comment

- **Access:** Perimeter Center building access is closed to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Disregard any reference to the Board of Dentistry as a shared subscription to WebEx is being utilized. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- **Public comment:** Comments will be received during the public hearings and during the full board meeting from those persons who have submitted an email to jaimе.һoуlе@dһp.virginia.gov no later than 9 am on October 27, 2020 indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the chairman. Comments must be restricted to 3-5 minutes each.
- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise.
- Dial (804) 938-6243 to report an interruption during the broadcast.
- FOIA Council *Electronic Meetings Public Comment* form for submitting feedback on this electronic meeting may be accessed at <http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

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Access code: 132 647 6392

Meeting number (access code): 132 647 6392

Meeting password: from phones and video systems)



Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**VIRGINIA BOARD OF PSYCHOLOGY
QUARTERLY FULL BOARD
DRAFT MEETING MINUTES
July 13, 2020**

TIME AND PLACE: Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.

PRESIDING OFFICER: James Werth, Jr. Ph.D., ABPP, Chair

MEMBERS PRESENT; J.D. Ball, Ph.D., ABPP, Vice-Chair
Sally Brodsky, Ph.D.
Christine Payne, BSN, MBA
Peter Sheras, Ph.D., ABPP
Herbert Stewart, Ph.D.
Rebecca Vauter Ph.D., ABPP
Susan Brown Wallace, Ph.D.

STAFF PRESENT: Barbara Allison-Bryan, MD
David Brown, DC, Director of DHP
Christy Evans, Discipline Case Specialist
Deborah Harris, Licensing Manager
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Executive Deputy Director of Licensing
Jared McDonough, Administrative Assistant
Jim Rutkowski, JD Assistant Attorney General
Sharniece Vaughan, Licensing Specialist
Elaine Yeatts, DHP Senior Policy Analyst

CALL TO ORDER: Dr. Werth, Chair, called the meeting to order at 1:05 p.m. and read the Mission statement.

Dr. Werth welcomed Board members, staff, and members of the public.

APPROVAL OF MINUTES: Dr. Ball moved to approve the February 11, 2020 Quarterly meeting minutes as written. The motion carried unanimously.

ORDERING OF AGENDA: Dr. Sheras moved to approve the agenda as presented. The motion carried unanimously.

PUBLIC COMMENT PERIOD: No public comment.

AGENCY DIRECTOR REPORT: Dr. Brown reported on the Agency's response to the pandemic, including restricting public access, transitioning employees to work remotely, requiring masks, and social distancing. Currently, approximately 75% of the Agency's employees telework. In particular, the Behavioral Science Boards have done a great job processing and licensing applicants virtually. The Agency has initiated waivers to increase efficiency and the Governor issued Executive Order 57, which allows temporary licenses for the Behavioral Sciences Boards.

CHAIR REPORT: Dr. Werth discussed the Virginia Academy of Clinical Psychologists (VACP) discussion hour virtual meeting on September 12, 2020 and asked for volunteers. Dr. Ball, Dr. Sheras, Dr. Stewart and Dr. Werth volunteered to participate.

Dr. Werth stated that the General Assembly passed the PSYPACT legislation and the Board now needs to appoint a Virginia PSYPACT Representative. Dr. Werth recommended Jaime Hoyle, Executive Director, be the Virginia representative to ensure continuity. Dr. Wallace moved to approve Ms. Hoyle as the Board's representative for PSYPACT. The motion was seconded and carried unanimously.

LEGISLATION & REGULATORY Update on Regulatory Actions and Report from 2020 General Assembly- Elaine Yeatts

Ms. Yeatts discussed the report on Regulatory actions as of July 1, 2020.

Ms. Yeatts provided a summary of the 2020 General Assembly bills listed in the agenda packet.

STAFF REPORTS:

Executive Director Report:

Jaime Hoyle, J.D.

Ms. Hoyle gave a breakdown of statistics for the Board, which were included in the agenda package, and touched on the end-of-year report for the Behavioral Sciences Unit and financials. Ms. Hoyle announced that the Governor's office had a new Director of Appointments. The new Director is working on a replacement for the vacant Citizen Member position and will be looking to stagger expiration dates of members' terms going forward.

Discipline Report:

Jennifer Lang, Deputy Executive Director

Ms. Lang discussed the discipline report that was included in the agenda package.

Licensing Report:

Charlotte Lenart, Deputy Executive Director of Licensing

Ms. Lenart reviewed the licensing report as listed in the agenda. Ms. Lenart discussed Executive Order 57, which allows continuity of care

and allows the Board to issue temporary psychology licenses to individual who hold an active equivalent license issued by another state. Between April 22, 2020 and July 13, 2020, the Board issued 453 temporary psychology licenses.

Board Counsel Report:

James Rutkowski, Office of Attorney General
Mr. Rutkowski had nothing to report.

**COMMITTEE REPORTS:
Regulatory Committee:**

J.D. Ball, Ph.D., ABPP, Regulatory Chair

The Board discussed the proposed draft guidance document on guidelines for closing a psychological practice. The Regulatory Committee recommended that the document be approved in principle, with some planned modifications, such as including section 54.1-2405 of the Code of Virginia, any other Virginia laws, and a link to the Association of State and Provincial Psychology Board (ASPPB) Guidelines for Closing a Psychology Practice. The Board voted unanimously to accept the Regulatory Committee's recommendations. Staff and Committee members will research the laws and amend the documentation to present at the next meeting.

The next item that the Regulatory Committee discussed was the Examination for the Professional Practice of Psychology (EPPP)-Part 2. The Regulatory Committee recommended deferring this topic until a later date. No Board action needed at this time.

The Board discussed section § 54.1-119 of the Code of Virginia, which allows the Board to waive any requirement relating to experience for spouses of active duty military or spouses of veterans who left active-duty within the last year and who accompanies the applicant's spouse to the Commonwealth or an adjoining state or the District of Columbia. This new law has implications for licensure by endorsement. Currently, 18VAC125-20-42(6)(E)(1) requires documentation of post-licensure active practice for at least 24 of the last sixty months immediately preceding licensure application. The Committee's recommendation was to authorize Ms. Hoyle, in consultation with the Board chair, to accept a request for a waiver of the experience requirement for individuals who qualify under § 54.1-119. The Board voted unanimously to accept the Regulatory Committee's recommendations

Dr. Ball informed the Board of the upcoming virtual Regulatory Advisory Panel (RAP) meeting regarding the review of the Regulations Governing the Certification of Sex Offender Treatment Providers (CSOTP). The RAP members are Maria Stransky, LPC, CSAC, CSOTP and Dr. Terry Tinsley, LPC, LMFT, CSOTP from the Board of Counseling, Dr. Ball and Dr. Werth from the Board of Psychology, and Ms. Hoyle will reach out to Dr. David Boehm, LCSW of Virginia Sex Offender Treatment Association (VSOTA).

The RAP will recommend changes to the Board for the periodic review of the Regulations Governing CSOTP.

Ms. Yeatts discussed the PSYPACT legislation, which is scheduled to be effective January 1, 2021. The Committee's recommendation is for the Board to adopt the Emergency Regulations as presented with a minor change. The Board voted unanimously to accept the Regulatory Committee's recommendations.

Section § 54.1-3606.2 of the Code of Virginia outlines the requirements for PSYPACT. Article III. Home State Licensure(F)(4) Requires *an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the FBI, or other designee with similar authority, no later than 10 years after activation of the Compact.* Ms. Yeatts recommended the Board use identical language as implemented for the Physical Therapy background check. The Regulatory Committee recommended the Board to request the Agency include in their 2021 legislation packet the requirement for criminal background checks for licensure by the Board of Psychology, using the same language as Physical Therapy. The Board voted unanimously to accept the Regulatory Committee's recommendations.

The Regulatory Committee discussed whether COVID necessitated changes to the Continuing Education requirements. The Regulations state that *at least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter and participants during the time of the presentation.* The Committee saw no need to make any changes to this requirement and asked staff to clarify in the FAQs that the real-time interactive could include Zoom, WebEx, or any other video conferencing platform that allowed for real-time interactive training.

Also related to COVID, the Regulatory Committee recommended that the Board request that the Agency put forth legislation to amend the Virginia Freedom of Information Act (FOIA) to allow the Board to hold all Committee and Board meetings virtually, with the exception of disciplinary meetings. The Board voted unanimously to accept the Regulatory Committee's recommendations.

Dr. Ball informed the Board that staff ensure that residents' registrations on license lookup are accurate and that staff notifies residents at the onset of the residency that they are required to complete their supervised experience in no more than three years.

Dr. Ball informed the Board that the Committee would review ASPPB's Social Media Guidelines and the Board's Telepsychology Guidance

Document at a later meeting. At that time, the Committee will recommend changes or additions to the current Guidance Document. The Board should email any suggestions to Ms. Hoyle.

**BOARD OF HEALTH
PROFESSIONS:**

Herb Stewart, Ph.D.
Dr. Stewart discussed the Board of Health Professions (BHP) meeting. Staff provided the minutes of this meeting in the agenda packet.

NEW BUSINESS:

The Behavioral Sciences Boards, along with the Board of Medicine, will conduct a study on the mental health services for minors. Ms. Hoyle asked volunteers to participate in the study. Dr. Wallace and Ms. Payne stated they are willing to participate. Ms. Yeatts mentioned the deadline for completion of the report is November 1, 2020.

NEXT MEETING:

The next Board meeting is scheduled for October 27, 2020.

ADJOURNMENT:

The meeting adjourned at 3:07 p.m.

_____	_____
James Werth, Jr. Ph.D., ABPP, Chair	Date
_____	_____
Jaime Hoyle, J.D., Executive Director	Date

**VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY ADVISORY PANEL MEETING
DRAFT MEETING MINUTES
Thursday September 10, 2020**

- TIME AND PLACE:** Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.
- PRESIDING OFFICER:** James Werth, Jr. Ph.D., ABPP, Chair
- PANEL MEMBERS PRESENT:** J.D. Ball, Ph.D., ABPP, Vice-Chair, Board of Psychology
David Boehm, Ph.D., LCSW, CSOTP, Virginia Sex Offender Treatment Association (VSOTA)
Maria Stransky, LPC, CSAC, CSOTP, Board of Counseling
Terry Tinsley, Ph.D., LPC, LMFT, CSOTP, Board of Counseling
- STAFF PRESENT:** Deborah Harris, Licensing Manager
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Deputy Director-Licensing
Sharniece Vaughan, Licensing Specialist
Elaine Yeatts, DHP Senior Policy Analyst
- CALL TO ORDER:** Dr. Werth, Chair, called the meeting to order at 1:30 p.m.
Dr. Werth welcomed Board members, staff, and members of the public.
- PUBLIC COMMENT PERIOD:** No public comment.
- REGULATIONS REVIEW:** The Panel reviewed the Laws Governing the Certification of Sex Offender Treatment Providers (CSTOP). Dr. Werth stated that the Board of Psychology would take into consideration the Panel's comments when discussing the periodic review.
- NEXT MEETING:** The next Regulatory Advisory Panel meeting is scheduled for October 1, 2020.
- ADJOURNMENT:** The meeting adjourned at 4:30 p.m.

James Werth, Jr. Ph.D., ABPP, Chair

Date

Jaime Hoyle, J.D., Executive Director

Date

DRAFT

**VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY ADVISORY PANEL MEETING
DRAFT MEETING MINUTES
Thursday, October 1, 2020**

- TIME AND PLACE:** Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities.
- PRESIDING OFFICER:** James Werth, Jr. Ph.D., ABPP, Chair
- PANEL MEMBERS PRESENT:** J.D. Ball, Ph.D., ABPP, Vice-Chair, Board of Psychology
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- STAFF PRESENT:** Deborah Harris, Licensing Manager
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Deputy Executive Director of Licensing
Jared McDonough, Administrative Assistant
Sharniece Vaughan, Licensing Specialist
Elaine Yeatts, DHP Senior Policy Analyst
- CALL TO ORDER:** Dr. Ball, Vice-Chair, called the meeting to order at 1:35 p.m. and read the mission statement.
- Ms. Hoyle called roll for the Regulatory Advisory Panel (RAP) and staff. With five members for the RAP present, a quorum was established.
- PUBLIC COMMENT PERIOD:** No public comment.
- REGULATIONS REVIEW:** The Panel continued to review of the Laws Governing the Certification of Sex Offender Treatment Providers (CSTOP). Dr. Werth informed the Panel that the recommendations that were discussed today will be presented to the full Board of Psychology for consideration.
- ADJOURNMENT:** The meeting adjourned at 2:56 p.m.

James Werth, Jr. Ph.D., ABPP, Chair

Date

Jaime Hoyle, J.D., Executive Director

Date

DRAFT

Project 6431 - none

BOARD OF PSYCHOLOGY

Periodic review

Part I

General Provisions

18VAC125-30-10. Definitions.

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

"Ancillary services" means training ~~in~~ that includes anger management, stress management, assertiveness, social skills, substance ~~abuse-avoidance~~ misuse, victim empathy, and ~~sex-education~~ human sexuality as part of an identified sex offender treatment provider program.

"Applicant" means an individual who has submitted a completed application with documentation and the appropriate fees to be examined for certification as a sex offender treatment provider.

"Assessment" means using specific techniques of evaluation and measurement to collect facts related to sexually abusive thoughts and behaviors contributing to sexual offense.

"Board" means the Virginia Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-2924.1, 54.1-3005, 54.1-3505, 54.1-3609, 54.1-3610, 54.1-3611, and 54.1-3705 of the Code of Virginia and the regulations promulgated pursuant to these provisions.

"Competency area" means an area in which a person possesses knowledge and skills and the ability to apply them in the clinical setting.

"Face-to-face" means in-person or real-time interactive in which there is visual and audio contact and an opportunity for interaction.

"Sex offender" means (i) any person who has been adjudicated or convicted of a sex offense or has a founded child sexual abuse status by the Department of Social Services; (ii) any person for whom any court has found sufficient evidence without specific finding of guilt of committing a felony or misdemeanor which may be reasonably inferred to be sexually motivated; or (iii) any person who admits to or acknowledges behavior which would result in adjudication, conviction, or a founded child sexual abuse status.

"Sex offense" means behavior in violation of any of the following statutes in the Code of Virginia: § 18.2-48 in part (abduction of any person with intent to defile such person), § 18.2-60.3 in part (includes only those instances in which sexual motivation can be reasonably inferred), § 18.2-61, § 18.2-63, § 18.2-64.1, § 18.2-67.1, § 18.2-67.2, § 18.2-67.2:1, § 18.2-67.3, § 18.2-67.4, § 18.2-67.5, § 18.2-130 in part (includes only those instances in which sexual motivation can be reasonable inferred), subsection A of § 18.2-361 in part "If any person carnally knows in any manner any brute animal" and subsection B § 18.2-361 in its entirety, § 18.2-366, § 18.2-370, § 18.2-370.1, § 18.2-374.1 (not to

include plethysmographic testing materials in the possession of qualified mental health professionals or technicians), § 18.2-387.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular documented individual consultation, guidance and instruction with respect to the skills and competencies of the person providing sex offender treatment services.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person as it relates to sex offender treatment and provides the supervision required by such a person. ~~The supervisor shall be a certified sex offender treatment provider and licensed by the Board of Medicine, Nursing, Counseling, Psychology or Social Work.~~

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and the trainee in accordance with regulations of the board.

"Treatment" means therapeutic intervention to promote change in sexually abusive thoughts and behaviors ~~which specifically addresses the occurrence and dynamics of sexual behavior and utilizes specific strategies to promote change~~ and to reduce the risk of recidivism.

18VAC125-30-25. Current name and address.

Certificate holders shall notify the board in writing within 60 days of a change in name or a change of the address of record or of the public address, if different from the address of record.

Part II

Requirements for Certification

18VAC125-30-30. Prerequisites to certification.

A. Every applicant for certification by the board shall:

1. Meet the educational requirements prescribed in 18VAC125-30-40;
2. Meet the experience requirements prescribed in 18VAC125-30-50;
3. Submit to the board:
 - a. A completed application form;
 - b. Documented evidence of having fulfilled the education, experience, and supervision set forth in 18VAC125-30-40 and 18VAC125-30-50; and
 - c. ~~Reference letters from three licensed health care professionals familiar with and attesting to the applicant's skills and experience~~ A current report from the National Practitioner Data Bank (NPDB).
 - d. Verification of any other health or mental health license, certificate, or registration ever held in Virginia or in another jurisdiction. In order to qualify for certification, the applicant shall have no unresolved action against a license, certificate, or registration. The board will consider history of disciplinary action on a case-by-case basis.

B. The board may certify by endorsement an individual who can document current certification as a sex offender treatment provider in good standing obtained by standards

substantially equivalent to those outlined in this chapter as verified by an out-of-state certifying agency on a board-approved form.

18VAC125-30-40. Educational requirements.

An applicant for certification as a sex offender treatment provider shall:

1. Document completion of one of the following degrees:

a. A master's or doctoral degree in social work, psychology, counseling, or nursing from a regionally accredited university; or

b. The degree of Doctor of Medicine or Doctor of Osteopathic Medicine from an institution that is approved by an accrediting agency recognized by the Virginia Board of Medicine. Graduates of institutions that are not accredited by an acceptable accrediting agency shall establish the equivalency of their education to the educational requirements of the Virginia Board of Social Work, Psychology, Counseling, Nursing or Medicine.

2. Provide ~~documentation of~~ certificates of completion documenting 50 clock hours of ~~training~~ education acceptable to the board in the following areas, with 15 clock hours in each area identified in subdivisions 2 a and b of this section, 10 clock hours in ~~each~~ the area identified in subdivision 2 c of this section, and five clock hours in each area identified in subdivisions 2 d and e of this section:

a. Sex offender assessment;

b. Sex offender treatment interventions;

c. Etiology/developmental issues of sex offense behavior;

d. Criminal justice and legal issues related to sexual offending; and

e. ~~Program evaluation, treatment efficacy,~~ Treatment effectiveness and issues related to relapse prevention or recidivism of sex offenders.

18VAC125-30-50. Experience requirements; supervision.

A. Registration of supervision. Supervised experience obtained in Virginia without prior written board approval shall not be accepted toward certification. Candidates shall not begin the experience until after completion of the required degree as set forth in 18VAC125-30-40.

1. ~~In order to register supervision with the board, individuals shall submit~~ Prior to beginning supervised post-degree experience in Virginia, an individual shall submit:

a. A completed supervisory contract;

b. The application package and the registration fee prescribed in 18VAC125-30-20; and

c. Official graduate transcript documenting the degree requirement of 18VAC125-30-40.

2. The board may waive the registration requirement for individuals who have obtained at least five years of documented work experience in sex offender treatment in another jurisdiction. For individuals with less than five years of documented work experience, the board may accept supervised experience hours completed in another jurisdiction, provided the experience met the requirements of 18VAC125-30-50, except it is not required that a supervisor in the other jurisdiction hold certification as a sex offender treatment provider or a license issued by a health regulatory board in Virginia.

B. An applicant for certification as a sex offender treatment provider shall provide documentation of having 2,000 hours of postdegree clinical experience in the delivery of clinical assessment/treatment services. At least 200 hours of this experience must be face-to-face treatment and assessment with sex offender clients.

1. The experience shall include a minimum of 100 hours of face-to-face supervision within the 2,000 hours experience with a minimum of ~~six hours per month~~ one hour of face-to-face supervision for every 20 hours of experience. A minimum of 50 hours shall be in individual face-to-face supervision. Face-to-face supervision obtained in a group setting shall include no more than six trainees in a group.

2. If the applicant has obtained the required postdegree clinical experience for a mental health license within the past 10 years, he can receive credit for those hours that were in the delivery of clinical assessment/treatment services with sex offender clients provided:

a. The applicant can document that the hours were in the treatment and assessment with sex offender clients; and

b. The supervisor for those hours can attest that he was licensed and qualified to render services to sex offender clients at the time of the supervision.

~~C. Supervised experience obtained in Virginia without prior written board approval shall not be accepted toward certification. Candidates shall not begin the experience until after completion of the required degree as set forth in 18VAC125-30-40. An individual who proposes to obtain supervised postdegree experience in Virginia shall, prior to the~~

~~onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-30-20.~~

~~D.~~ The supervisor.

1. The supervisor shall assume responsibility for the professional activities of the applicant.

2. The supervisor shall not provide supervision for activities for which the prospective applicant has not had appropriate education.

3. The supervisor shall be a certified sex offender treatment provider and hold a current and unrestricted Virginia license as a clinical nurse specialist, doctor of medicine or osteopathic medicine, professional counselor, marriage and family therapist, clinical social worker, or clinical psychologist ~~and.~~

4. The supervisor shall provide supervision only for those sex offender treatment services which he is qualified to render.

~~4.5.~~ At the time of formal application for certification, the board approved supervisor shall document for the board the applicant's total hours of supervision, length of work experience, competence in sex offender treatment, and needs for additional supervision or training.

18VAC125-30-60. [Repealed]

18VAC125-30-70. Supervision of unlicensed persons.

~~These~~ A certified sex offender treatment provider shall provide supervision for unlicensed persons providing ancillary services as part of an identified sex offender treatment program ~~in an exempt practice situation and not meeting the educational and~~

~~experience requirements to become an applicant shall provide such services under the supervision of a certified sex offender treatment provider.~~

Part III

Renewal and Reinstatement

18VAC125-30-80. Annual renewal of certificate.

- A. Every certificate issued by the board shall expire on June 30 of each year.
- B. Along with the renewal application, the certified sex offender treatment provider shall:
 - 1. Submit the renewal fee prescribed in 18VAC125-30-20; and
 - 2. Attest to having obtained six hours of continuing education as specified in 18VAC125-30-81 ~~in topics related to the provision of sex offender treatment within the renewal period. Continuing education shall be offered by a sponsor or provider approved by the Virginia Board of Social Work, Psychology, Counseling, Nursing, or Medicine or by the Association for the Treatment of Sexual Abusers or one of its state chapters. Hours of continuing education used to satisfy the renewal requirements for another license may be used to satisfy the six-hour requirement for sex offender treatment provider certification, provided it was related to the provision of sex offender treatment.~~
- C. ~~Certificate holders shall notify the board in writing of a change of address of record or of the public address, if different from the address of record, within 60 days. Failure to receive a renewal notice and application form or forms shall not excuse the certified sex offender treatment provider from the renewal requirement.~~

18VAC125-30-81. Continuing education requirements.

A. Certified sex offender treatment providers shall complete a minimum of six contact hours of continuing education in topics related to the provision of sex offender treatment for each annual renewal period.

B. Continuing education shall be offered by a sponsor or provider approved by the Virginia Board of Social Work, Psychology, Counseling, Nursing, or Medicine, the Association for the Treatment of Sexual Abusers or one of its state chapters, or the Virginia Sex Offender Treatment Association (VSOTA). Hours of continuing education used to satisfy the renewal requirements for another license may be used to satisfy the six-hour requirement for sex offender treatment provider certification, provided the hours are related to the provision of sex offender treatment.

C. Attestation of completion of continuing education is not required for the first renewal following initial certification in Virginia.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the certificate holders prior to the renewal date. Such extension shall not receive the certificate holders of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the certificate holders, such as temporary disability, mandatory military service, or officially declared disasters, upon written request from the certificate holders prior to the renewal date.

F. All certificate holders shall maintain original documentation of official transcripts showing credit hours earned, or certificates of participation, for a period of three years following renewal.

G. Continuing education hours required by a disciplinary order may not be used to satisfy the requirement for renewal.

18VAC125-30-90. Reinstatement.

A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC125-30-20.

B. A person whose certificate has expired beyond one year and who wishes to resume practice shall:

1. Submit a reinstatement application along with the reinstatement fee.
2. Provide evidence ~~satisfactory to the board of current ability to practice of~~ completion of six hours of continuing education for each year in which the certification has been expired, for maximum of 24 hours.
3. Submit verification ~~of any~~ that any other professional registration, certification or licensure ~~obtained in Virginia or in~~ any other jurisdiction ~~subsequent to the initial application for certification~~ is unencumbered.

18VAC125-30-91. Reinstatement following disciplinary action.

A. Any person whose certificate has been revoked or suspended by the board under the provisions of 18VAC125-30-110 shall, in order to be eligible for reinstatement, (i) submit an application to the board for a license, (ii) pay the appropriate reinstatement fee,

and (iii) submit any other evidence of competency as prescribed by the board. After a hearing, the board may, at its discretion, grant the reinstatement.

B. Any person whose certificate has been revoked shall not apply for reinstatement until three years subsequent to such board action.

18VAC125-30-100. Standards of practice. (Repealed.)

~~A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all certified practitioners who provide services to sex offenders.~~

~~B. Persons certified by the board and applicants under supervision shall:~~

~~1. Practice in a manner that ensures community protection and safety.~~

~~2. Treat all sex offender clients with dignity and respect, regardless of the nature of their crimes or offenses.~~

~~3. Provide only services and use only techniques for which they are qualified by training and experience.~~

~~4. Inform sex offender clients of (i) the purposes of an interview, testing, or evaluation session; (ii) the ways in which information obtained in such sessions will be used before asking the sex offender client to reveal personal information or allowing such information to be divulged; (iii) the methods of interventions, including any experimental methods of treatment; and (iv) the risks and benefits of any treatment.~~

~~5. Inform sex offender clients of the limits of confidentiality and any circumstances which may allow an exception to the agreed upon confidentiality, including (i) as~~

~~obligated under dual-client situations, especially in criminal justice or related settings; (ii) when the client is a danger to self or others; (iii) when under court order to disclose information; (iv) in cases of suspected child abuse; and (v) as otherwise required by law.~~

~~6. Not require or seek waivers of privacy or confidentiality beyond the requirements of treatment, training, or community safety.~~

~~7. Explain to juvenile sex offender clients the rights of their parents or legal guardians, or both, to obtain information relating to the sex offender client.~~

~~8. Maintain sex offender client records securely, inform all employees of the rules applicable to the appropriate level of confidentiality, and provide for the destruction of records which are no longer useful.~~

~~9. Retain sex offender client records for a minimum of five years from the date of termination of services.~~

~~10. Stay abreast of new developments, concepts, and practices which are important to providing appropriate professional services.~~

~~11. Never engage in dual relationships with sex offender clients or former clients, or current trainees that could impair professional judgment or compromise the sex offender client's or trainee's well-being, impair the trainee's judgment, or increase the risk of sex offender client or trainee exploitation. Engaging in sexual intimacies or romantic relationships with sex offender clients or former clients, or with current trainees is strictly prohibited.~~

~~12. Report to the board known or suspected violations of the laws and regulations governing the practice of sex offender treatment providers, as well as any information that a sex offender treatment provider is unable to practice with reasonable skill and safety because of illness or substance abuse or otherwise poses a danger to himself, the public, or clients.~~

~~13. Provide clients with accurate information concerning tests, reports, billing, payment responsibilities, therapeutic regime, and schedules before rendering services.~~

~~14. Maintain cooperative and collaborative relationships with corrections/probation/parole officers or any responsible agency for purposes of the effective supervision and monitoring of a sex offender client's behavior in order to assure public safety.~~

~~15. Consider the validity, reliability, and appropriateness of assessments selected for use with sex offender clients. Where questions exist about the appropriateness of utilizing a particular assessment with a sex offender client, expert guidance from a knowledgeable, certified sex offender treatment provider shall be sought.~~

~~16. Recognize the sensitivity of sexual arousal assessment testing and treatment materials, safeguard the use of such materials in compliance with § 18.2-374.1:1 of the Code of Virginia, and use them only for the purpose for which they are intended in a controlled penile plethysmographic laboratory assessment.~~

~~17. Be aware of the limitations of plethysmograph and that plethysmographic data is only meaningful within the context of a comprehensive evaluation or treatment process or both.~~

~~18. Be knowledgeable of the limitations of the polygraph and take into account its appropriateness with each individual client and special client population.~~

~~19. Comply with all laws of the Code of Virginia applicable to the practice of sex offender treatment providers.~~

18VAC125-30-101. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all certified practitioners who provide services to sex offenders. Sex offender treatment providers respect the rights, dignity, and worth of all people, regardless of the nature of one's crimes or offenses, and are mindful of individual differences. Regardless of the delivery method, whether face-to-face or by use of technology, these standards shall apply to the practice of sex offender treatment.

B. Persons certified by the board and applicants under supervision shall:

1. Practice in a manner that ensures community protection and safety;

2. Provide or supervise only services and use only techniques for which they are qualified by education, training and experience. Accurately represent their areas of competence, education, training, experience, professional affiliations, credentials and published findings to ensure that such statements are neither fraudulent nor misleading;

3. Accurately inform sex offender clients of (i) the purposes of an interview, testing, or evaluation session; (ii) the ways in which information obtained in such sessions will be used before asking the sex offender client to reveal personal information or allowing such information to be divulged; (iii) the methods of interventions, including any experimental methods of treatment; and (iv) the risks and benefits of any treatment;

4. Clearly document at the outset of service delivery what party the sex offender treatment provider considers to be the client and what, if any, responsibilities the provider has to all related parties. Explain to juvenile sex offender clients the rights of their parents or legal guardians, or both, to obtain information relating to the sex offender client;

5. Maintain current competency in the areas of practice through continuing education, consultation, or other procedures consistent with current standards of scientific and professional knowledge;

6. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;

7. Avoid harming, exploiting, misusing influence, or misleading patients or clients, research participants, students, and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable;

8. Maintain cooperative and collaborative relationships with corrections/probation/parole officers or any responsible agency for purposes of the

effective supervision and monitoring of a sex offender client's behavior in order to assure public safety;

9. Construct, maintain, administer, interpret, and report testing and diagnostic services in a manner and for purposes that are current and appropriate. Sex offender treatment providers shall consider the validity, reliability, appropriateness and limitations of assessments and data selected for use with sex offender clients, including but not limited to the plethysmograph and polygraph. Where questions exist about the appropriateness of utilizing a particular assessment with a sex offender client, expert guidance from a knowledgeable, certified sex offender treatment provider shall be sought;

10. Recognize the sensitivity of sexual arousal assessment testing and treatment materials, safeguard the use of such materials in compliance with § 18.2-374.1:1 of the Code of Virginia, and use them only for the purpose for which they are intended in a controlled penile plethysmographic laboratory assessment;

11. Not engage in conversion therapy with any person under 18 years of age;

12. Withdraw from, avoid, adjust, or clarify conflicting roles with due regard for the best interest of the affected party and maximal compliance with these standards;

13. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law based on the interest of the patients or clients;

14. Make arrangements for another professional to deal with emergency needs of clients during periods of foreseeable absences from professional availability and provide for continuity of care when services must be terminated;

15. Conduct financial responsibilities to clients in an ethical and honest manner by:

a. Informing clients of fees for professional services and billing arrangements as soon as is feasible;

b. Informing clients prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment;

c. Obtaining written consent for fees that deviate from the practitioner's usual and customary fees for services; and

d. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting services provided, dates of services, or status of treatment;

16. Design, conduct, and report research in accordance with recognized standards of scientific competence and research ethics. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as participants in human research, with the exception of retrospective chart reviews;

17. Report to the board known or suspected violations of the laws and regulations governing the practice of sex offender treatment providers, as well as any information that a sex offender treatment provider is unable to practice with

reasonable skill and safety because of physical or mental impairment or substance misuse or otherwise poses a danger to himself, the public, or clients;

18. Document the reasons for and steps taken if it becomes necessary to terminate a therapeutic relationship (e.g., when it becomes clear that the client is not benefiting from the relationship or when the sex offender treatment provider feels endangered). Document assistance provided in making arrangements for the continuation of treatment for clients, if necessary, following termination of a therapeutic relationship; and

19. Comply with laws of the Code of Virginia and regulations of the board applicable to the practice of sex offender treatment providers.

C. In regard to confidentiality, persons regulated by the board shall:

1. Inform sex offender clients of the limits of confidentiality and any circumstances which may allow an exception to the agreed upon confidentiality, including (i) as obligated under dual-client situations, especially in criminal justice or related settings; (ii) when the client is a danger to self or others; (iii) when under court order to disclose information; (iv) in cases of suspected child or elder abuse; and (v) as otherwise required by law or regulation;

2. Not require or seek waivers of privacy or confidentiality beyond the requirements of treatment, training, or community safety;

3. Keep confidential their professional relationships with patients or clients and disclose client information to others only with written consent except as required

or permitted by law. Sex offender treatment providers shall inform clients of legal limits to confidentiality;

4. Protect the confidentiality in the usage of client information and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using clinical information in teaching, writing, or public presentations; and

5. Not willfully or negligently breach the confidentiality between a practitioner and a client. A disclosure that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

D. In regard to client records, persons regulated by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic records for each client. For a sex offender treatment provider practicing in an institutional setting, the record-keeping shall follow the policies of the institution or public facility. For a sex offender treatment provider practicing in a non-institutional setting, the record shall include:

a. The name of the client and other identifying information;

b. The presenting problem, purpose, or diagnosis;

c. Documentation of the fee arrangement;

d. The date and clinical summary of each service provided;

e. Any test results, including raw data, or other evaluative results obtained;

- f. Notation and results of formal consults with other providers; and
- g. Any releases by the client.
- 2. Maintain client records securely, inform all employees of the requirements of confidentiality and dispose of written, electronic, and other records in such a manner as to ensure their confidentiality; and
- 3. Maintain client records for a minimum of five years or as otherwise required by law from the last date of service, with the following exceptions:
 - a. At minimum, records of a minor child shall be maintained for five years after attaining 18 years of age;
 - b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or
 - c. Records that have been transferred pursuant to § 54.1-2405 of the Code of Virginia pertaining to closure, sale, or change of location of one's practice.

E. In regard to dual relationships, persons regulated by the board shall:

- 1. Not engage in a dual relationship with a person under supervision that could impair professional judgment or increase the risk of exploitation or harm. Sex offender treatment providers shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, intern, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of the client) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a sex offender treatment provider does not change the exploitative nature of the conduct nor lift the prohibition. Because sexual or romantic relationships are potentially exploitative, sex offender treatment providers shall bear the burden of demonstrating that there has been no exploitation, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, and adverse impact on the client;

3. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the sex offender treatment provider in his professional capacity; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

F. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right

to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC125-30-110. Grounds for disciplinary action.

The board may revoke, suspend, restrict or refuse to issue a certificate, or reprimand or fine a practitioner in accord with the following:

1. Violation of provisions of this chapter, including the standards of practice set forth in 18VAC125-30-101.
2. Conviction of a felony or a misdemeanor involving moral turpitude (i.e., relating to lying, stealing or cheating).
3. ~~Misuse of drugs or alcohol which interferes with professional functioning~~
Demonstrating an inability to practice as a sex offender treatment provider with reasonable skill and safety as a result of any mental, emotional, or physical condition or substance misuse.
4. ~~Mental or physical illness which interferes with professional functioning~~
Conducting one's practice in such a manner so as to make it a danger to the health and welfare of a client or to the public.
5. The denial, revocation, suspension, or restriction of a health or mental health registration, license or certificate to practice in Virginia or in another U.S. state, or ~~a United States~~ possession or territory or the surrender of any such registration, license or certificate while an active investigation is pending or in lieu of disciplinary action.
6. Engaging in intentional or negligent conduct that causes or is likely to cause injury to a client.

7. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility.

8. Performing functions outside areas of competency.

9. Failing to comply with the continuing education requirements set forth in this chapter.

10. Performing an act or making statements that are likely to deceive, defraud, or harm the public.

11. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation.

12. Procuring, attempting to procure, or maintaining a certificate or registration by fraud or misrepresentation.

13. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession, including § 32.1-127.1:03 of the Code of Virginia relating to health records.

14. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged and incapacitated adults as required in § 63.2-1606 of the Code of Virginia.

~~18VAC125-30-120. Reinstatement following disciplinary action. (Repealed.)~~

~~A. Any person whose certificate has been revoked by the board under the provisions of 18VAC125-30-110 may, three years subsequent to such board action, submit a new~~

~~application to the board for certification to the board. Any person whose certificate has been denied renewal by the board under the provisions of 18VAC125-30-110 may, two years subsequent to such board action, submit a new application to the board for certification to the board.~~

~~B. The board in its discretion may, after a hearing, grant reinstatement.~~

~~C. The applicant for reinstatement, if approved, shall be certified upon payment of the appropriate fees applicable at the time of reinstatement.~~

DRAFT

Virginia's Licensed Clinical Psychologist Workforce: 2020

Healthcare Workforce Data Center

July 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 3,500 Licensed Clinical Psychologists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Psychology express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Licensed Clinical Psychologist Workforce: At a Glance:

The Workforce

Licensees ¹ :	3,887
Virginia's Workforce:	2,860
FTEs:	2,485

Background

Rural Childhood:	18%
HS Degree in VA:	23%
Prof. Degree in VA:	30%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-Time Job:	58%
Satisfied?:	96%

Survey Response Rate

All Licensees:	80%
Renewing Practitioners:	96%

Education

Doctor of Psych.:	58%
Other PhD:	42%

Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	71%

Demographics

Female:	69%
Diversity Index:	32%
Median Age:	49

Finances

Median Inc.:	\$90k-\$100k
Health Benefits:	63%
Under 40 w/ Ed. Debt:	70%

Time Allocation

Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	65%

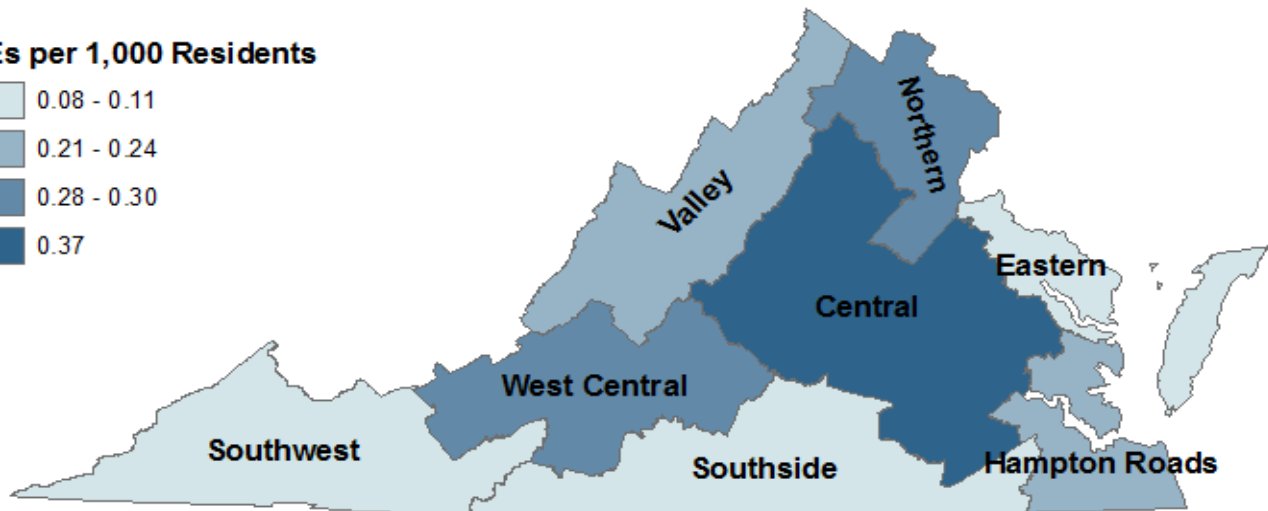
Source: Va. Healthcare Workforce Data Center

Full-Time Equivalency Units Provided by Clinical Psychologists per 1,000 Residents by Virginia Performs Region

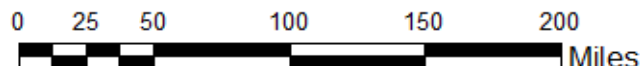
Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents

0.08 - 0.11
0.21 - 0.24
0.28 - 0.30
0.37



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



¹ Excludes 415 temporary licenses which were issued between April and June as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses will expire in September 2020.

This report contains the results of the 2020 Licensed Clinical Psychologist (LCP) Workforce Survey. Nearly 3,500 LCPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. These survey respondents represent 80% of the 4,302 LCPs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 2,860 LCPs participated in Virginia's workforce during the survey period, which is defined as those LCPs who worked at least a portion of the year in the state or who live in the state and intend to work as a LCP at some point in the future. Over the past year, Virginia's LCP workforce provided 2,485 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

More than two-thirds of all LCPs are female, including 86% of those LCPs who are under the age of 40. In a random encounter between two LCPs, there is a 32% chance that they would be of different races or ethnicities, a measure known as the diversity index. For LCPs who are under the age of 40, the diversity index increases to 41%, which suggests that the LCP workforce may be becoming more diverse. Regardless, Virginia's LCP workforce is less diverse than the state's overall population, which has a diversity index of 57%. Nearly 20% of LCPs grew up in rural areas, and 8% of these professionals currently work in non-metro areas of Virginia. In total, 4% of all LCPs work in non-metro areas of the state.

More than nine out of every ten LCPs are currently employed in the profession, 58% hold one full-time job, and 40% work between 40 and 49 hours per week. On the other hand, 2% of LCPs have experienced involuntary unemployment at some point over the past year, and 2% have also experienced underemployment. More than 70% of all LCPs are employed in the private sector, including 58% who work in the for-profit sector. With respect to establishment types, nearly half of all LCPs are employed at either solo or group private practices. The median annual income of Virginia's LCP workforce is between \$90,000 and \$100,000. Nearly all LCPs are satisfied with their current work situation, including 70% of LCPs who indicate that they are "very satisfied".

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 LCP workforce. The number of licensed LCPs in Virginia has increased by 36% (4,302 vs. 3,167). In addition, the size of Virginia's LCP workforce has increased by 19% (2,860 vs. 2,395), and the number of FTEs provided by this workforce has increased by 15% (2,485 vs. 2,158). Virginia's renewing LCPs are more likely to respond to this survey (96% vs. 89%).

Females now make up a greater proportion of Virginia's LCP workforce (69% vs. 64%), and the median age of this workforce has declined (49 vs. 52). At the same time, the state's LCP workforce has also become more diverse (32% vs. 26%). Virginia's LCPs are slightly less likely to have been raised in rural areas (18% vs. 19%), but this group of LCPs are more likely to work in non-metro areas of the state (8% vs. 6%). Overall, the percentage of LCPs who work in non-metro areas of Virginia has increased (4% vs. 3%).

Virginia's LCPs are more likely to hold one full-time job (58% vs. 54%) in lieu of two or more positions simultaneously (20% vs. 25%). At the same time, the rate of involuntary unemployment has increased (2% vs. 1%), and LCPs are less likely to be employed at their primary work location for more than two years (71% vs. 74%). LCPs have also become relatively more likely to work at group private practices (24% vs. 21%) instead of solo private practices (24% vs. 27%).

The median annual income of Virginia's LCP workforce has increased (\$90k-\$100k vs. \$80k-\$90k). In addition, LCPs who earn their income in the form of either an hourly wage or a salary are more likely to receive at least one employer-sponsored benefit (74% vs. 70%), including those LCPs who have access to health insurance (63% vs. 60%). At the same time, LCPs are more likely to carry education debt (41% vs. 35%), although this is not the case among those LCPs who are under the age of 40 (70% vs. 74%). For those LCPs with education debt, the median debt burden has increased (\$100k-\$110k vs. \$80k-\$90k). There has been no change in the percentage of LCPs who indicate that they are satisfied with their current work situation (96%), but fewer LCPs indicate that they are "very satisfied" (70% vs. 72%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,470	81%
New Licensees	274	6%
Temporary Licensees¹	415	10%
Non-Renewals	143	3%
All Licensees	4,302	100%
All Licensees Without Temporary	3,887	90%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly all renewing LCPs submitted a survey. These represent 80% of the 4,302 LCPs who held a license at some point during the survey period.

Definitions

- 1. The Survey Period:** The survey was conducted in June 2020.
- 2. Target Population:** All LCPs who held a Virginia license at some point between July 2019 and June 2020.
- 3. Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2020.

Response Rates

Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	185	311	63%
35 to 39	146	526	78%
40 to 44	114	470	81%
45 to 49	77	437	85%
50 to 54	77	380	83%
55 to 59	42	277	87%
60 to 64	56	275	83%
65 and Over	146	783	84%
Total	843	3,459	80%
New Licenses			
Issued in Past Year	552	137	20%
Metro Status			
Non-Metro	24	116	83%
Metro	240	2,355	91%
Not in Virginia	579	988	63%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	3,459
Response Rate, All Licensees	80%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCPs

Number:	4,302
New:	6%
Not Renewed:	3%

Response Rates

All Licensees:	80%
Renewing Practitioners:	96%

Source: Va. Healthcare Workforce Data Center

¹ These 415 temporary licenses were issued between April and June as a result of procedural changes that were implemented by the DHP due to the coronavirus pandemic. All of these temporary licenses will expire in September 2020.

At a Glance:

Workforce

Virginia's LCP Workforce: 2,860
 FTEs: 2,485

Utilization Ratios

Licensees in VA Workforce: 66%
 Licensees per FTE: 1.73
 Workers per FTE: 1.15

Source: Va. Healthcare Workforce Data Center

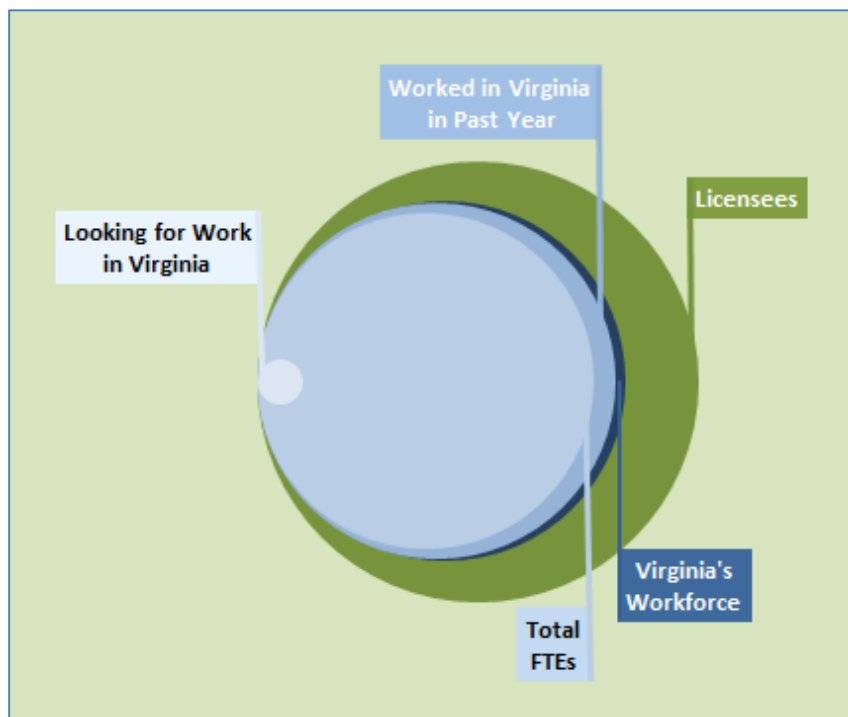
Virginia's LCP Workforce		
Status	#	%
Worked in Virginia in Past Year	2,814	98%
Looking for Work in Virginia	46	2%
Virginia's Workforce	2,860	100%
Total FTEs	2,485	
Licensees	4,302	

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	30	11%	248	89%	278	12%
35 to 39	67	17%	319	83%	385	16%
40 to 44	70	22%	255	78%	325	14%
45 to 49	64	23%	217	77%	281	12%
50 to 54	70	27%	189	73%	258	11%
55 to 59	50	30%	119	70%	169	7%
60 to 64	96	49%	99	51%	195	8%
65 and Over	304	61%	196	39%	500	21%
Total	751	31%	1,640	69%	2,390	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	LCPs		LCPs Under 40	
	%	#	%	#	%
White	61%	1,965	82%	504	76%
Black	19%	175	7%	62	9%
Hispanic	10%	107	4%	44	7%
Asian	7%	89	4%	32	5%
Two or More Races	3%	44	2%	13	2%
Other Race	0%	24	1%	9	1%
Total	100%	2,404	100%	664	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 69%
 % Under 40 Female: 86%

Age

Median Age: 49
 % Under 40: 28%
 % 55 and Over: 36%

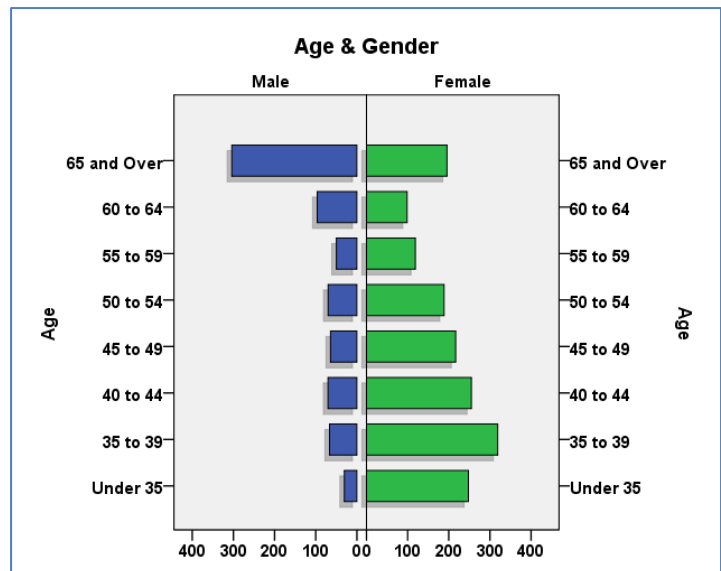
Diversity

Diversity Index: 32%
 Under 40 Div. Index: 41%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCPs, there is a 32% chance that they would be of different races or ethnicities, a measure known as the diversity index.

Nearly 30% of all LCPs are under the age of 40, and 86% of these professionals are female. In addition, the diversity index among this group of LCPs is 41%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 16%
 Rural Childhood: 18%

Virginia Background

HS in Virginia: 23%
 Prof. Edu. in VA: 30%
 HS or Prof. Edu. in VA: 41%

Location Choice

% Rural to Non-Metro: 8%
 % Urban/Suburban to Non-Metro: 3%

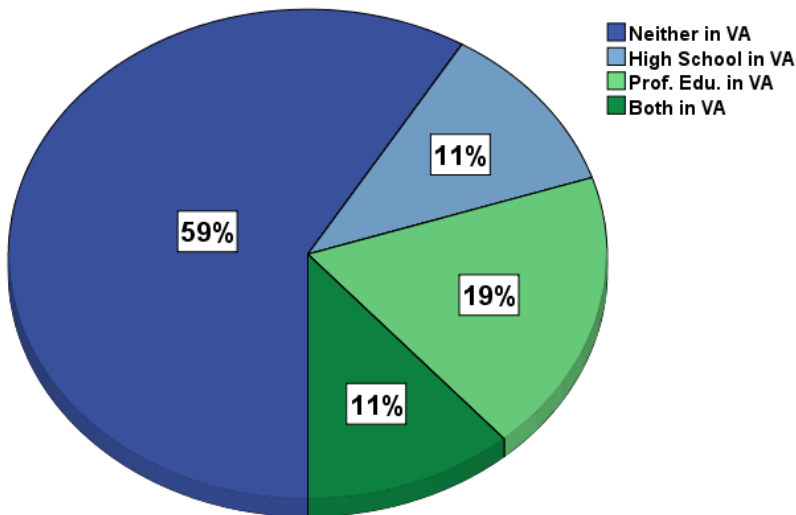
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	16%	68%	16%
2	Metro, 250,000 to 1 Million	23%	67%	10%
3	Metro, 250,000 or Less	24%	61%	15%
Non-Metro Counties				
4	Urban Pop., 20,000+, Metro Adjacent	29%	57%	14%
6	Urban Pop., 2,500-19,999, Metro Adjacent	33%	53%	14%
7	Urban Pop., 2,500-19,999, Non-Adjacent	59%	24%	18%
8	Rural, Metro Adjacent	27%	64%	9%
9	Rural, Non-Adjacent	42%	33%	25%
Overall		18%	66%	16%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Nearly one-fifth of all LCPs grew up in self-described rural areas, and 8% of these professionals currently work in non-metro counties. In total, 4% of all LCPs in the state currently work in non-metro counties.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof. Degree	#
1	Virginia	540	Virginia	717
2	New York	263	Washington, D.C.	233
3	Pennsylvania	168	California	177
4	Maryland	166	Florida	148
5	New Jersey	111	New York	114
6	California	93	Illinois	91
7	Florida	89	Pennsylvania	89
8	Ohio	81	Ohio	85
9	North Carolina	80	Texas	67
10	Outside U.S./Canada	79	Maryland	52

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of LCPs received their high school degree in Virginia, while 30% obtained their initial professional degree in the state.

Among LCPs who received their initial license in the past five years, 23% received their high school degree in Virginia, while 29% obtained their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	162	Virginia	200
2	New York	57	Washington, D.C.	66
3	Maryland	50	California	60
4	Pennsylvania	45	Florida	41
5	Florida	35	New York	33
6	California	34	Illinois	30
7	Ohio	33	Pennsylvania	27
8	North Carolina	25	Ohio	23
9	New Jersey	25	Maryland	22
10	Outside U.S./Canada	24	Texas	19

Source: Va. Healthcare Workforce Data Center

More than one-third of Virginia's licensees did not participate in the state's LCP workforce during the past year. More than 90% of these professional worked at some point in the past year, including 88% who worked in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

Total:	1,449
% of Licensees:	34%
Federal/Military:	32%
Va. Border State/D.C.:	29%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	1	0%
Master's Degree	1	0%
Doctor of Psychology	1,352	58%
Other Doctorate	997	42%
Total	2,351	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

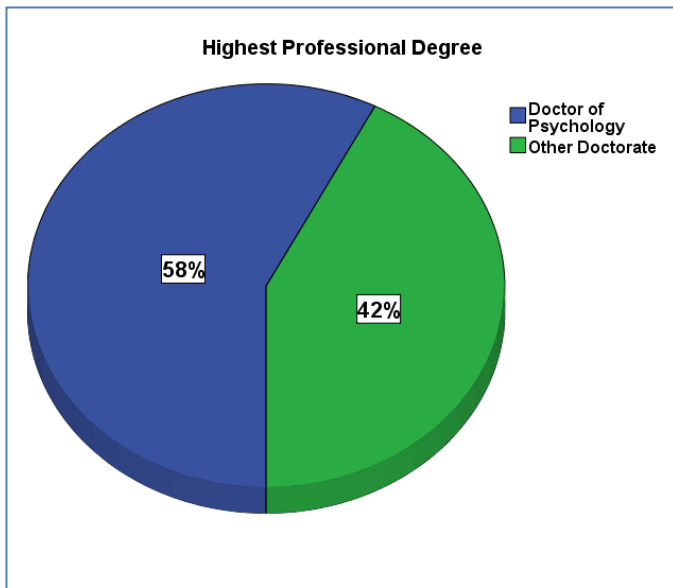
Education

Doctor of Psychology: 58%
Other Doctorate/PhD: 42%

Education Debt

Carry Debt: 41%
Under Age 40 w/ Debt: 70%
Median Debt: \$100k-\$110k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LCPs		LCPs Under 40	
	#	%	#	%
None	1,256	59%	182	30%
Less than \$10,000	49	2%	19	3%
\$10,000-\$29,999	84	4%	33	6%
\$30,000-\$49,999	90	4%	25	4%
\$50,000-\$69,999	92	4%	37	6%
\$70,000-\$89,999	87	4%	30	5%
\$90,000-\$109,999	65	3%	20	3%
\$110,000-\$129,999	62	3%	33	6%
\$130,000-\$149,999	24	1%	8	1%
\$150,000 or More	336	16%	210	35%
Total	2,145	100%	597	100%

Source: Va. Healthcare Workforce Data Center

More than 40% of LCPs carry education debt, including 70% of those LCPs who are under the age of 40. For those LCPs with education debt, the median debt amount is between \$100,000 and \$110,000.

A Closer Look:

At a Glance:

Primary Specialty

Mental Health: 30%
 Child: 13%
 Forensic: 7%

Secondary Specialty

Mental Health: 14%
 Child: 9%
 Behavioral Disorders: 7%

Source: Va. Healthcare Workforce Data Center

Three out of every ten LCPs have a primary specialty in mental health, while another 13% of LCPs have a primary specialty in children's health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	710	30%	274	14%
Child	305	13%	191	9%
Forensic	163	7%	125	6%
Neurology/Neuropsychology	139	6%	58	3%
Health/Medical	114	5%	121	6%
Behavioral Disorders	70	3%	140	7%
Family	44	2%	94	5%
School/Educational	34	1%	83	4%
Gerontologic	22	1%	35	2%
Rehabilitation	22	1%	31	2%
Marriage	19	1%	96	5%
Sex Offender Treatment	12	1%	18	1%
Substance Abuse	11	0%	37	2%
Experimental or Research	7	0%	20	1%
Vocational/Work Environment	6	0%	9	0%
Public Health	6	0%	8	0%
Industrial-Organizational	4	0%	7	0%
Social	3	0%	1	0%
General Practice (Non-Specialty)	517	22%	461	23%
Other Specialty Area	131	6%	204	10%
Total	2,338	100%	2,014	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 94%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 58%
 2 or More Positions: 20%

Weekly Hours:

40 to 49: 40%
 60 or More: 5%
 Less than 30: 21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	< 1%
Employed in a Behavioral Sciences-Related Capacity	2,240	94%
Employed, NOT in a Behavioral Sciences-Related Capacity	41	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	6	< 1%
Voluntarily Unemployed	37	2%
Retired	45	2%
Total	2,372	100%

Source: Va. Healthcare Workforce Data Center

More than 90% of LCPs are currently employed in the profession, 58% hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	88	4%
1 to 9 Hours	70	3%
10 to 19 Hours	170	7%
20 to 29 Hours	244	10%
30 to 39 Hours	371	16%
40 to 49 Hours	939	40%
50 to 59 Hours	328	14%
60 to 69 Hours	99	4%
70 to 79 Hours	20	1%
80 or More Hours	6	0%
Total	2,335	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	88	4%
One Part-Time Position	429	18%
Two Part-Time Positions	96	4%
One Full-Time Position	1,365	58%
One Full-Time Position & One Part-Time Position	311	13%
Two Full-Time Positions	20	1%
More than Two Positions	32	1%
Total	2,341	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	24	1%
Less than \$40,000	186	10%
\$40,000-\$49,999	82	4%
\$50,000-\$59,999	82	4%
\$60,000-\$69,999	159	8%
\$70,000-\$79,999	196	10%
\$80,000-\$89,999	173	9%
\$90,000-\$99,999	211	11%
\$100,000-109,999	180	9%
\$110,000-\$119,999	155	8%
\$120,000-\$129,999	113	6%
\$130,000 or More	349	18%
Total	1,911	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$90k-\$100k

Benefits
(Salary/Wage Employees Only)
Health Insurance: 63%
Retirement: 62%

Satisfaction
Satisfied: 96%
Very Satisfied: 70%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,598	70%
Somewhat Satisfied	584	26%
Somewhat Dissatisfied	72	3%
Very Dissatisfied	23	1%
Total	2,277	100%

Source: Va. Healthcare Workforce Data Center

The typical LCP earns between \$90,000 and \$100,000 per year. Among LCPs who receive either an hourly wage or a salary as compensation at their primary work location, 63% have access to health insurance, and 62% have access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Health Insurance	947	42%	63%
Retirement	944	42%	62%
Paid Vacation	915	41%	62%
Paid Sick Leave	879	39%	61%
Dental Insurance	828	37%	57%
Group Life Insurance	636	28%	44%
Signing/Retention Bonus	147	7%	11%
At Least One Benefit	1,162	52%	74%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Work Two or More Positions at the Same Time?	527	18%
Switch Employers or Practices?	138	5%
Experience Voluntary Unemployment?	129	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	62	2%
Experience Involuntary Unemployment?	55	2%
Experience At Least One	785	27%

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia's LCPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 4.4% during the past 12 months.²

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	48	2%	27	5%
Less than 6 Months	75	3%	33	6%
6 Months to 1 Year	172	8%	70	12%
1 to 2 Years	358	16%	114	20%
3 to 5 Years	542	24%	120	21%
6 to 10 Years	388	17%	65	11%
More than 10 Years	695	31%	147	25%
Subtotal	2,278	100%	577	100%
Did Not Have Location	47		2,263	
Item Missing	535		19	
Total	2,860		2,860	

Source: Va. Healthcare Workforce Data Center

More than half of all LCPs are salaried employees, while 31% receive income from their own business/practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 5%
New Location: 15%
Over 2 Years: 71%
Over 2 Yrs., 2nd Location: 58%

Employment Type

Salary/Commission: 52%
Business/Practice Income: 31%

Source: Va. Healthcare Workforce Data Center

More than 70% of all LCPs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	910	52%
Business/Practice Income	543	31%
Hourly Wage	171	10%
By Contract	133	8%
Unpaid	9	1%
Subtotal	1,766	100%
Did Not Have Location	47	
Item Missing	1,047	

Source: Va. Healthcare Workforce Data Center

² As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for June 2020 was still preliminary.

At a Glance:

Concentration

Top Region:	41%
Top 3 Regions:	80%
Lowest Region:	1%

Locations

2 or More (Past Year):	26%
2 or More (Now*):	24%

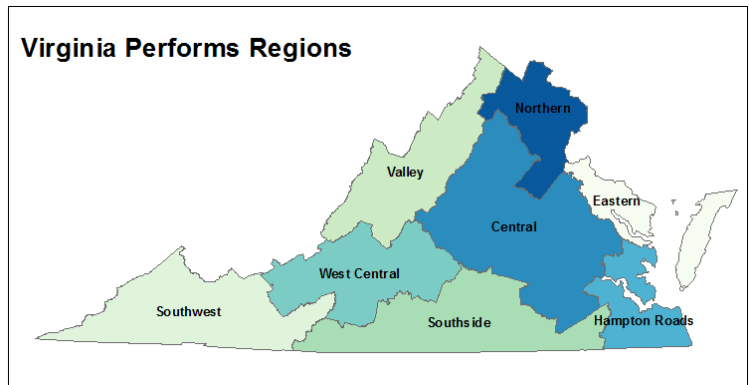
Source: Va. Healthcare Workforce Data Center

Four out of every five LCPs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	933	41%	215	36%
Central	547	24%	103	17%
Hampton Roads	353	15%	87	15%
West Central	181	8%	36	6%
Valley	109	5%	28	5%
Southwest	30	1%	3	1%
Southside	28	1%	7	1%
Eastern	15	1%	6	1%
Virginia Border State/D.C.	60	3%	49	8%
Other U.S. State	23	1%	54	9%
Outside of the U.S.	1	0%	3	1%
Total	2,280	100%	591	100%
Item Missing	532		6	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all LCPs currently have multiple work locations, while 26% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	46	2%	85	4%
1	1,677	72%	1,679	72%
2	307	13%	297	13%
3	254	11%	240	10%
4	13	1%	8	0%
5	5	0%	2	0%
6 or More	15	1%	8	0%
Total	2,319	100%	2,319	100%

*At the time of survey completion, June 2020.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,225	58%	400	74%
Non-Profit	278	13%	75	14%
State/Local Government	327	16%	43	8%
Veterans Administration	116	6%	6	1%
U.S. Military	96	5%	7	1%
Other Federal Government	65	3%	9	2%
Total	2,107	100%	540	100%
Did Not Have Location	47		2,263	
Item Missing	707		57	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit:	58%
Federal:	13%

Top Establishments

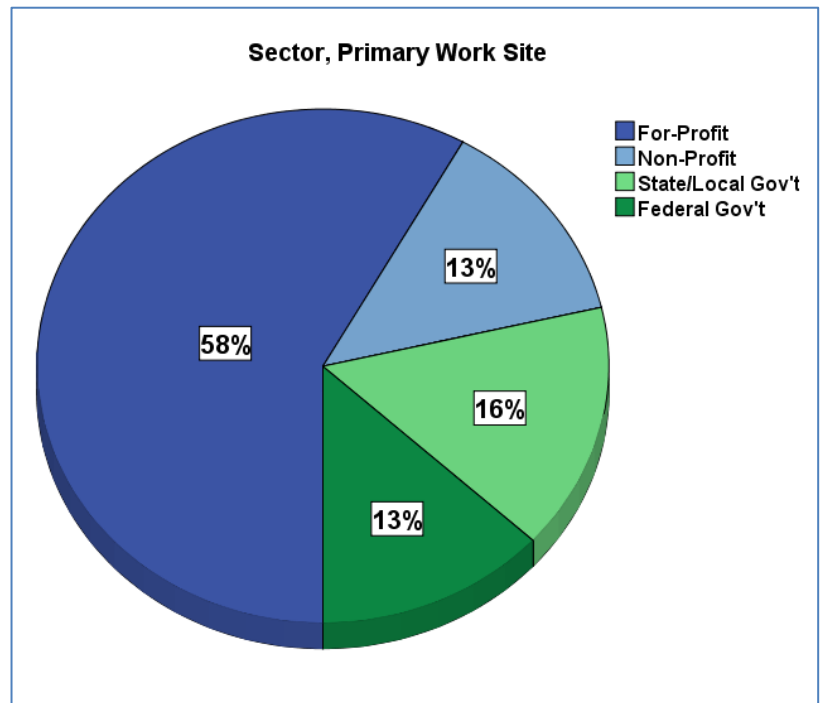
Private Practice, Solo:	24%
Private Practice, Group:	24%
Academic Institution:	9%

Payment Method

Cash/Self-Pay:	60%
Private Insurance:	38%

Source: Va. Healthcare Workforce Data Center

More than 70% of LCPs work in the private sector, including 58% who work at for-profit establishments. Another 16% of LCPs work for state or local governments.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	486	24%	134	26%
Private Practice, Group	475	24%	149	29%
Academic Institution (Teaching Health Professions Students)	184	9%	56	11%
Mental Health Facility, Outpatient	139	7%	22	4%
Hospital, General	132	7%	13	2%
Hospital, Psychiatric	86	4%	11	2%
Community-Based Clinic or Health Center	78	4%	23	4%
School (Providing Care to Clients)	73	4%	12	2%
Community Services Board	45	2%	3	1%
Administrative or Regulatory	32	2%	4	1%
Corrections/Jail	30	2%	9	2%
Physician Office	23	1%	8	2%
Residential Mental Health/Substance Abuse Facility	19	1%	5	1%
Rehabilitation Facility	18	1%	8	2%
Long-Term Care Facility, Nursing Home	14	1%	9	2%
Other Practice Setting	155	8%	55	11%
Total	1,989	100%	521	100%
Did Not Have a Location	47		2,263	

Source: Va. Healthcare Workforce Data Center

Solo and group private practices employ nearly half of all LCPs in Virginia. Another 9% of LCPs work at academic institutions.

Three out of every five LCPs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LCP workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,702	60%
Private Insurance	1,101	38%
Medicare	668	23%
Medicaid	564	20%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%

Roles

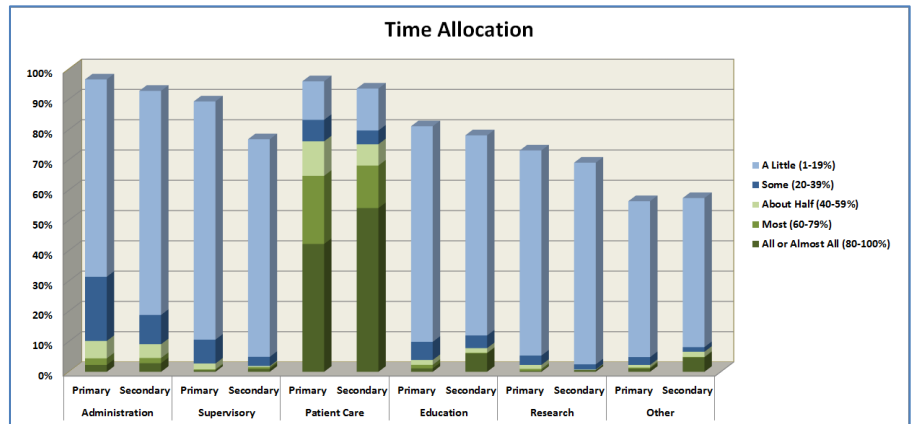
Patient Care: 65%
Administration: 4%
Education: 2%

Patient Care LCPs

Median Admin. Time: 1%-9%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, LCPs spend approximately 75% of their time treating patients. In fact, 65% of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation													
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other		
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	
All or Almost All (80-100%)	2%	3%	0%	1%	42%	54%	1%	6%	0%	1%	1%	5%	
Most (60-79%)	2%	2%	0%	1%	22%	14%	1%	0%	1%	0%	0%	0%	
About Half (40-59%)	6%	5%	2%	0%	11%	7%	2%	2%	1%	0%	1%	2%	
Some (20-39%)	21%	10%	8%	3%	7%	5%	6%	4%	3%	2%	3%	2%	
A Little (1-19%)	65%	74%	79%	72%	13%	14%	71%	66%	68%	67%	51%	49%	
None (0%)	3%	7%	11%	23%	4%	6%	19%	22%	27%	31%	44%	43%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	239	11%	93	18%
1 to 24	1,316	63%	398	76%
25 to 49	507	24%	25	5%
50 to 74	29	1%	4	1%
75 or More	7	0%	2	0%
Total	2,098	100%	522	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

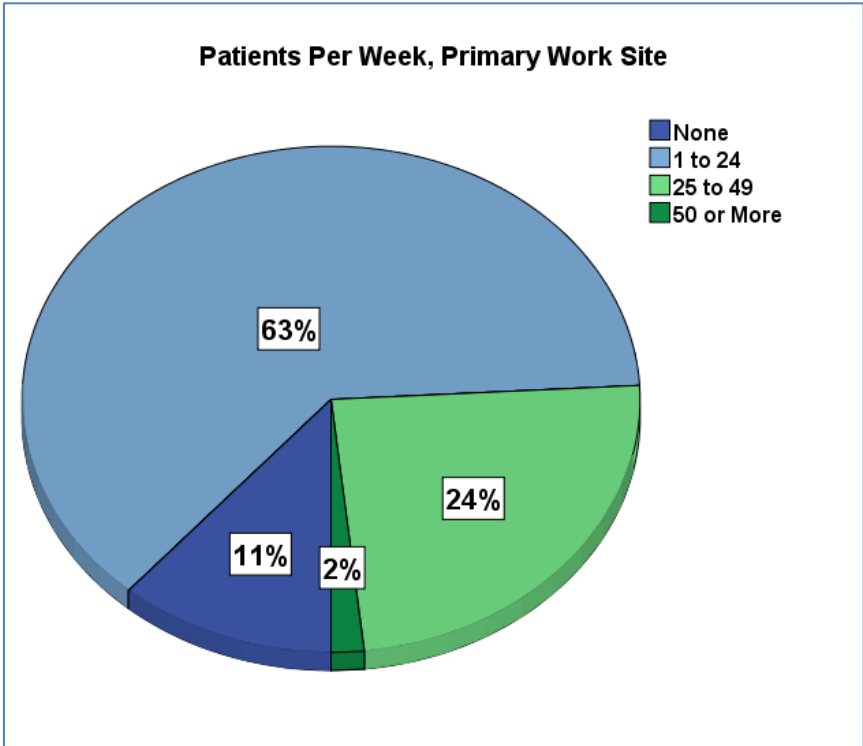
Patients Per Week

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, 76% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

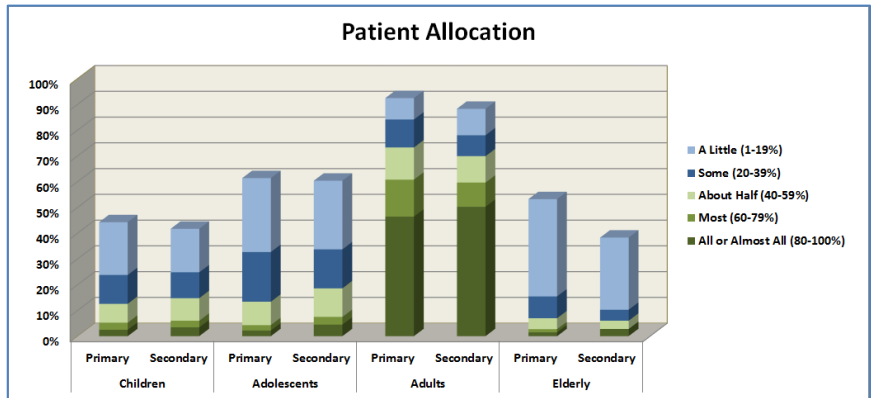
Children: None
 Adolescents: 1%-9%
 Adults: 70%-79%
 Elderly: 1%-9%

Roles

Children: 5%
 Adolescents: 4%
 Adults: 61%
 Elderly: 3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, approximately 75% of all patients seen by LCPs at their primary work location are adults. In addition, 61% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	3%	2%	4%	46%	50%	1%	3%
Most (60-79%)	3%	3%	2%	3%	14%	9%	1%	0%
About Half (40-59%)	7%	9%	9%	11%	12%	10%	4%	3%
Some (20-39%)	11%	10%	19%	15%	11%	8%	8%	4%
A Little (1-19%)	20%	17%	29%	27%	8%	10%	38%	28%
None (0%)	56%	58%	39%	40%	8%	12%	47%	62%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs 50 and Over	
	#	%	#	%
Under Age 50	7	0%	-	-
50 to 54	13	1%	2	0%
55 to 59	78	4%	25	3%
60 to 64	278	13%	82	8%
65 to 69	629	30%	234	24%
70 to 74	532	25%	284	29%
75 to 79	217	10%	152	15%
80 or Over	92	4%	70	7%
I Do Not Intend to Retire	248	12%	140	14%
Total	2,095	100%	989	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCPs

Under 65: 18%

Under 60: 5%

LCPs 50 and Over

Under 65: 11%

Under 60: 3%

Time Until Retirement

Within 2 Years: 6%

Within 10 Years: 24%

Half the Workforce: By 2045

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five LCPs expects to retire before the age of 65. Among those LCPs who are age 50 or over, 11% expect to retire by the age of 65.

Within the next two years, 11% of LCPs expect to increase their patient care hours, and 4% expect to pursue additional educational opportunities.

Future Plans

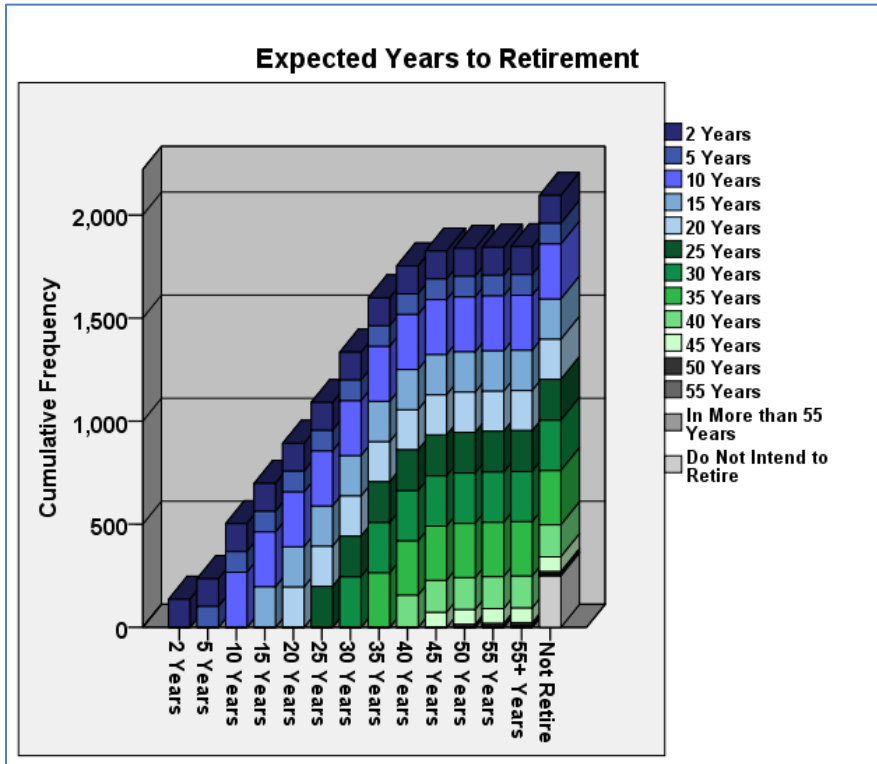
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	262	9%
Leave Virginia	55	2%
Leave Profession	28	1%
Decrease Teaching Hours	19	1%
Increase Participation		
Increase Patient Care Hours	318	11%
Increase Teaching Hours	138	5%
Pursue Additional Education	123	4%
Return to Virginia's Workforce	22	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. Only 6% of LCPs expect to retire in the next two years, while 24% expect to retire in the next ten years. Half of the current workforce expect to retire by 2045.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	136	6%	6%
5 Years	100	5%	11%
10 Years	267	13%	24%
15 Years	195	9%	33%
20 Years	195	9%	43%
25 Years	198	9%	52%
30 Years	244	12%	64%
35 Years	264	13%	76%
40 Years	155	7%	84%
45 Years	72	3%	87%
50 Years	13	1%	88%
55 Years	5	0%	88%
In More than 55 Years	3	0%	88%
Do Not Intend to Retire	248	12%	100%
Total	2,095	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2030. Retirement will peak at 13% of the current workforce around the same time before declining to under 10% of the current workforce again around 2060.

At a Glance:

FTEs

Total: 2,485
 FTEs/1,000 Residents³: 0.291
 Average: 0.88

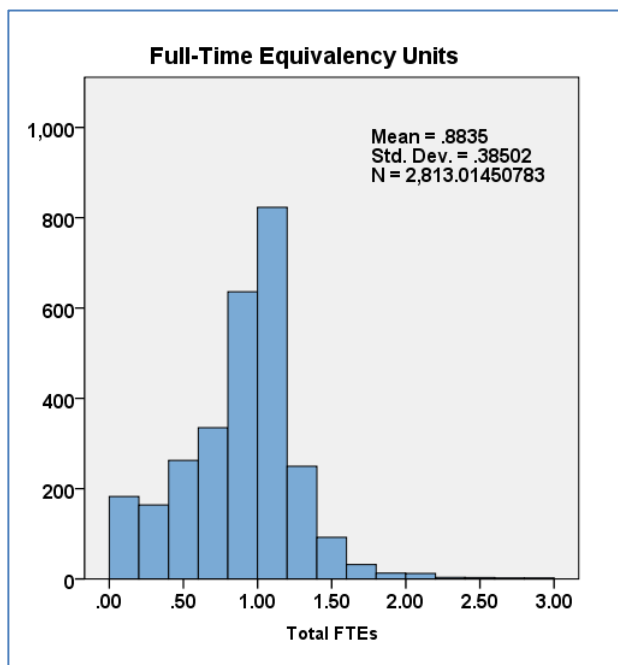
Age & Gender Effect

Age, Partial Eta²: Medium
 Gender, Partial Eta²: Small

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

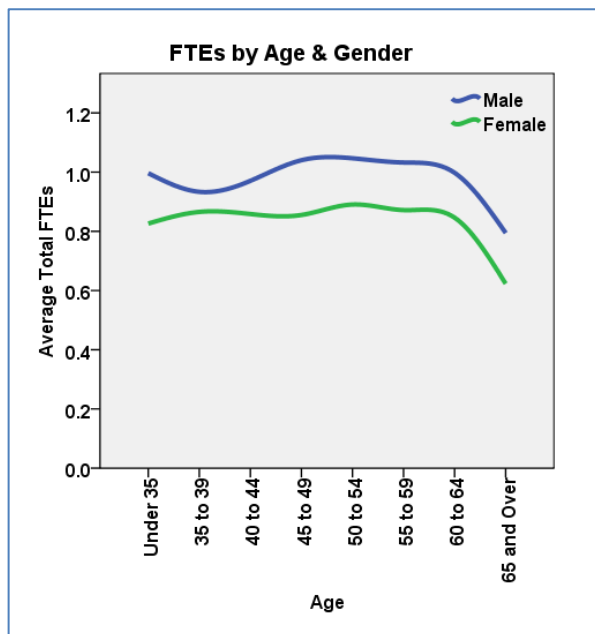


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.94 FTEs over the past year, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.⁴

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.84	0.88
35 to 39	0.89	0.94
40 to 44	0.89	0.96
45 to 49	0.94	1.05
50 to 54	0.92	0.83
55 to 59	1.01	1.05
60 to 64	0.91	0.85
65 and Over	0.79	0.90
Gender		
Male	0.92	1.01
Female	0.83	0.89

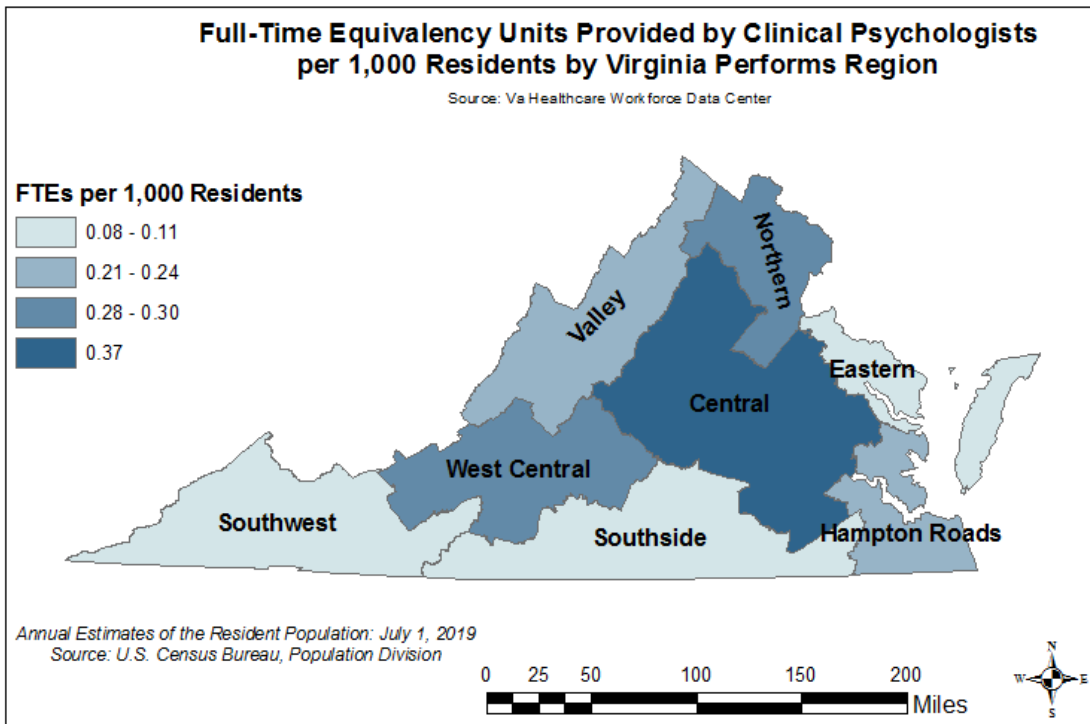
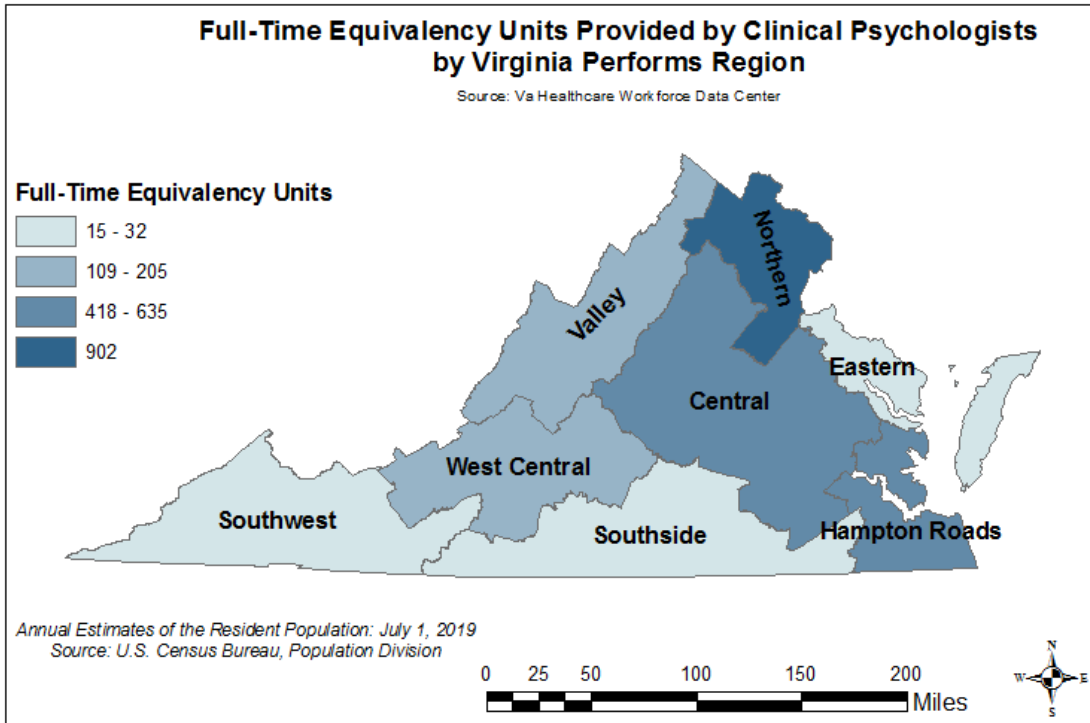
Source: Va. Healthcare Workforce Data Center

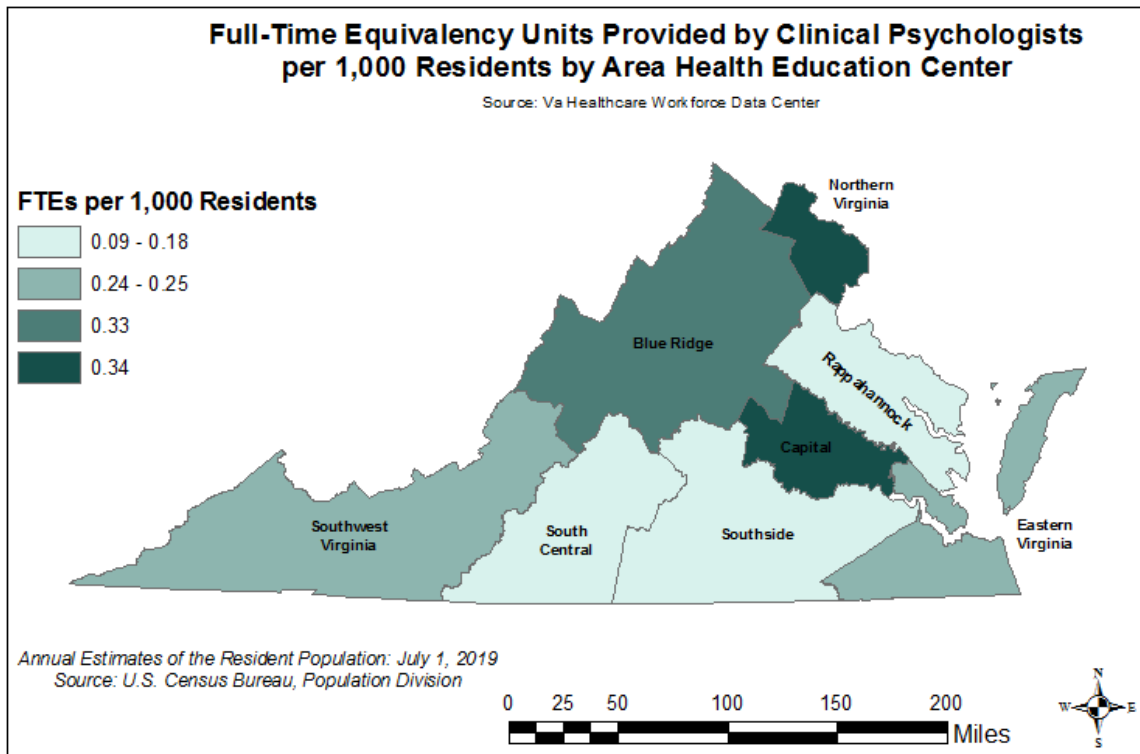
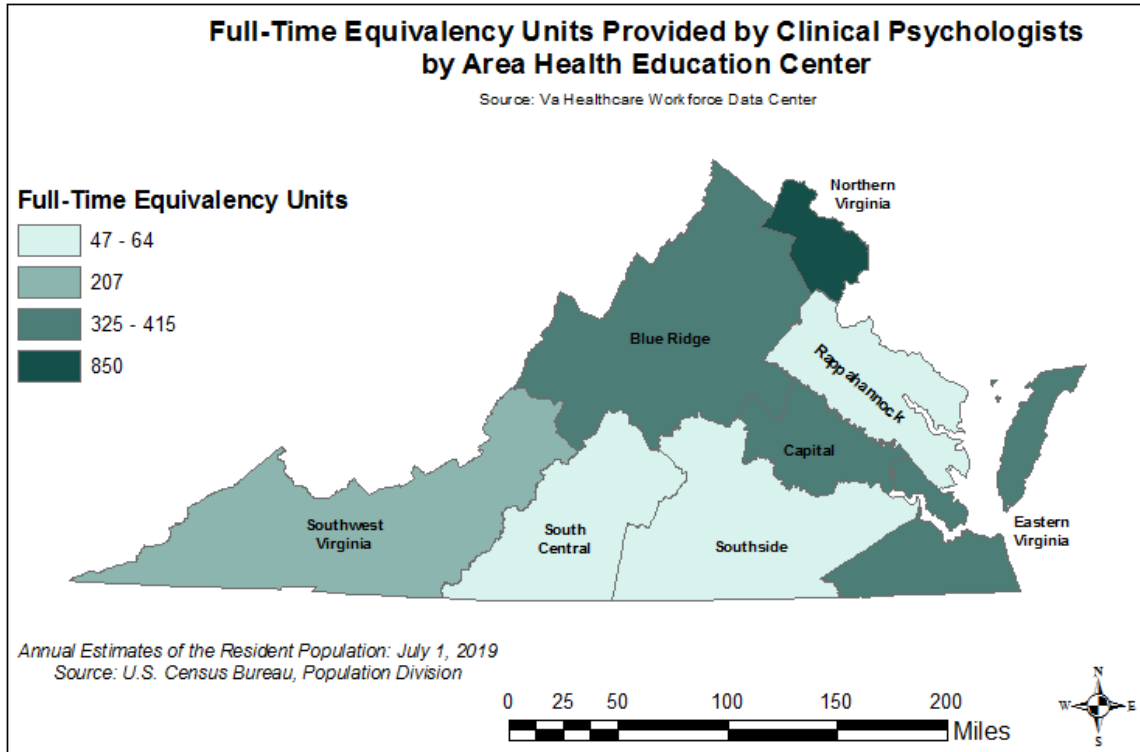


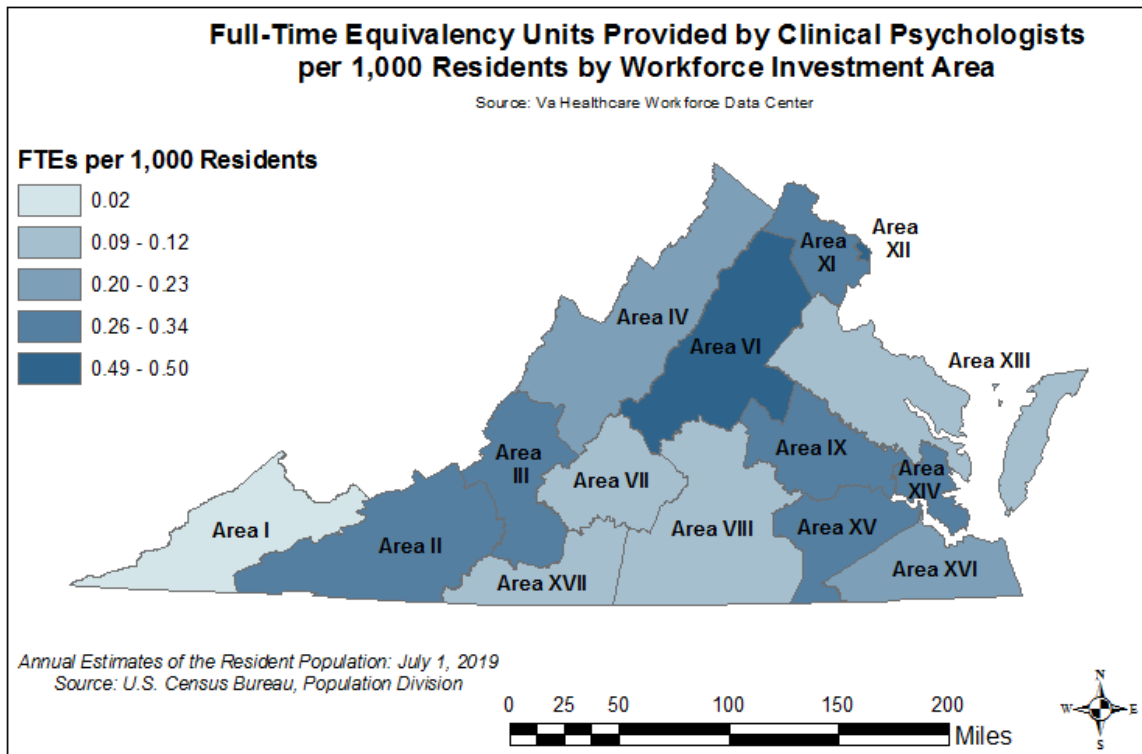
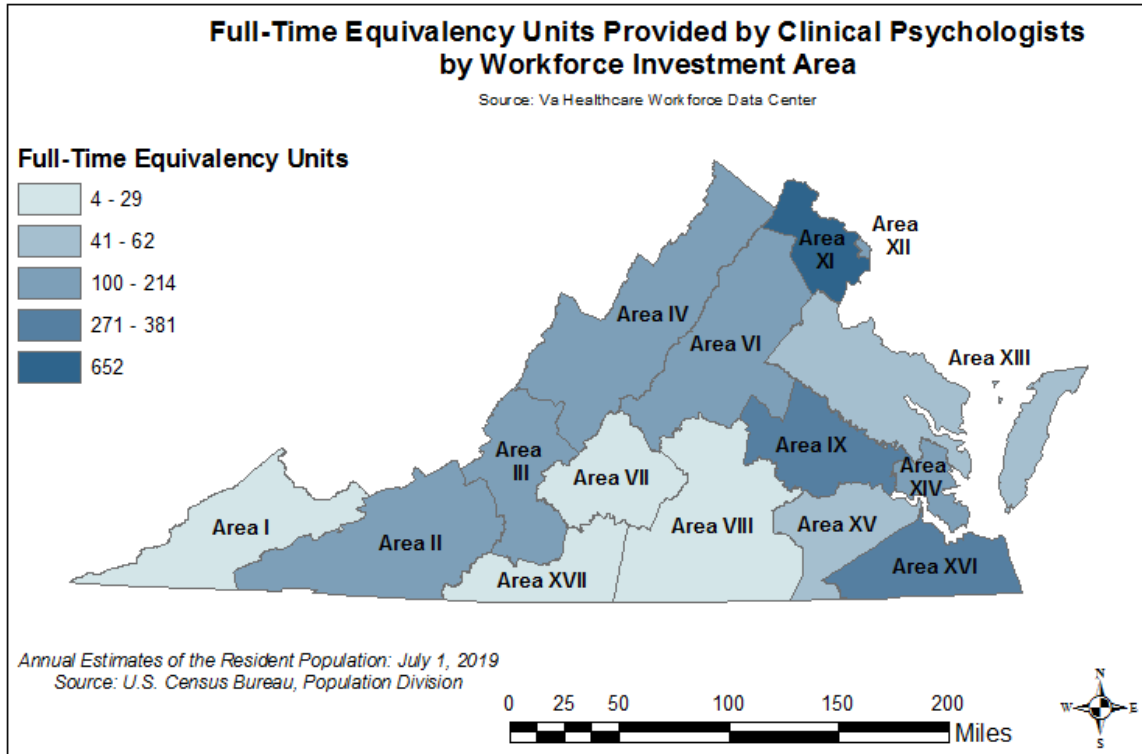
Source: Va. Healthcare Workforce Data Center

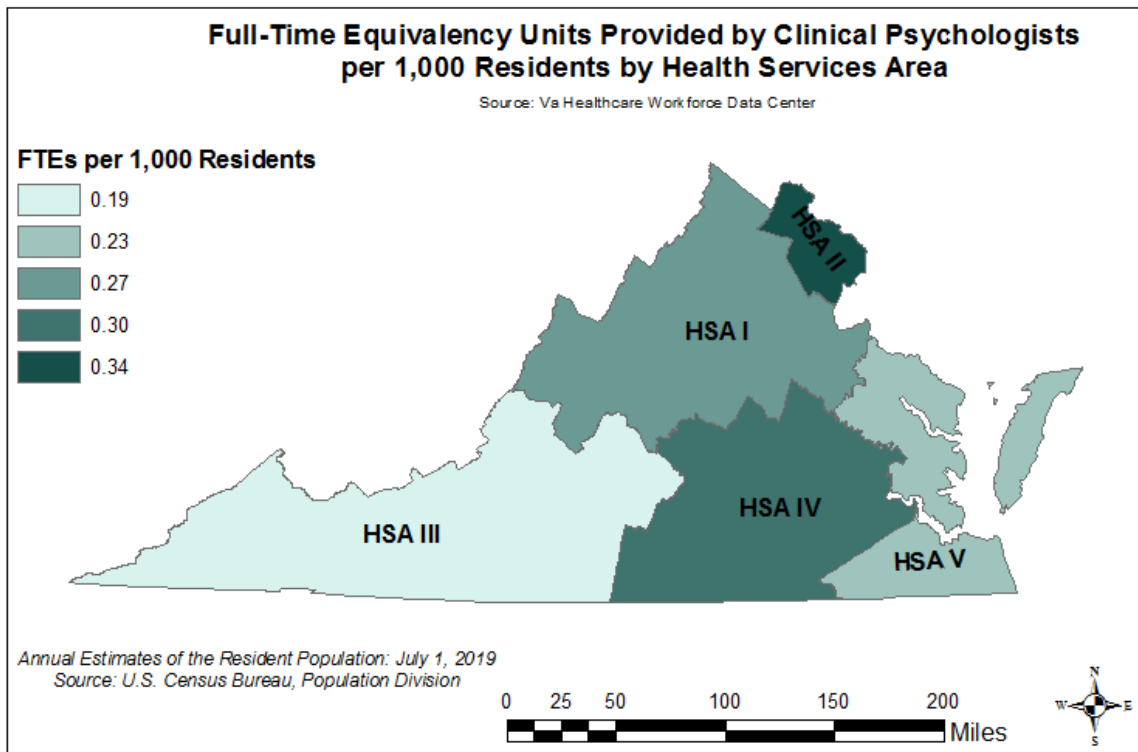
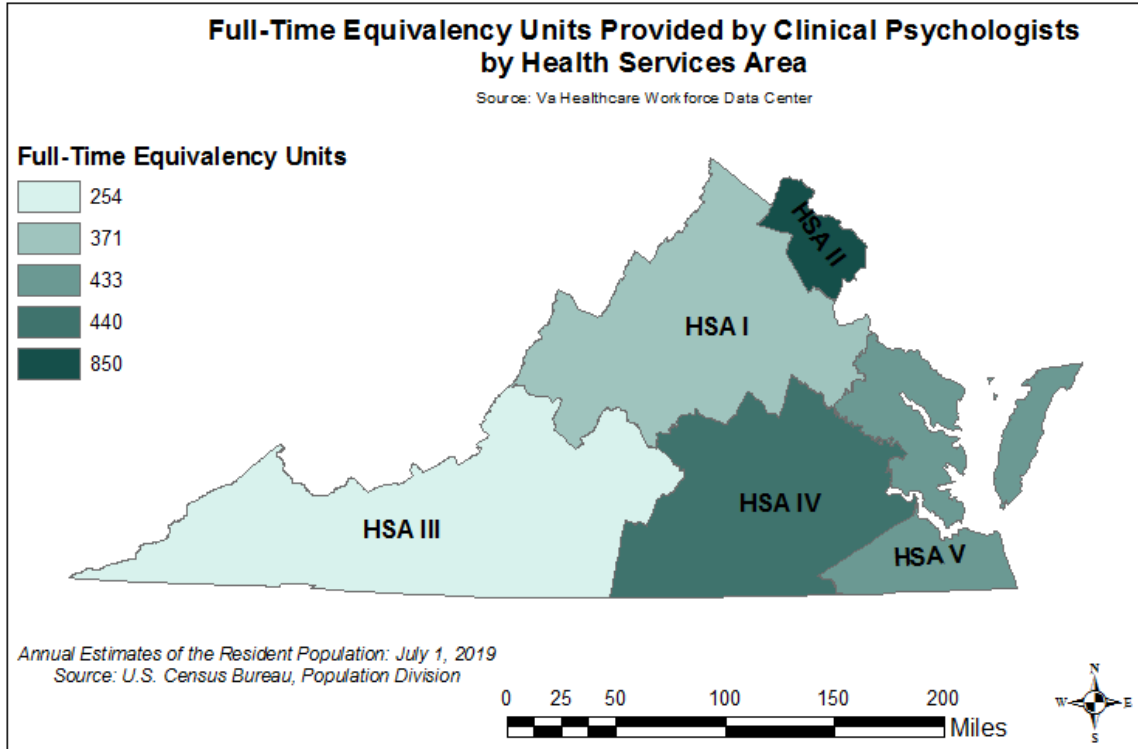
³ Number of residents in 2019 was used as the denominator.

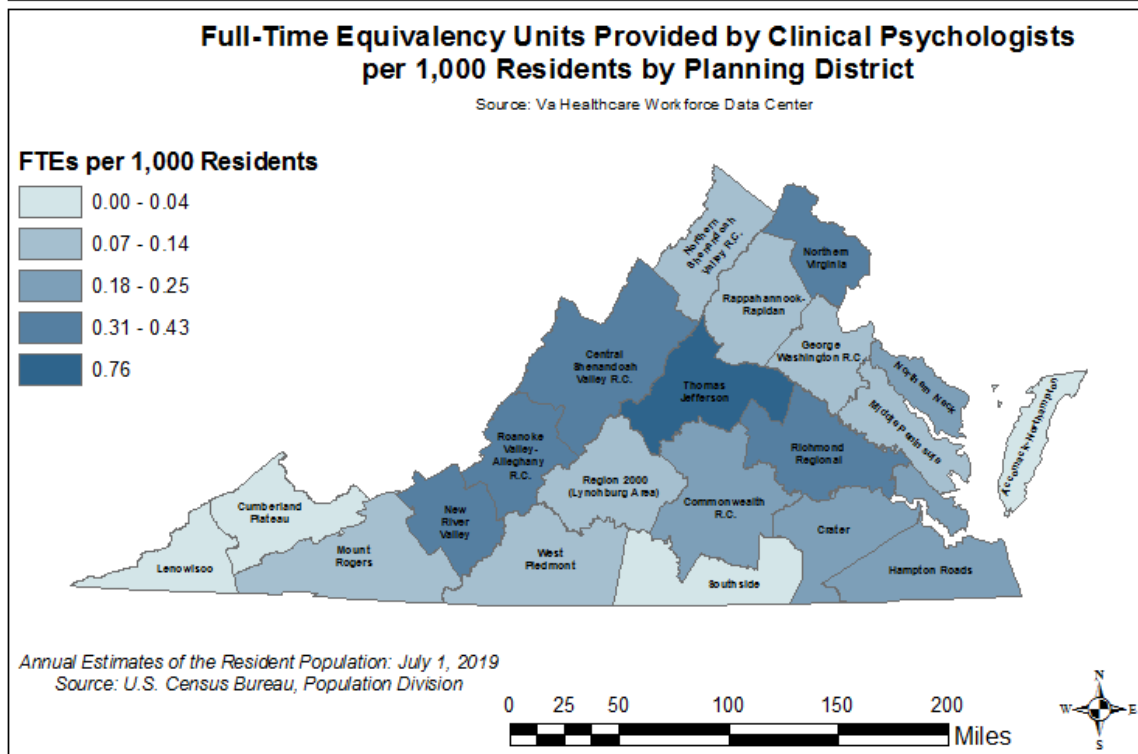
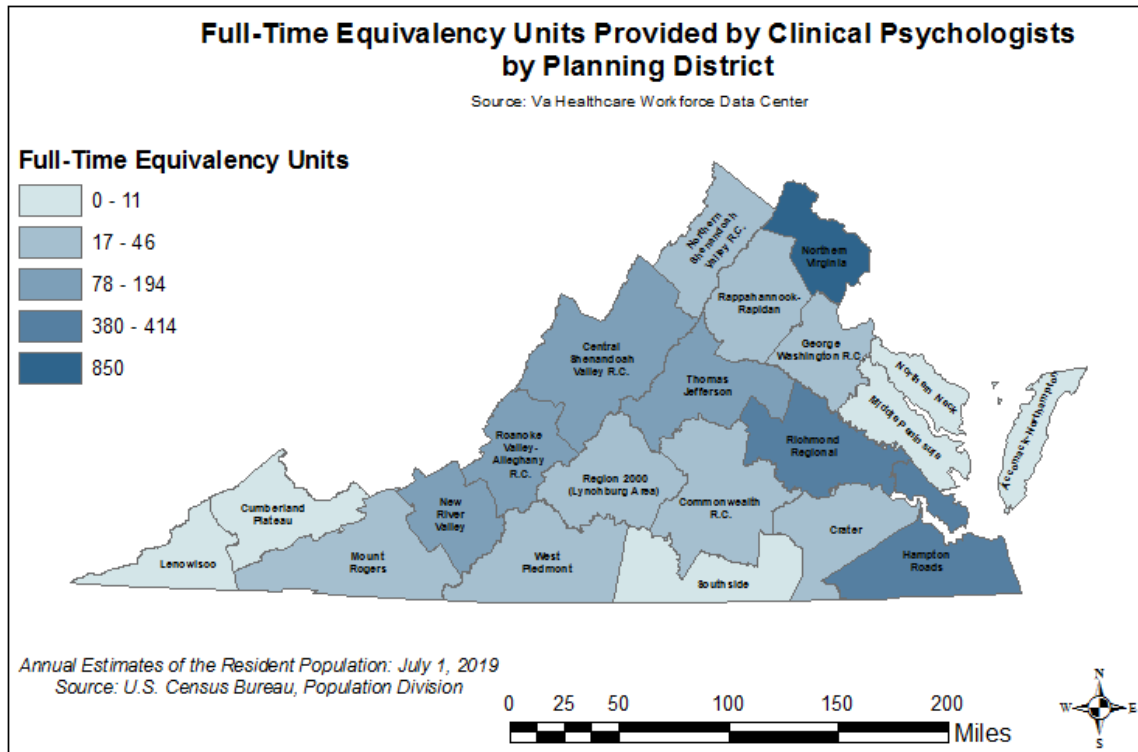
⁴ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	1,987	91.49%	1.093	1.012	1.402
Metro, 250,000 to 1 Million	154	86.36%	1.158	1.072	1.485
Metro, 250,000 or Less	454	88.99%	1.124	1.041	1.441
Urban Pop., 20,000+, Metro Adj.	9	100.00%	1.000	0.926	1.027
Urban Pop., 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	53	86.79%	1.152	1.067	1.477
Urban Pop., 2,500-19,999, Non-Adj.	20	95.00%	1.053	0.975	1.350
Rural, Metro Adj.	43	67.44%	1.483	1.373	1.901
Rural, Non-Adj.	15	86.67%	1.154	1.068	1.480
Virginia Border State/D.C.	819	61.54%	1.625	1.505	2.084
Other U.S. State	748	64.71%	1.545	1.431	1.982

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	496	62.70%	1.595	1.350	2.084
35 to 39	672	78.27%	1.278	1.027	1.669
40 to 44	584	80.48%	1.243	0.999	1.623
45 to 49	514	85.02%	1.176	0.946	1.537
50 to 54	457	83.15%	1.203	1.018	1.571
55 to 59	319	86.83%	1.152	0.926	1.505
60 to 64	331	83.08%	1.204	0.968	1.573
65 and Over	929	84.28%	1.186	0.954	1.550

Source: Va. Healthcare Workforce Data Center

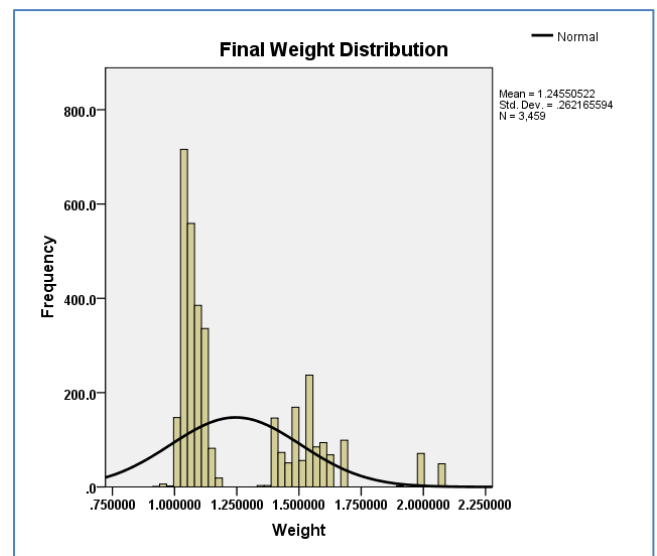
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.804045



Source: Va. Healthcare Workforce Data Center

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

	<u>108- Psychology</u>
Board Cash Balance as June 30, 2020	\$ 990,080
YTD FY21 Revenue	32,095
Less: YTD FY21 Direct and Allocated Expenditures	<u>118,415</u>
Board Cash Balance as Augsut 31, 2020	<u><u>\$ 903,760</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account				Amount	
Number	Account Description	Amount	Budget	Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	17,830.00	73,025.00	55,195.00	24.42%
4002406	License & Renewal Fee	12,545.00	571,065.00	558,520.00	2.20%
4002407	Dup. License Certificate Fee	135.00	115.00	(20.00)	117.39%
4002409	Board Endorsement - Out	1,535.00	2,050.00	515.00	74.88%
4002421	Monetary Penalty & Late Fees	50.00	5,755.00	5,705.00	0.87%
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00	0.00%
	Total Fee Revenue	32,095.00	652,080.00	619,985.00	4.92%
	Total Revenue	32,095.00	652,080.00	619,985.00	4.92%
5011110	Employer Retirement Contrib.	1,891.97	9,663.62	7,771.65	19.58%
5011120	Fed Old-Age Ins- Sal St Emp	1,157.52	5,112.50	3,954.98	22.64%
5011140	Group Insurance	185.72	895.52	709.80	20.74%
5011150	Medical/Hospitalization Ins.	1,717.50	8,244.00	6,526.50	20.83%
5011160	Retiree Medical/Hospitalizatn	157.34	748.50	591.16	21.02%
5011170	Long term Disability Ins	85.22	407.66	322.44	20.90%
	Total Employee Benefits	5,195.27	25,071.79	19,876.52	20.72%
5011200	Salaries				
5011230	Salaries, Classified	13,922.90	66,830.00	52,907.10	20.83%
5011250	Salaries, Overtime	1,357.48	-	(1,357.48)	0.00%
	Total Salaries	15,280.38	66,830.00	51,549.62	22.86%
5011300	Special Payments				
5011340	Specified Per Diem Payment	100.00	-	(100.00)	0.00%
5011380	Deferred Compnstrn Match Prmts	120.00	576.00	456.00	20.83%
	Total Special Payments	220.00	576.00	356.00	38.19%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	95.15	-	(95.15)	0.00%
	Total Terminatn Personal Svce Costs	95.15	-	(95.15)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	20,790.80	92,477.79	71,686.99	22.48%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	397.90	4,560.00	4,162.10	8.73%
5012150	Printing Services	-	82.00	82.00	0.00%
5012160	Telecommunications Svcs (VITA)	46.35	425.00	378.65	10.91%
5012190	Inbound Freight Services	0.15	-	(0.15)	0.00%
	Total Communication Services	444.40	5,239.00	4,794.60	8.48%
5012200	Employee Development Services				
5012210	Organization Memberships	2,750.00	2,750.00	-	100.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
	Total Employee Development Services	2,750.00	2,750.00	-	100.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	3,571.87	8,270.00	4,698.13	43.19%
5012440	Management Services	44.68	330.00	285.32	13.54%
5012470	Legal Services	-	250.00	250.00	0.00%
	Total Mgmnt and Informational Svcs	3,616.55	8,850.00	5,233.45	40.86%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	17.00	-	(17.00)	0.00%
5012530	Equipment Repair & Maint Srvc	1.27	-	(1.27)	0.00%
	Total Repair and Maintenance Svcs	18.27	-	(18.27)	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	432.00	432.00	0.00%
5012660	Manual Labor Services	115.60	427.00	311.40	27.07%
5012670	Production Services	34.30	935.00	900.70	3.67%
5012680	Skilled Services	1,150.20	13,815.00	12,664.80	8.33%
	Total Support Services	1,300.10	15,609.00	14,308.90	8.33%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	351.90	3,572.00	3,220.10	9.85%
5012830	Travel, Public Carriers	-	5,000.00	5,000.00	0.00%
5012850	Travel, Subsistence & Lodging	-	1,101.00	1,101.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtbl	62.25	1,139.00	1,076.75	5.47%
	Total Transportation Services	414.15	10,812.00	10,397.85	3.83%
	Total Contractual Svcs	8,543.47	43,260.00	34,716.53	19.75%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	2.84	-	(2.84)	0.00%
5013120	Office Supplies	123.76	348.00	224.24	35.56%
5013130	Stationery and Forms	-	1,554.00	1,554.00	0.00%
	Total Administrative Supplies	126.60	1,902.00	1,775.40	6.66%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	2.66	-	(2.66)	0.00%
5013520	Custodial Repair & Maint Matr	0.37	2.00	1.63	18.50%
	Total Repair and Maint. Supplies	3.03	2.00	(1.03)	151.50%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
	Total Residential Supplies	-	126.00	126.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Supplies And Materials	129.63	2,040.00	1,910.37	6.35%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%
	Total Insurance-Fixed Assets	-	32.00	32.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	99.41	540.00	440.59	18.41%
5015390	Building Rentals - Non State	1,087.01	5,970.00	4,882.99	18.21%
	Total Operating Lease Payments	1,186.42	6,510.00	5,323.58	18.22%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	120.00	120.00	0.00%
5015540	Surety Bonds	-	8.00	8.00	0.00%
	Total Insurance-Operations	-	128.00	128.00	0.00%
	Total Continuous Charges	1,186.42	6,670.00	5,483.58	17.79%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
	Total Equipment	-	122.00	122.00	0.00%
	Total Expenditures	30,650.32	144,569.79	113,919.47	21.20%
	Allocated Expenditures				
20100	Behavioral Science Exec	27,023.99	138,099.00	111,075.01	19.57%
30100	Data Center	8,912.32	72,278.51	63,366.19	12.33%
30200	Human Resources	95.13	8,226.36	8,131.23	1.16%
30300	Finance	7,386.85	39,548.55	32,161.70	18.68%
30400	Director's Office	2,669.04	14,210.13	11,541.09	18.78%
30500	Enforcement	35,924.36	138,414.46	102,490.11	25.95%
30600	Administrative Proceedings	1,075.37	34,139.27	33,063.90	3.15%
30700	Impaired Practitioners	551.83	1,055.56	503.74	52.28%
30800	Attorney General	1,114.97	5,330.34	4,215.36	20.92%
30900	Board of Health Professions	2,005.38	10,696.25	8,690.87	18.75%
31100	Maintenance and Repairs	-	1,418.47	1,418.47	0.00%
31300	Emp. Recognition Program	2.99	595.63	592.64	0.50%
31400	Conference Center	11.55	205.52	193.97	5.62%
31500	Pgm Devlpmnt & Implmntn	990.74	6,371.02	5,380.29	15.55%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 10800 - Psychology
 For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over)	
		Budget	Budget		
	Total Allocated Expenditures	87,764.52	470,589.08	382,824.56	18.65%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (86,319.84)	\$ 36,921.13	\$ 123,240.97	233.80%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

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

Account Number	Account Description	July	August	Total
4002400	Fee Revenue			
4002401	Application Fee	10,085.00	7,745.00	17,830.00
4002406	License & Renewal Fee	9,845.00	2,700.00	12,545.00
4002407	Dup. License Certificate Fee	50.00	85.00	135.00
4002409	Board Endorsement - Out	775.00	760.00	1,535.00
4002421	Monetary Penalty & Late Fees	-	50.00	50.00
	Total Fee Revenue	20,755.00	11,340.00	32,095.00
	Total Revenue	20,755.00	11,340.00	32,095.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,124.71	767.26	1,891.97
5011120	Fed Old-Age Ins- Sal St Emp	680.23	477.29	1,157.52
5011140	Group Insurance	111.10	74.62	185.72
5011150	Medical/Hospitalization Ins.	1,030.50	687.00	1,717.50
5011160	Retiree Medical/Hospitalizatn	94.96	62.38	157.34
5011170	Long term Disability Ins	51.24	33.98	85.22
	Total Employee Benefits	3,092.74	2,102.53	5,195.27
5011200	Salaries			
5011230	Salaries, Classified	8,353.74	5,569.16	13,922.90
5011250	Salaries, Overtime	639.95	717.53	1,357.48
	Total Salaries	8,993.69	6,286.69	15,280.38
5011340	Specified Per Diem Payment	100.00	-	100.00
5011380	Deferred Compnstrn Match Pmts	72.00	48.00	120.00
	Total Special Payments	172.00	48.00	220.00
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	57.09	38.06	95.15
	Total Terminatn Personal Svce Costs	57.09	38.06	95.15
	Total Personal Services	12,315.52	8,475.28	20,790.80
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012140	Postal Services	334.37	63.53	397.90
5012160	Telecommunications Svcs (VITA)	22.98	23.37	46.35
5012190	Inbound Freight Services	0.15	-	0.15
	Total Communication Services	357.50	86.90	444.40
5012200	Employee Development Services			
5012210	Organization Memberships	-	2,750.00	2,750.00
	Total Employee Development Services	-	2,750.00	2,750.00
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	3,383.11	188.76	3,571.87
5012440	Management Services	44.68	-	44.68
	Total Mgmnt and Informational Svcs	3,427.79	188.76	3,616.55
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	-	17.00	17.00
5012530	Equipment Repair & Maint Srvc	-	1.27	1.27
	Total Repair and Maintenance Svcs	-	18.27	18.27
5012600	Support Services			
5012660	Manual Labor Services	7.25	108.35	115.60
5012670	Production Services	34.30	-	34.30
5012680	Skilled Services	575.10	575.10	1,150.20
	Total Support Services	616.65	683.45	1,300.10
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	351.90	-	351.90
5012880	Trvl, Meal Reimb- Not Rprtbl	62.25	-	62.25
	Total Transportation Services	414.15	-	414.15
	Total Contractual Svcs	4,816.09	3,727.38	8,543.47

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

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

Account Number	Account Description	July	August	Total
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013110	Apparel Supplies	2.84	-	2.84
5013120	Office Supplies	65.12	58.64	123.76
	Total Administrative Supplies	67.96	58.64	126.60
5013500	Repair and Maint. Supplies			
5013510	Building Repair & Maint Materl	-	2.66	2.66
5013520	Custodial Repair & Maint Matrl	-	0.37	0.37
	Total Repair and Maint. Supplies	-	3.03	3.03
	Total Supplies And Materials	67.96	61.67	129.63
5015000	Continuous Charges			
5015300	Operating Lease Payments			
5015340	Equipment Rentals	50.71	48.70	99.41
5015390	Building Rentals - Non State	538.70	548.31	1,087.01
	Total Operating Lease Payments	589.41	597.01	1,186.42
	Total Continuous Charges	589.41	597.01	1,186.42
	Total Expenditures	17,788.98	12,861.34	30,650.32
	Allocated Expenditures			
20100	Behavioral Science Exec	16,152.36	10,871.63	27,023.99
20200	OptVet-MedVASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	-	-	-
20600	Funeral/LTCA/PT	-	-	-
30100	Data Center	5,175.93	3,736.39	8,912.32
30200	Human Resources	48.57	46.56	95.13
30300	Finance	4,309.02	3,077.83	7,386.85
30400	Director's Office	1,578.30	1,090.74	2,669.04
30500	Enforcement	22,531.09	13,393.27	35,924.36
30600	Administrative Proceedings	1,075.37	-	1,075.37
30700	Impaired Practitioners	71.77	480.06	551.83
30800	Attorney General	1,114.97	-	1,114.97
30900	Board of Health Professions	1,268.88	736.50	2,005.38
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	-	2.99	2.99
31400	Conference Center	2.00	9.55	11.55
31500	Pgm Devlpmnt & Implmentn	611.57	379.17	990.74
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	53,939.83	33,824.68	87,764.52
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (50,973.81)	\$ (35,346.02)	\$ (86,319.84)

Discipline Reports

06/19/2020 - 10/15/2020

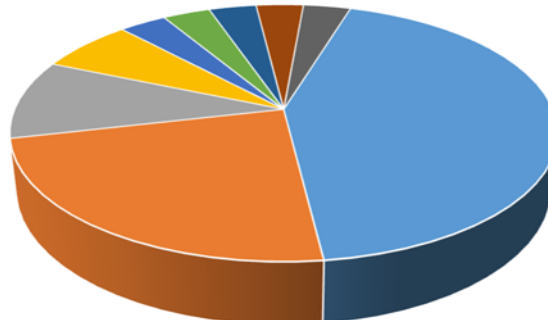
NEW CASES RECEIVED IN BOARD 06/19/2020 - 10/15/2020				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	110	48	38	<i>196</i>

OPEN CASES (as of 10/15/2020)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	56	60	10	
Scheduled for Informal Conferences	21	2	6	
Scheduled for Formal Hearings	6	1	0	
Other (on hold, pending settlement, etc)	23	7	19	
Cases with APD for processing (IFC, FH, Consent Order)	5	0	0	
TOTAL CASES AT BOARD LEVEL	111	70	35	<i>216</i>
OPEN INVESTIGATIONS	73	25	13	<i>111</i>
TOTAL OPEN CASES	184	95	48	<i>327</i>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	November 10, 2020 January 12, 2021
Formal Hearings	Following scheduled board meetings, as necessary

CASES CLOSED (06/19/2020 - 10/15/2020)	
Closed – no violation	27
Closed – undetermined	1
Closed – violation	2
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	30

Closed Case Categories



- No jurisdiction (13)
- Diagnosis/Treatment (7)
- Records Release (3)
- Continuing Education (2)
2 violations
- Abuse/Abandonment/Neglect (1)
- Business Practice Issues (1)
- Criminal Activity (1)
- Inability to Safely Practice (1)
- Fraud, non-patient care (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	181 days
Avg. time in Enforcement (investigations)	98 days
Avg. time in APD (IFC/FH preparation)	44 days
Avg. time in Board (includes hearings, reviews, etc).	87 days
Avg. time with board member (probable cause review)	10 days

PSYCHOLOGY LICENSING REPORT

As of October 21, 2020

**Application Satisfaction Survey for the
 4th Quarter is 91%.**

TOTALS AS OF OCTOBER 20, 2020

Current Licenses	
Clinical Psychologists	3,933
Resident in Training	795
Applied Psychologist	28
School Psychologists	95
Resident in School Psychology	9
School Psychologist-Limited	620
Sex Offender Treatment Provider	432
Sex Offender Treatment Provider Trainee	136
Total	6,048



July 2020

The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 64 new applications.

Current Licenses	
Clinical Psychologists (approved 120 temporary licenses)	154
Resident in Training	3
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	6
Sex Offender Treatment Provider	4
Sex Offender Treatment Provider Trainee	4
Total	171

August 2020

The number of licenses, certification and registration issued are listed in the chart below. During this month, the Board received 52 new applications.

Current Licenses	
Clinical Psychologists (approved 102 temporary licenses)	129
Resident in Training	3
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	4
Sex Offender Treatment Provider	2
Sex Offender Treatment Provider Trainee	2
Total	140



September 2020

. The number of licenses, certification and registration issued are listed in the chart below.
 During this month, the Board received 101 new applications.

Current Licenses	
Clinical Psychologists (approved 7 temporary licenses)	48
Resident in Training	4
Applied Psychologist	0
School Psychologists	0
Resident in School Psychology	0
School Psychologist-Limited	12
Sex Offender Treatment Provider	1
Sex Offender Treatment Provider Trainee	2
Total	67

October 1st – 20th, 2020

. The number of licenses, certification and registration issued are listed in the chart below.
 During this month, the Board received 65 applications

Current Licenses	
Clinical Psychologists	20
Resident in Training	7
Applied Psychologist	0
School Psychologists	2
Resident in School Psychology	0
School Psychologist-Limited	5
Sex Offender Treatment Provider	1
Sex Offender Treatment Provider Trainee	0
Total	35



- **Renewals:**

- The Board granted a one-year extension for continuing education (CE) to all licensees and certification holders. Each licensee and certification holder will have until June 30, 2021 to complete the required CEs. This extension did not apply to those individuals who must complete CEs as part of a Board order.
- During the 2021 renewal, all licensees and certificate holders will be required to attest to completing the required CE hours for both 2020 and 2021.

- **Temporary Psychology Licenses:**

- Pursuant to Governor Northam's Executive Order No. 57 (effective April 17, 2020 and amended on June 10, 2020) Clinical psychologists *with an active license issued by another state may be issued a temporary license by endorsement as a health care practitioner of the same type for which such license is issued in another state upon submission of an application and information requested by the applicable licensing board and the board's verification that the applicant's license issued by another state is active in good standing and there are no current reports in the United States Department of Health and Human Services National Practitioner Data Bank. Such temporary license shall expire **September 8, 2020**. During such time the practitioner may seek a full Virginia license or transition patients to Virginia-licensed practitioners.*
- *Health care practitioners with an active license issued by another state may provide continuity of care to their current patients who are Virginia residents through telehealth services for the duration of Amended Executive Order 51. Establishment of a relationship with a new patient requires a Virginia license.*
- As of September 8, 2020, the Board issued 648 Temporary Clinical Psychology licenses.

- **Staffing and Building Information:**

- The Department of Health Professions reception areas remain closed for walk-in services.
- Board staff continues to work primarily from home, which has caused a slight delay in the processing of applications, but the Board is still well within the 30-day process guidelines established by the Agency.
- The Board has currently one full time staff member to answer phone calls, emails and to process applications.

- **Examination:**

- ASPPB recently changed to a new system for applicants to register for the examination. Due to the change, the ASPPB initiated a Blackout period in which applicants were not able to register to sit for the EPPP examination. There will be



Virginia Department of

Health Professions

Board of Counseling

some minor delays in approving applicants sit for the examination as staff works through technical issues with the new system.

DRAFT

9960 Mayland Dr, Henrico, VA 23233

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

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

In Attendance

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

Absent

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

DHP Staff

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

**DHP Staff
Cont'd.**

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

OAG

- Virtual- Charis Mitchell, Assistant Attorney General

**Virtual
Attendees**

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

Call to Order

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

Agenda

The agenda was approved by acclamation as presented.

Public Comment

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

**Approval of
Minutes**

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

Director's Report

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

Legislative and Regulatory Report

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

Board Chair Report

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

Board Study Into the Need to Regulate Diagnostic Medical Sonographer

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

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

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

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

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

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

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

**Executive
Director's
Report**

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

**Healthcare
Workforce Data
Center**

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

**Individual
Board Reports**

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

Board of Nursing - Ms. Hershkowitz (Attachment 2)

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

Board of Audiology & Speech-Language Pathology - no report

Board of Counseling - Dr. Doyle (Attachment 4)

Board of Funeral Directors & Embalmers - no report

Board of Long-Term Care Administrators - no report

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

Board of Psychology - Dr. Stewart (Attachment 5)

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

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

Board of Veterinary Medicine - no report

Board of Dentistry - vacant

New Business There was no new business.

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

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

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

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

Legislation Assigned to DHP in the Special Session of the General Assembly

SB 5070 Nurse practitioners; practice without a practice agreement.

Introduced by: [Jennifer A. Kiggans](#) |

SUMMARY AS INTRODUCED:

Nurse practitioners; practice without a practice agreement. Reduces 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 from five years to two years.

HB 5057 Health care providers, certain; licensure or certification by endorsement.

Introduced by: [Nicholas J. Freitas](#) |

SUMMARY AS INTRODUCED:

Certain health care providers; licensure or certification by endorsement. Requires the Board of Health to issue a certification by endorsement to any applicant for certification as an emergency medical services provider who holds a valid, unrestricted licensure or certification as an emergency medical services provider under the laws of another state, the District of Columbia, or a United States possession or territory and, in the opinion of the Board of Health, meets the qualifications necessary for certification as an emergency medical services provider in the Commonwealth. The bill also 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 states, 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.

Department of Health Professions Current Regulatory Actions

Board		Board of Audiology and Speech-Language Pathology		
Chapter	Action / Stage Information			
[18 VAC 30 - 21]	Regulations Governing the Practice of Audiology and Speech-Language Pathology	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><u>Handling fee</u> [Action 5491]</td> </tr> <tr> <td style="background-color: #fff9c4;">Fast-Track - Register Date: 8/31/20 [Stage 8909]</td> </tr> </table>	<u>Handling fee</u> [Action 5491]	Fast-Track - Register Date: 8/31/20 [Stage 8909]
<u>Handling fee</u> [Action 5491]				
Fast-Track - Register Date: 8/31/20 [Stage 8909]				
Board		Board of Counseling		
Chapter	Action / Stage Information			
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><u>Unprofessional conduct - conversion therapy</u> [Action 5225]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - Register Date: 8/31/20 [Stage 8743]</td> </tr> </table>	<u>Unprofessional conduct - conversion therapy</u> [Action 5225]	Proposed - Register Date: 8/31/20 [Stage 8743]
<u>Unprofessional conduct - conversion therapy</u> [Action 5225]				
Proposed - Register Date: 8/31/20 [Stage 8743]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><u>Periodic review</u> [Action 5230]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - At Secretary's Office [Stage 8872]</td> </tr> </table>	<u>Periodic review</u> [Action 5230]	Proposed - At Secretary's Office [Stage 8872]
<u>Periodic review</u> [Action 5230]				
Proposed - At Secretary's Office [Stage 8872]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><u>Resident license</u> [Action 5371]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - Register Date: 9/14/20 [Stage 8897]</td> </tr> </table>	<u>Resident license</u> [Action 5371]	Proposed - Register Date: 9/14/20 [Stage 8897]
<u>Resident license</u> [Action 5371]				
Proposed - Register Date: 9/14/20 [Stage 8897]				
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><u>Handling fee - returned check</u> [Action 5436]</td> </tr> <tr> <td style="background-color: #fff9c4;">Fast-Track - Register Date: 8/31/20 [Stage 8832]</td> </tr> </table>	<u>Handling fee - returned check</u> [Action 5436]	Fast-Track - Register Date: 8/31/20 [Stage 8832]
<u>Handling fee - returned check</u> [Action 5436]				
Fast-Track - Register Date: 8/31/20 [Stage 8832]				
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><u>Periodic review</u> [Action 5305]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - Register Date: 9/14/20 [Stage 8908]</td> </tr> </table>	<u>Periodic review</u> [Action 5305]	Proposed - Register Date: 9/14/20 [Stage 8908]
<u>Periodic review</u> [Action 5305]				
Proposed - Register Date: 9/14/20 [Stage 8908]				
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #fff9c4;"><u>Registration of QMHP-trainees</u> [Action 5444]</td> </tr> <tr> <td style="background-color: #fff9c4;">Fast-Track - Register Date: 9/14/20 [Stage 8843]</td> </tr> </table>	<u>Registration of QMHP-trainees</u> [Action 5444]	Fast-Track - Register Date: 9/14/20 [Stage 8843]
<u>Registration of QMHP-trainees</u> [Action 5444]				
Fast-Track - Register Date: 9/14/20 [Stage 8843]				
Board		Board of Dentistry		
Chapter	Action / Stage Information			

[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Waiver for e-prescribing [Action 5382] Emergency/NOIRA - Register Date: 12/23/19 [Stage 8755]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Amendment to restriction on advertising dental specialties [Action 4920] Proposed - At Governor's Office [Stage 8500]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Administration of sedation and anesthesia [Action 5056] Proposed - Register Date: 9/14/20 [Stage 8502]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Technical correction [Action 5198] Fast-Track - At Governor's Office [Stage 8622]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Handling fee/returned check [Action 5451] Fast-Track - Register Date: 8/31/20 [Stage 8855]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Change in renewal schedule [Action 4975] Final - Register Date: 7/20/20 [Stage 8853]
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygiene	Protocols for remote supervision of VDH and DBHDS dental hygienists [Action 5323] Proposed - Register Date: 9/14/20 [Stage 8854]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Training in infection control [Action 5505] NOIRA - At Secretary's Office [Stage 8932]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Education and training for dental assistants II [Action 4916] Proposed - Register Date: 1/20/20 [Stage 8508]

Board	Board of Funeral Directors and Embalmers	
Chapter	Action / Stage Information	
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Results of periodic review [Action 5165] Final - At Secretary's Office [Stage 9020]
[18 VAC 65 - 30]	Regulations for Preneed Funeral Planning	Periodic review 2018 [Action 5220] Final - At Secretary's Office [Stage 9021]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	Periodic review 2019 [Action 5221] Proposed - At Governor's Office [Stage 8787]

Board	Board of Long-Term Care Administrators
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Chapter		Action / Stage Information
[18 VAC 95 - 15]	Regulations Governing Delegation to an Agency Subordinate [under development]	<u>Replacement of section from Chapter 20 on delegation to an agency subordinate</u> [Action 5465] Fast-Track - At Governor's Office [Stage 8873]
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	<u>Recommendations of RAP on qualifications for licensure</u> [Action 5471] NOIRA - At Secretary's Office [Stage 8883]

Board	Board of Medicine
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Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<u>Conversion therapy</u> [Action 5412] NOIRA - Register Date: 8/31/20 [Stage 8797]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	<u>Waiver for e-prescribing of an opioid</u> [Action 5355] Proposed - Register Date: 9/14/20 [Stage 8840]
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	<u>CE credit for specialty examination</u> [Action 5486] Fast-Track - Register Date: 8/31/20 [Stage 8902]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<u>Practice with patient care team physician</u> [Action 5357] Proposed - Register Date: 8/31/20 [Stage 8839]
[18 VAC 85 - 160]	Regulations Governing the Registration of Surgical Assistants and Surgical Technologists	<u>Licensure of surgical assistants</u> [Action 5580] Final - AT Attorney General's Office [Stage 9039]

Board	Board of Nursing
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Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] NOIRA - Register Date: 8/31/20 [Stage 8826]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Name tag requirement for foreign graduates</u> [Action 5479] Fast-Track - Register Date: 8/31/20 [Stage 8891]

[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Registration of clinical nurse specialists [Action 5306] Final - <i>At Secretary's Office</i> [Stage 9023]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	Implementing Result of Periodic Review [Action 5157] Proposed - <i>Register Date: 9/14/20</i> [Stage 8837]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Use of simulation [Action 5402] Proposed - <i>DPB Review in progress</i> [Stage 9024]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Unprofessional conduct/conversion therapy [Action 5441] NOIRA - <i>Register Date: 8/31/20</i> [Stage 8838]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Autonomous practice [Action 5132] Final - <i>Register Date: 6/22/20</i> [Stage 8907]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Proposed - <i>AT Attorney General's Office</i> [Stage 9038]
[18 VAC 90 - 50]	Regulations Governing the Licensure of Massage Therapists	 Conformity to 2020 legislation [Action 5569] Final - <i>Register Date: 8/31/20</i> [Stage 9025]

Board	Board of Optometry
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Chapter	Action / Stage Information
[18 VAC 105 - 20]	Waiver for e-prescribing [Action 5438] Emergency/NOIRA - <i>Register Date: 9/14/20</i> [Stage 8834]
[18 VAC 105 - 20]	Repeal of professional designation rules and fees [Action 5426] Fast-Track - <i>Register Date: 9/14/20</i> [Stage 8819]

Board	Board of Pharmacy
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Chapter	Action / Stage Information
[18 VAC 110 - 20]	Use of medication carousels and RFID technology [Action 5480] NOIRA - <i>Register Date: 9/14/20</i> [Stage 8892]
[18 VAC 110 - 20]	Delivery of dispensed prescriptions; labeling [Action 5093] Proposed - <i>Register Date: 2/3/20</i> [Stage 8779]
[18 VAC 110 - 20]	Handling fee [Action 5519] Fast-Track - <i>At Secretary's Office</i> [Stage 8953]

[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Prohibition against incentives to transfer prescriptions [Action 4186] Final - At Governor's Office [Stage 7888]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Increase in fees [Action 4938] Final - At Governor's Office [Stage 8777]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Brown bagging and white bagging [Action 4968] Final - At Secretary's Office [Stage 8947]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	 Placement of chemicals in Schedule I [Action 5517] Final - Register Date: 7/6/20 [Stage 8951]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	 Scheduling for conformity to DEA scheduling [Action 5518] Final - Register Date: 7/6/20 [Stage 8952]
[18 VAC 110 - 21]	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	CE credit for volunteer hours [Action 5546] Fast-Track - At Secretary's Office [Stage 8986]
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehouse	Delivery of Schedule VI prescription devices [Action 5084] Final - At Secretary's Office [Stage 8950]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Prohibition of products for vaping or inhalation with vitamin E acetate [Action 5452] Emergency/NOIRA - Register Date: 8/31/20 [Stage 8856]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Registered agents and wholesale distribution [Action 5398] Proposed - At Secretary's Office [Stage 8948]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	 Conforming to 2020 legislation [Action 5545] Final - Register Date: 8/31/20 [Stage 8985]

Board	Board of Physical Therapy
Chapter	Action / Stage Information
[18 VAC 112 - 20]	Implementation of the Physical Therapy Compact [Action 5362] Proposed - Register Date: 8/31/20 [Stage 8898]

[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Practice of dry needling [Action 4375] Final - Register Date: 9/14/20 [Stage 8723]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	 Renewal fee reduction [Action 5589] Final - AT Attorney General's Office [Stage 9052]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Periodic review [Action 5228] Final - At DPB [Stage 9053]

Board	Board of Psychology
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Chapter	Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology Implementation of Psychology Interstate Compact [Action 5567] Emergency/NOIRA - At Secretary's Office [Stage 9019]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology Unprofessional conduct/conversion therapy [Action 5218] Proposed - Register Date: 8/31/20 [Stage 8802]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology Result of Periodic Review [Action 4897] Final - At Governor's Office [Stage 8899]

Board	Board of Social Work
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Chapter	Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work Unprofessional conduct/practice of conversion therapy [Action 5241] Proposed - Register Date: 8/31/20 [Stage 8763]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work Correction to qualification for LBSW licensure [Action 5494] Fast-Track - Register Date: 8/31/20 [Stage 8912]

VIRGINIA BOARD OF HEALTH PROFESSIONS

BYLAWS

ARTICLE I. Name.

This body shall be known as the Virginia Board of Health Professions as set forth in the *Code of Virginia* Chapter 25, Title 54.1, Subtitle III, hereinafter referred to as the Board.

ARTICLE II. Powers and Duties.

The powers and duties of the Board (§54.1-2510 *Code of Virginia*) are:

1. To evaluate the need for coordination among the health regulatory boards and their staffs and report its findings and recommendations to the Director (of the Department of Health Professions) and the boards (within the Department of Health Professions);
2. To evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions of Title 54.1, Subtitle III, *Code of Virginia*, to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation;
3. To review and comment on the budget for the Department;
4. To provide a means of citizen access to the Department;
5. To provide a means of publicizing the policies and programs of the Department in order to educate the public and elicit public support for Department activities;
6. To monitor the policies and activities of the Department, serve as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and have access to Departmental information;
7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
8. To make bylaws for the government of the Board of Health Professions and the proper fulfillment of its duties under Chapter 25 of the *Code of Virginia*;

9. To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board of Health Professions;
10. To review and comment, as it deems appropriate, on all regulations promulgated or proposed for issuance by the health regulatory boards under the auspices of the Department. At least one member of the relevant Board shall be invited to present during any comments by the Board on proposed board regulations;
11. To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual boards to ensure the protection of the public and the fair and equitable treatment of health professionals;
12. To examine the scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;
13. To receive, review, and forward to the appropriate health regulatory board any departmental investigative reports related to complaints of violations by practitioners to Chapter 24.1 (§54.1-2410 et seq.) of the *Code of Virginia*, entitled “Practitioner Self-Referral Act.”;
14. To determine compliance with and violations of and grant exceptions to the prohibitions set forth in the “Practitioner Self-Referral Act” (Chapter 24.1 §54.1-2410 et seq. of the *Code of Virginia*); and
15. To take appropriate actions against entities, other than practitioners as defined in §54.1-2410 et seq. of the *Code of Virginia*, for violations of the “Practitioner Self-Referral Act.”

ARTICLE III. Members.

1. The membership of the Board shall be the persons appointed by the Governor of the Commonwealth as set forth in the *Code of Virginia* (§54.1-2507).
2. Members of the Board shall attend all regular and special meetings of the Board unless prevented by illness or other unavoidable cause.

ARTICLE IV. Officers and Election.

1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair.
2. The Officers shall be elected by the Board members at the Annual Meeting of the Board

each fall.

3. The term of office shall be for the next calendar year following the election, or until the successor shall be elected as herein provided.
4. A vacancy occurring in any elected position shall be filled by the Board at the next meeting.

ARTICLE V. Duties of Officers.

1. The Chair shall preside at all meetings of the Board; appoint all committees, except as where specifically provided by law; call special meetings; and perform duties as prescribed by parliamentary authority.
2. The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair.

ARTICLE VI. Executive Committee.

1. This Committee shall consist of the Officers.
2. The Committee shall review matters of interest to the Board and may make recommendations to the Board.
3. The Chair of the Board shall be the Chair of the Committee.

ARTICLE VII. Committees.

1. The Chair may appoint committees as necessary to assist in fulfilling the duties of the Board.
2. The committees shall be advisory to the Board and shall offer recommendations to the Board for final action.

ARTICLE VIII. Meetings.

1. The Board shall meet at least one time per year on a date at the discretion of the Board.

2. Special meetings shall be called by the Chair or by written request to the Chair of any three members of the board, provided that there is at least seven days' notice given to Board members.
3. A quorum for any Board meeting shall consist of a majority of the members of the board. A quorum for any committee shall consist of a majority of committee members. No member shall vote by proxy.
4. A majority vote of the members present shall determine all matters at any meeting, regular or special, unless otherwise provided herein.
5. Members shall attend all scheduled meetings of the Board and committees to which they serve. In the event of two consecutive absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE IX. Parliamentary Authority.

The rules contained in the current edition of Robert's Rules of Order shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules the Board may adopt and any statutes applicable to the Board.

ARTICLE X. Amendment of Bylaws.

The bylaws may be amended at any meeting of the Board by an affirmative vote of two-thirds of the members present, provided the proposed amendment was distributed to all members of the Board at least 30 days in advance.

**Virginia Board of Nursing
Report to the Board of Health Professions Meeting
August 20, 2020**

The Board of Nursing resumed “in person” hearings July 21, 2020. It continues to conduct hearings in person, with carefully managed public health precautions. The Board will initiate virtual Business Meetings in October.

The National Council of State Boards of Nursing (NCSBN) held a virtual Delegate Assembly on August 12, 2020. Marie Gerardo, First Vice-President of the Board and I served as Virginia’s Delegates. The Assembly approved a revised APRN (Advanced Practice Registered Nurse) Compact, with the hope of having seven states approve it, which will allow it to move forward. As BHP members may be aware, the Nurse Licensure Compact, which provides for multi-state licensure of RNs and LPNs is currently in effect in 33 states, including Virginia, with more states pending legislative approval.

Of significant note, Jay P. Douglas, Executive Director of the Virginia Board of Nursing was elected President-Elect of NCSBN, taking office on August 12, 2020 for a two-year term before becoming President. Ms. Douglas has previously served on the NCSBN Board of Directors as Region III Director.

Respectfully submitted,

Louise Hershkowitz, CRNA, MSHA

Statistics

Last board meeting held on July 17, 2020. Next board meeting scheduled for October 16, 2020.

Complaints

FY2017 Received - 36	FY2018 Received - 42	FY2019 Received - 29	FY2020 Received - 35
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Licenses

Y-T-D as of 02/20/19

Total – 1,989	TPA – 1,642	DPA – 87	Professional Designations - 260
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Activities of the Board:

- Board staff is 100% teleworking. Licensing staff shifted to paperless licensure files. Discipline staff has shifted to paperless activities wherever possible and just implemented SharePoint. Board members are now able to access electronic case discipline files on a shared, secure platform.
- Regulatory action to repeal Professional Designations is awaiting publication for public comment.
- Regulatory action for e-prescribing waiver is awaiting publication for public comment. To date only four waiver requests have been received and granted.
- During the Board’s July meeting, the following actions were taken:
 - o Voted to forgo CE audit for previous licensure period due to the pandemic and staff resources. The Board took no action to adjust the CE requirements for the current licensure period. Although the regulations require real-time, interactive activities where the presenter and the licensee must be able to interact, the Board discussed that the requirements are written in a manner to permit virtual activities.
 - o Voted to resubmit legislation to “clean-up” Optometry statute to remove outdated language.
 - o Voted to handle requests for waiver of experience requirements for the spouse of active duty military or veteran on a case-by-case basis by the Executive Director in consultation with the Board’s President.
 - o Voted to adopt the 2020 Healthcare Workforce Data Center Survey.
 - o Voted to adopt a telemedicine guidance document which will be published for public comment before becoming effective.
 - o Voted to convene the TPA-Formulary Committee to review 18VAC105-20-47(A)(2), Topically Administered Schedule VI Agents, of the regulations and make recommendations to the Board at its next meeting.
- The Federal Contact Lens Rule is being amended to require documentation that a patient received a copy of his/her contact lens prescription. In addition, new requirements will apply to contact lens sellers. Once an effective date is known, the Board will need to review the amendments for possible regulatory changes.



Counseling Monthly Snapshot for June 2020

Counseling has closed more cases in June than received cases. Counseling has closed 21 patient care cases and 9 non-patient care cases for a total of 30 cases.

Cases Closed	
Patient Care	21
Non-Patient Care	9
Total	30

The board has received 15 patient care cases and 11 non-patient care cases for a total of 26 cases.

Case Received	
Patient Care	15
Non-Patient Care	11
Total	26

As of June 31, 2020 there are 119 patient care cases open and 71 non-patient care cases open for a total of 190 cases.

Case Open	
Patient Care	119
Non-Patient Care	71
Total	190

There are 35823 Counseling licensees as of July 1, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Certified Substance Abuse Counselor	1972
Licensed Marriage and Family Therapist	938
Licensed Professional Counselor	6562
Qualified Mental Health Prof-Adult	7924
Qualified Mental Health Prof-Child	7042
Registered Peer Recovery Specialist	313
Rehabilitation Provider	192
Resident In Counseling	4181
Resident in Marriage and Family Therapy	224
Resident in Substance Abuse Treatment	9
Substance Abuse Counseling Assistant	280
Substance Abuse Trainee	2034
Substance Abuse Treatment Practitioner	307
Trainee for Qualified Mental Health Prof	3845
Total for Counseling	35823

There were 555 licenses issued for Counseling for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Certified Substance Abuse Counselor	8
Licensed Marriage and Family Therapist	27
Licensed Professional Counselor	154
Pre-Education Review-Counseling	3
Qualified Mental Health Prof-Adult	65

Qualified Mental Health Prof-Child	45
Registered Peer Recovery Specialist	4
Resident In Counseling	71
Resident in Marriage and Family Therapy	2
Resident in Substance Abuse Treatment	1
Substance Abuse Counseling Assistant	7
Substance Abuse Trainee	21
Substance Abuse Treatment Practitioner	6
Trainee for Qualified Mental Health Prof	141
Total for Counseling	555

Current Licenses as of August 20, 2020	
Profession	Current Licensees
<i>Certified Substance Abuse Counselor</i>	1855
<i>Licensed Marriage and Family Therapist</i>	901
<i>Licensed Professional Counselor</i>	6518
<i>Certified Rehab Counselor</i>	193
<i>Qualified Mental Health Prof-Adult</i>	7076
<i>Qualified Mental Health Prof-Child</i>	5663
<i>Registered Peer Recovery Specialist</i>	280
<i>Resident In Counseling</i>	4175
<i>Resident in Marriage and Family Therapy</i>	231
<i>Resident in Substance Abuse Treatment</i>	9
<i>Substance Abuse Counseling Assistant</i>	238
<i>Substance Abuse Trainee</i>	2040
<i>Substance Abuse Treatment Practitioner</i>	298
<i>Trainee for Qualified Mental Health Prof</i>	4064
Total for Counseling	35,541

Regulatory Changes

Section	Change	Stage
18VAC115-20	Handling Fee – Returned Check	Fast Track; Register date - 8/31/20
18VAC115-20	Periodic Review for Professional Counseling	Proposed: At the Secretary’s Office
18VAC115-40	Periodic Review for Certified Rehab Providers	Proposed: Register Date – 9/14/2020
18VAC115-20	Resident License: Regulations implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors are duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.	Proposed: Register Date – 9/14/2020
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to “Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare” precludes the provision of conversion therapy and to define what conversion therapy is and is not.	Proposed: Register Date: 8/31/2020
18VAC-115-80	Regulations governing the registration of QMHP trainees	Fast Track: Register Date -9/14/2020

Actions Taken in Response to Covid-19:

-Asked the Governor for a Waiver for the required internship hours as many of the sites were closed.

-We gave all licensees a one-year extension for CEs

-We began issuing Temporary licenses. As of today, we have issued 498 temporary LPC licenses and 131 LMFT licenses. The temporary license expire 9.8.2020 and the hope is that many of these individuals apply by endorsement.

On the horizon: The Secretary of the Commonwealth has appointed the Art Therapy Advisory Board so we will be planning to adopt regulations for the Governing of Art Therapists soon.

NEXT MEETING: August 21 2020



Virginia Department of
Health Professions
 Board of Psychology

Psychology has closed more cases in June than received. Psychology has closed 10 patient care cases and 3 non-patient care cases for a total of 13 cases.

Cases Closed	
Patient Care	10
Non-Patient Care	3
Total	13

The board has received 6 patient care cases and 4 non-patient care cases for a total of 10 cases.

Cases Received	
Patient Care	6
Non-Patient Care	4
Total	10

As of June 30, 2020 there are 73 patient care cases open and 16 non-patient care cases open for a total of 89 cases.

Case Open	
Patient Care	73
Non Patient Care	16
Total	89

There were 131 licenses issued for psychology for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Clinical Psychologist	129
Resident in Training	1
School Psychology- Limited	1
Total for Psychology	131

Current Licenses as of August 20, 2020	
Profession	Current Licenses
<i>Applied Psychologist</i>	28
<i>Clinical Psychologist</i>	3822
<i>Resident in School Psychology</i>	10
<i>Resident in Training</i>	798
<i>School Psychologist</i>	193
<i>School Psychologist-Limited</i>	569
<i>Sex Offender Treatment Provider</i>	426
<i>SOTP Trainee</i>	137
Total for Psychology	5883

Regulatory Changes

Section	Change	Stage
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to “avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable” includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	Proposed Stage: Register Date: 8/31/2020
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships.	Final: At Governor’s Office
18VAC125-20	Implementation of Psychology Interstate Compact Chapter 1162 of the 2020 Acts of the Assembly mandates membership of the Commonwealth of Virginia in the Psychology Interjurisdictional Compact and requires the Board to promulgate regulations to implement the provisions of the act to be effective within 280 days of enactment. Amendments add definitions consistent with the Compact and revise the standards of practice and the grounds for disciplinary action to ensure that they cover persons practicing with an E.Passport or temporary authorization to practice in Virginia through the Compact.	Emergency/NOIRA: At Secretary’s Office

Actions Taken During Covid:

- Gave all licensees a one-year extension to complete CEs.
- We began issuing Temporary Licenses. As of today, we have issued 597 LCP licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

On the Horizon:

- We are undergoing a periodic review of the Sex Offender Treatment Provider Regulations and will be holding a Regulatory Advisory Panel (RAP) on September 10, 2020 to discuss any changes to the regulations that will then be presented to the Regulatory Committee at its October 25, 2020 meeting.
- Changes to the EPPP

Next Meeting:

October 26, 2020



Virginia Department of Health Professions

Board of Social Work

Social Work Monthly Snapshot for June 2020

Social Work has closed more cases in June than received. Social Work has closed 22 patient care cases and 11 non-patient care cases for a total of 33 cases.

Cases Closed	
Patient Care	22
Non-Patient Care	11
Total	33

The board has received 3 patient care cases and 4 non-patient care cases for a total of 7 cases.

Cases Received	
Patient Care	3
Non-Patient Care	4
Total	7

As of June 31, 2020 there are 41 patient care cases open and 12 non-patient care cases open for a total of 53 cases.

Case Open	
Patient Care	41
Non-Patient Care	12
Total	53

There were 182 licenses issued for social work for the month of June. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Licensed Clinical Social Worker	131
Licensed Master's Social Worker	15
Registration of Supervision	36
Total for Social Work	182

Current Licenses as of August 20, 2020	
Profession	Current Licenses
<i>Associate Social Worker</i>	1
<i>Licensed Baccalaureate Social Worker</i>	22
<i>Licensed Clinical Social Worker</i>	7359
<i>Licensed Master's Social Worker</i>	811
<i>LSW Supervision</i>	8
<i>Registered Social Worker</i>	8
<i>Registration of Supervision</i>	2608
Total for Social Work	10817

Regulatory Changes

Section	Change	Stage
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: Register Date: 8/31/2020
18VAC140-20	Correction to qualification for LBSW	Fast Track: Register Date: 8/31/2020

News Update:

The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met. The Board is also discussing the LMSW in more detail to determine that it is in line with the ASWB model Act and promotes mobility.

Actions taken during Covid:

- Gave each licensee a year extension to complete CEs
- Issued Temporary licenses. As of today, we have issued 464 LCSW licenses. These licenses expire on 9/8/2020 and we hope many will apply by endorsement.

Also will be adding Music Therapists and an Advisory Board this year pursuant to recent legislation. As of today, the advisory board members have not been appointed.

Next Board Meeting:

September 25, 2020

Board of Physical Therapy**Last Meeting: August 11, 2020****Next Meeting: November 17, 2020****Updates:**

- The Board convened a virtual business meeting on August 11, 2020. The Board discussed a number of issues and completed a number of action items:
 - The Board adopted final regulations resulting from a periodic review of the Board's practice regulations.
 - The Board considered revisions to two guidance documents as a result of some issues identified during the COVID pandemic. One of those guidance documents relating to Telehealth has been referred to the Legislative/Regulatory Committee for further review and recommendation.
 - The Board considered and approved a fee reduction for 2020 renewals.
 - The Board considered and approved an exemption to the CE requirements for licensees renewing in 2020.
 - The Board elected Dr. Allen R. Jones, Jr., PT, DPT, as President, and Dr. Mira Mariano, PT, PhD, as Vice President.

- The Board reviewed a Board Assessment Resource (BAR) tool created by the Federation of State Boards of Physical Therapy, which is a tool designed to help walk Boards through a self-assessment of their effectiveness in licensing and discipline operations and providing information to licensees and stakeholders.

- Since the Board's meeting on August 11th, there has been some movement on final regulations for the practice of dry needling by physical therapists. The regulations have been in process for the past 3.5 years. The regulations have a pending effective date of October 29, 2020, once the final comment period ends.

COMMONWEALTH OF VIRGINIA

SUSAN CLARKE SCHAAR
CLERK OF THE SENATE
POST OFFICE BOX 396
RICHMOND, VIRGINIA 23218



SENATE

April 8, 2020

Dr. David E. Brown
Director, Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

Dear Dr. Brown:

This is to inform you that, pursuant to Rule 20 (o) of the Rules of the Senate of Virginia, the Senate Committee on Education and Health has referred the subject matters contained in Senate Bill 431 and Senate Bill 858 to the Department of Health Professions for study. It is requested that the appropriate committee chair and bill patrons receive written reports, with copies to this office, by November 1, 2020.

With kind regards, I am

Sincerely yours,

A handwritten signature in cursive script that reads "Susan Clarke Schaar".

Susan Clarke Schaar

SCS:dhl

cc: The Honorable L. Louise Lucas, Chair, Senate Committee on
Education and Health
The Honorable Scott A. Surovell, Patron of SB 431
The Honorable J. Chapman Petersen, Patron SB 858
Amigo Wade, Acting Director, Division of Legislative Services

2020 SESSION

SB 431 Provision of mental health services to a minor; access to health records.

Introduced by: [Scott A. Surovell](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Provision of mental health services to a minor; access to health records. Prohibits a health care provider from refusing to provide mental health services to a minor on the basis that the parents of such minor refuse to agree to limit their access to such minor's health care records or request that such health care provider testify in a court proceeding regarding the treatment of the minor.

FULL TEXT

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D [pdf](#) | [impact statement](#)

HISTORY

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D

01/07/20 Senate: Referred to Committee on Education and Health

01/16/20 Senate: Assigned Education sub: Health Professions

01/23/20 Senate: Passed by indefinitely in Education and Health with letter (15-Y 0-N)

04/08/20 Senate: Letter sent to the Department of Health Professions

20100739D

SENATE BILL NO. 431

Offered January 8, 2020

Prefiled January 7, 2020

A BILL to amend and reenact §§ 20-124.6 and 54.1-2915 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617, relating to provision of mental health services to a minor; access to health records.

Patron—Surovell

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 20-124.6 and 54.1-2915 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617 as follows:

§ 20-124.6. Access to minor's records.

A. Notwithstanding any other provision of law, neither parent, regardless of whether such parent has custody, shall be denied access to the academic or health records of that parent's minor child unless otherwise ordered by the court for good cause shown or pursuant to subsection B.

B. In the case of health records, access may also be denied if the minor's treating physician or the minor's treating clinical psychologist has made a part of the minor's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the requesting parent of such health records would be reasonably likely to cause substantial harm to the minor or another person. If a health care entity denies a parental request for access to, or copies of, a minor's health record, the health care entity denying the request shall comply with the provisions of subsection F of § 32.1-127.1:03. The minor or his parent, either or both, shall have the right to have the denial reviewed as specified in subsection F of § 32.1-127.1:03 to determine whether to make the minor's health record available to the requesting parent.

C. No health care provider shall refuse to provide mental health services to a minor solely on the basis that a parent of such minor does not consent to having his access to the health records of such minor limited or denied for any reason other than those provided in subsections A and B.

D. For the purposes of this section, the meaning of the term "health record" or the plural thereof and the term "health care entity" shall be as "health care entity," "health care provider," and "health record" mean the same as those terms are defined in subsection B of § 32.1-127.1:03.

§ 54.1-2915. Unprofessional conduct; grounds for refusal or disciplinary action.

A. The Board may refuse to issue a certificate or license to any applicant; reprimand any person; place any person on probation for such time as it may designate; impose a monetary penalty or terms as it may designate on any person; suspend any license for a stated period of time or indefinitely; or revoke any license for any of the following acts of unprofessional conduct:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of any branch of the healing arts;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients;

4. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

5. Restriction of a license to practice a branch of the healing arts in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, or for an entity of the federal government;

6. Undertaking in any manner or by any means whatsoever to procure or perform or aid or abet in procuring or performing a criminal abortion;

7. Engaging in the practice of any of the healing arts under a false or assumed name, or impersonating another practitioner of a like, similar, or different name;

8. Prescribing or dispensing any controlled substance with intent or knowledge that it will be used otherwise than medicinally, or for accepted therapeutic purposes, or with intent to evade any law with respect to the sale, use, or disposition of such drug;

9. Violating provisions of this chapter on division of fees or practicing any branch of the healing arts

INTRODUCED

SB431

6:50:01 02/01/6

59 in violation of the provisions of this chapter;

60 10. Knowingly and willfully committing an act that is a felony under the laws of the Commonwealth
61 or the United States, or any act that is a misdemeanor under such laws and involves moral turpitude;

62 11. Aiding or abetting, having professional connection with, or lending his name to any person
63 known to him to be practicing illegally any of the healing arts;

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

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

68 14. Inability to practice with reasonable skill or safety because of illness or substance abuse;

69 15. Publishing in any manner an advertisement relating to his professional practice that contains a
70 claim of superiority or violates Board regulations governing advertising;

71 16. Performing any act likely to deceive, defraud, or harm the public;

72 17. Violating any provision of statute or regulation, state or federal, relating to the manufacture,
73 distribution, dispensing, or administration of drugs;

74 18. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100
75 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the Board;

76 19. Engaging in sexual contact with a patient concurrent with and by virtue of the practitioner and
77 patient relationship or otherwise engaging at any time during the course of the practitioner and patient
78 relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive;

79 20. Conviction in any state, territory, or country of any felony or of any crime involving moral
80 turpitude;

81 21. Adjudication of legal incompetence or incapacity in any state if such adjudication is in effect and
82 the person has not been declared restored to competence or capacity;

83 22. Performing the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time
84 such services are performed, the person performing such services is not listed on the National Registry
85 of Certified Medical Examiners as provided in 49 C.F.R. § 390.109 or fails to meet the requirements for
86 continuing to be listed on the National Registry of Certified Medical Examiners as provided in 49
87 C.F.R. § 390.111; ~~or~~

88 23. Failing or refusing to complete and file electronically using the Electronic Death Registration
89 System any medical certification in accordance with the requirements of subsection C of § 32.1-263.
90 However, failure to complete and file a medical certification electronically using the Electronic Death
91 Registration System in accordance with the requirements of subsection C of § 32.1-263 shall not
92 constitute unprofessional conduct if such failure was the result of a temporary technological or electrical
93 failure or other temporary extenuating circumstance that prevented the electronic completion and filing
94 of the medical certification using the Electronic Death Registration System; *or*

95 24. *Conditioning the delivery of mental health services to a minor on the agreement of the minor's*
96 *parent or guardian to refrain from requesting or subpoenaing medical records or court testimony.*

97 B. The commission or conviction of an offense in another state, territory, or country, which if
98 committed in Virginia would be a felony, shall be treated as a felony conviction or commission under
99 this section regardless of its designation in the other state, territory, or country.

100 C. The Board shall refuse to issue a certificate or license to any applicant if the candidate or
101 applicant has had his certificate or license to practice a branch of the healing arts revoked or suspended,
102 and has not had his certificate or license to so practice reinstated, in another state, the District of
103 Columbia, a United States possession or territory, or a foreign jurisdiction.

104 **§ 54.1-3506.2. Conditioning of mental health treatment for minors prohibited.**

105 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
106 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
107 *subpoenaing medical records or court testimony.*

108 **§ 54.1-3617. Conditioning of mental health treatment for minors prohibited.**

109 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
110 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
111 *subpoenaing medical records or court testimony.*



Virginia Department of **Health Professions**

Members of the Workgroup on Mental Health Needs of Minors

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Workgroup on Mental Health Needs of Minors
Draft Summary of the Workgroup Meeting

Primary Issue Senator Surovell wants to solve with legislation:

- Most therapists that counsel children require provisions in their contract prohibiting themselves from testifying in Court proceedings.
- Therapists often have the best and impartial information about what is going on with a child and can often alleviate the need for a child to testify, which is horrible to do to a child.
- It is becoming difficult for parents to find therapists who do not have these provisions in their contracts.
- Senator Surovell wants to ensure children receive services and ensure courts have complete information to make the best decision for the child.

Apparent Agreement among the workgroup:

- Do what is best for the child
- Recognition that this type of information is necessary to be made available to the legal system
- Issues involved are complex
- Hope there is a way to obtain at necessary information without a child perceiving it as a violation of confidentiality.
- Include an immunity provision in the Code for clinicians who act in good faith.

Example of Legal Perspective:

- Having strong counselors, social workers, psychologists, and other mental health specialists is important to children and families, including those families in high conflict custody matters.
- Strong counselors, social workers, psychologists, and other mental health specialists who have been in a treating role with children and families, including those families in high conflict custody matters, are important sources of information for courts that have to make determinations of custody to serve a child's best interests. The sources of information from such individuals includes their records and their testimony.
- Courts are required under section 20-124.3 to consider, among other factors, the following:
 - the mental health of the child, the mental health of each parent,
 - a parent's ability to accurately assess and meet the emotional needs of the child,
 - the ability of each parent to cooperate in and resolve disputes regarding matters affecting the child,
 - Any history of family abuse, etc.
- Without information from counselors, social workers, psychologists, and other mental health specialists that pertain to these factors, a custody determination that the Court may make could be not in the best of the child; it could be detrimental to the child's best interest; and it could be against

the work that the professionals have been doing and the progress that has been made on behalf of that child

- Using forensic experts to conduct custody evaluations as an alternative to disclosure of records and testimony is another source of information, but cannot replace the valuable information that the above referenced professionals have. The forensic experts still need access to the information from these providers (records and interviews). Furthermore, the underlying information used to form the basis of the evaluator's opinion still must be accessible to the attorneys and Court. Therefore, reliance on an evaluation does not eliminate the need for disclosure of counseling records and information. In addition, although custody evaluations are a great tool and can be vital in some custody cases, the court does not grant every request for a custody evaluation, custody evaluations can cost at a minimum \$10,000-\$20,000, and the availability of custody evaluators are limited throughout the Commonwealth.
- If good counselors, social workers, psychologists, and other mental health specialists refuse to treat children and families due to the possibility of litigation and the possibility of disclosure of their records and/or the need for their testimony, we do not serve the best interests of these children/families or resolve the problems. If the courts do not get the information from the professionals who are a source of facts for many factors the court must consider, then the custody determinations do not serve the children's best interests.

Example of Clinical Provider Perspectives:

- Working with children is always tricky, not just because they do not have the cognitive ability of adults, but because they have parents and guardians.
- Most guidelines from professional organizations draw a distinction between a forensic evaluator (duty to a court) and a treating provider (duty to the patient). Guidelines often state that, except in unusual situations where no forensic evaluators are available, clinicians in a treatment role should not serve in a forensic role.
 - Risk of role confusion leading to bias, lack of objectivity, disclosure of confidences or embarrassing information for the patient or family, and damage to the relationship with the patient.
- Information obtained from a treating provider might be incomplete, leading to less than optimal outcomes if relied upon by a court.
- Obligated to reveal any possible disclosure to the client at the onset of treatment that could have a chilling effect on the development of the relationship and the success of the treatment.
- Younger children will have trouble conceptualizing this and/or remembering any disclosure.
 - Children often do not understand the limits of a therapist's confidence. For them it is more black and white. You said, "you wouldn't tell what I said" is just that. The child may not know or understand the background and other issues. To believe the therapeutic relationship is less important than perceived immediate danger is naive. If a child feels like his therapist has betrayed him, that child may not open up to any therapist, or any adult for a long time or maybe ever.
- Parents of older children/teens often do not want the therapist to disclose any information to them because they respect the nature of the therapeutic relationship.
- Custody disputes that happen mid-treatment could result in the revealing of information that will be harmful to the parent/child, parent/therapist, and therapist/child relationship.

- Although this bill seeks to reduce harm in the courts placement decision-making process, it may well cause greater harm as noted above.
- Revelations will increase unfounded complaints towards board members from a parent who does not like what the therapist revealed.
 - In many cases, a case can become a custody case after the therapeutic relationship has begun. In some circumstances one parent may take the child to a therapist in order to seek some advantage over the other parent. The child may or may not be naive to this. The family often does not inform the therapist of these intentions. Indeed, we have had several cases where parents were so angry with a therapist because of something that got into a court or social work report that they have gone after the clinician. There should be some way to safeguard against these usually unsubstantiated complaints. They are stressful for the clinicians, the boards and often the families.
- The immunity clause would only protect against civil action, not the professional complaint.
- It still was not clear as to what happens for children in alternate placements such as DSS custody when the parents get involved.
- It does not change federal HIPAA requirements to have a release of information.