

**REGULATORY RESEARCH COMMITTEE  
VIRGINIA BOARD OF HEALTH PROFESSIONS  
VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS**

***Invitation for Public Comment on the Evaluation of Chiropractors' Competency  
to Conduct Physical Examinations for Commercial Drivers' Licensure***

The Virginia Board of Health Professions Regulatory Research Committee will hold a public hearing on June 28, 2016 beginning at 10:00 a.m. to receive comment on the competency of Virginia licensed Doctors of Chiropractic to perform physical examinations for commercial driver's licensure as prescribed by the U.S. Department of Transportation's Federal Motor Carrier Administration (FMCSA).

This review is at the request of Delegate Robert D. Orrock, Sr. and is guided by the workplan adopted at the Board's May 5, 2016 meeting. (See the attachment).

**Background on the National Registry of Certified Medical Examiners**

In August 2005, Congress enacted the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users*. It required the Secretary of Transportation to establish a Medical Review Board to provide FMCSA with medical advice and recommendations on medical standards and guidelines for the physical qualifications of operators of commercial motor vehicles, medical examiner education and medical research. The statute also authorized the establishment of the National Registry of Certified Medical Examiners (National Registry)<sup>1</sup> as a means to improve highway safety by producing trained, certified medical examiners (ME) who can assess whether a commercial driver meets FMCSA physical standards and guidelines.<sup>2</sup> The National Registry was established April 20, 2012 upon publication of final FMCSA rules. Beginning May 21, 2014, only Certified Medical Examiners (ME) listed on the National Registry may perform the prescribed physicals and prepare medical examiner certificates and medical examination results form. A monthly report on each exam goes to the National Registry.<sup>3</sup>

ME certification requires a valid license that permits performance of physical examinations. It also requires completion of FMCSA's physical qualification standards training and passage of the Medical Examiner Certification Test. Currently, Doctors of Medicine, Doctors of Osteopathy, Physician Assistants, Nurse Practitioners and other Advanced Practice Nurses, as well as Doctors of Chiropractic are authorized by a number of states to perform FMCSA physical examinations. Based upon search of the National Registry on June 1, 2015, Virginia, Michigan, Washington State, and Puerto Rico are the only jurisdictions that do not authorize Doctors of Chiropractic to perform FMCSA physical examinations.

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<sup>1</sup> 49 U.S. Code § 31149, accessible at <https://www.gpo.gov/fdsys/pkg/USCODE-2011-title49/html/USCODE-2011-title49-subtitleVI-partB-chap311-subchapIII-sec31149.htm>

<sup>2</sup> Full regulations are available at <https://www.fmcsa.dot.gov/regulations>, with specific details on definitions and form completion provided at <https://www.fmcsa.dot.gov/regulations/title49/section/391.43>. A clearer version of the medical results form is accessible at [https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/Medical\\_Examination\\_Report\\_for\\_Commercial\\_Driver\\_Fitness\\_Determination\\_0.pdf](https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/Medical_Examination_Report_for_Commercial_Driver_Fitness_Determination_0.pdf).

<sup>3</sup> The National Registry's homepage is accessible at <https://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam>.

The Committee is currently conducting a review of the pertinent literature and other objective information available concerning chiropractic education and testing standards among the states as reported by the Federation of Chiropractic Licensure Boards:<http://directory.fclb.org/Statistics/EducationTestingUS.aspx>. It will also research the educational curricula of Council on Chiropractic Education accredited programs, the National Board of Chiropractic Examiners (NBCE) examination composition (<http://mynbce.org/about/our-exams/>), and most recent practice analysis conducted by NBCE <http://www.nbce.org/practiceanalysis/>.

The Committee invites commenters to provide additional information with comments framed to respond to the issues described in the workplan.

The location of the hearing is:

**Virginia Department of Health Professions  
9960 Mayland Drive, 2nd Floor Conference Center, Board Room #2  
Henrico, Virginia 23233-1463**

For map and directions, the following link is provided <http://www.dhp.virginia.gov/about/directions.htm>.

Written comment will be accepted until 5:00 p.m. on July 15, 2016 and should be sent to Elizabeth A. Carter, Ph.D. at the Virginia Board of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233-1463. Comment may also be sent via e-mail to [Elizabeth.Carter@dhp.virginia.gov](mailto:Elizabeth.Carter@dhp.virginia.gov) or faxed to (804) 527-4466.

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

**STUDY WORKPLAN**

**Evaluation of Chiropractor Competencies to Conduct Physical Examinations for  
Commercial Driver Licensure and Learner's Permit Applicants**

**May 5, 2016**

**Background and Authority**

The Board of Health Professions has been requested by the Director of the Department to conduct a review to determine whether chiropractors' education and training enables performance of commercial driver's license and learner's permit physical examinations as provided in federal regulation. The request is pursuant to a letter to the Director from Delegate Robert D. Orrock, Sr. and a result the introduction of House Bill 1098 in 2016 and similar proposal in 2015 (see Attachment).

The Board of Health Professions is authorized by the General Assembly with a variety of powers and duties specified in §§54.1-2500, 54.1-2409.2, 54.1-2410 *et seq.*, 54.1-2729 and 54.1-2730 *et seq.* of the *Code of Virginia*. Of greatest relevance here is §54.1-2510 (1), (7), and (12) enable the Board to evaluate the need for coordination among health regulatory boards, to advise on matters relating to the regulation or deregulation of health care professions and occupations, and to examine scope of practice conflicts involving professions and advise on the nature and degree of such conflicts.

**Methods**

In keeping with constitutional principles, Virginia statutes, and nationally recognized research standards, the Board has developed a standard methodology to address key issues of relevance in gauging the need for regulation of individual health professions. The specifics are fully described in the Board's *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions*, available from the Board's website: [http://www.dhp.virginia.gov/bhp/bhp\\_guidelines.htm](http://www.dhp.virginia.gov/bhp/bhp_guidelines.htm)) under Guidance Document **75-2 Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupation or Professions, revised February 1998.** The Policies and Procedures' seven evaluative criteria apply most directly to determining *whether* a profession should be regulated and to what degree. But, they also provide a standard conceptual framework with proscribed questions and research methods that have been employed for over two decades to objectively address key policy issues related to health professional regulation. The seven Criteria typically used in sunrise review studies are, (1) Risk of Harm to the Consumer, (2) Specialized Skills and Training, (3) Autonomous Practice, (4) Scope of Practice, (4) Economic Costs, (5) Alternatives to Regulation, and (6) Lease Restrictive Regulation.

Chiropractors are already licensed by the Virginia Board of Medicine. Thus, only the criteria directly relevant to determinations of competency to perform physical examinations as proscribed by the U.S. Department of Transportation's Federal Motor Carrier Administration (FMCSA) apply in the current review. The following questions are recommended to guide the study:

### **Risk of Harm to the Consumer and Specialized Skills and Training**

- ❖ What are the competencies required of medical examiners certified through the U.S. Department of Transportation's Federal Motor Carrier Safety Administration (FMCSA)?
  - Which health professions are currently eligible for this national certification in Virginia and elsewhere?
  - Which training programs are acceptable? How are they accredited?
  - What are the competencies (knowledge, skills, and abilities) assessed by the national FMCSA Medical Examiner Certification Test?
  - What are the continuing competency requirements for maintaining a listing on the National Registry of Certified Medical Examiners?
  - What constitutes grounds for removal from the Registry list?
  
- ❖ What specifically constitutes physical examinations pursuant to FMCSA requirements?
  
- ❖ Is there evidence of harm to the consumer related to FMCSA qualifying physical examinations performed by Chiropractors? If any,
  - How is the evidence documented (e.g., FMCSA action, Board discipline, malpractice cases, criminal cases, other administrative disciplinary actions)?
  - Characterize the type of harm (physical, emotional, mental, social, or financial).
  - How does this compare with other health professions, generally?
  
- ❖ Does a potential for fraud exist because of the inability of the public to make informed choice in selecting a competent practitioner?
  
- ❖ Do Virginia's Chiropractor licensure requirements differ substantively from other states<sup>1</sup> that allow Chiropractors to perform FMCSA commercial driver license physical examinations? If so, what are the differences attributed to?
  - Requisite education, training or educational program acceptance?
  - Examination(s)?
  - Continuing competency requirements to maintain licensure?
  - Grounds for Board disciplinary action?

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<sup>1</sup> D.C., Kentucky, Maryland, North Carolina, Pennsylvania, and West Virginia are examples of surrounding jurisdictions that permit Chiropractors to perform CDL physicals.

## **Scope of Practice**

- ❖ Do Chiropractors who are on the FMCSA National Registry of Medical Examiners from other states perform commercial driver physical examinations differently than the other professions so authorized?
  - Doctors of Medicine
  - Doctors of Osteopathy
  - Physician Assistants
  - Advanced Practice Nurses

## **Economic Costs**

- ❖ If the data are available, what are the typical fees for performing FMCSA physical examinations in Virginia? In adjoining states? Nationally?
- ❖ Is there evidence that expanding the scope of practice of Chiropractors to include these examinations?
  - Increase the cost for services?
  - Increase salaries for those employed by health delivery organizations?
  - Restrict other professions in providing care?
  - Other deleterious economic effects?
- ❖ If data are available, address issues related to supply and demand and distribution of resources including discussion of insurance reimbursement.

The following steps are recommended for this review

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

9. Forward to the Director and Secretary for review and comment.
10. Prepare the final report for reply to Delegate Orrock as well as publication and electronic posting and dissemination to interested parties.

### **Timetable and Resources**

This study will be conducted with existing staff and within the budget for FY2016-17 and according to the following tentative timetable:

#### **DATES**

May 5, 2016	Draft Workplan reviewed by Regulatory Research Committee
June 6, 2016	Staff update and 1 <sup>st</sup> draft of Report reviewed by Committee
June 28, 2016	Public Hearing
August 16, 2016	Review of Comments by Committee and Recommendation Determination for consideration by the full Board.
September 30, 2016	Board Report to the Director and Secretary for review and comment
November 1, 2016	Final Report to Delegate Orrock

## **Appendices**

- **Letter from Delegate Orrock**
- **HB 1098**



ROBERT D. "BOBBY" ORROCK  
 POST OFFICE BOX 458  
 THORNBURG, VIRGINIA 22565  
 FIFTY-FOURTH DISTRICT

COMMONWEALTH OF VIRGINIA  
 HOUSE OF DELEGATES  
 RICHMOND



COMMITTEE ASSIGNMENTS:  
 HEALTH, WELFARE AND INSTITUTIONS (CHAIRMAN)  
 FINANCE  
 AGRICULTURE, CHESAPEAKE AND  
 NATURAL RESOURCES  
 RULES

February 4, 2016

David Brown, DC Director  
 Department of Health Professions  
 9960 Mayland Drive, STE 300  
 Henrico, VA 23233-1463

**Re: House Bill 1098 – Chiropractors and CDL Physicals**

Dear Dr. Brown:

As chairman of the Health Welfare and Institutions Committee, I am writing to you regarding House Bill 1098 which has been introduced by Delegate Ron Villanueva. The legislation seeks to include within the scope of practice of chiropractors the ability to perform commercial driver's license "CDL" physicals. Senator Newman had virtually the same bill in the 2015 session which did not pass the House of Delegates.

Since this issue has been raised for two consecutive years, I am requesting that you have the Virginia Board of Health Professions determine if chiropractors do or do not have the requisite education and training to perform CDL physicals as set forth in federal regulations. In doing so it would be most helpful if you could address how the education and training does or does not exist for each element of the CDL physical according to the physical form that is required for use in the federal regulations.

I would appreciate receiving a report back from you by November 1, 2016 so that I may evaluate it with Delegate Villanueva and the stakeholders.

Thank you in advance for your assistance.

Sincerely,

Robert D. "Bobby" Orrock, Sr.

CC: The Honorable Ron A. Villanueva



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HOUSE BILL NO. 1098  
Offered January 13, 2016  
Prefiled January 13, 2016

*A BILL to amend and reenact § 54.1-2900 of the Code of Virginia, relating to practice of chiropractic; scope.*

Patrons—Villanueva and Hugo

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2900 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2900. Definitions.

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

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

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

"Board" means the Board of Medicine.

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

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

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

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

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

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

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

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

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

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

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength,

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59 power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or  
60 condition resulting from occupational activity immediately upon the onset of such injury or condition;  
61 and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the  
62 patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or  
63 dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

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

68 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column,  
69 and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not  
70 include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs,  
71 medicines, serums or vaccines. *The practice includes performing the physical examinations of applicants*  
72 *for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12.*

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

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

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

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

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

106 "Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and  
107 therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease  
108 prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or  
109 osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a  
110 practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii)  
111 observation and monitoring of signs and symptoms, general behavior, general physical response to  
112 respiratory care treatment and diagnostic testing, including determination of whether such signs,  
113 symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv)  
114 implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting,  
115 referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a  
116 licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures,  
117 pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care  
118 may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed  
119 appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or  
120 osteopathic medicine, and shall be performed under qualified medical direction.

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SENATE BILL NO. 1244

Senate Amendments in [ ] — February 9, 2015

A BILL to amend and reenact § 54.1-2900 of the Code of Virginia, relating to practice of chiropractic; scope; certain physical examinations.

Patrons Prior to Engrossment—Senator Newman; Delegate: Filler-Corn

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2900 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2900. Definitions.

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"Board" means the Board of Medicine.

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

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

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

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

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

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or

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60 condition resulting from occupational activity immediately upon the onset of such injury or condition;  
61 and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the  
62 patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or  
63 dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

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

68 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column,  
69 and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not  
70 include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs,  
71 medicines, serums or vaccines. [ *The practice includes performing the physical examinations of*  
72 *applicants for a new commercial driver's license or commercial driver's instruction permit or a renewal*  
73 *of such license or permit required pursuant to § 46.2-341.12. Upon meeting the requirements of*  
74 *§ 390.103 of the Federal Motor Carrier Safety Regulations, the practice shall include performing the*  
75 *physical examinations for a commercial driver's license or commercial learner's permit pursuant to*  
76 *§ 46.2-341.12. ]*

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

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

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

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

108 "Practice of radiologic technology" means the application of x-rays to human beings for diagnostic or  
109 therapeutic purposes.

110 "Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and  
111 therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease  
112 prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or  
113 osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a  
114 practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii)  
115 observation and monitoring of signs and symptoms, general behavior, general physical response to  
116 respiratory care treatment and diagnostic testing, including determination of whether such signs,  
117 symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv)  
118 implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting,  
119 referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a  
120 licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures,  
121 pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care

122 may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed  
123 appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or  
124 osteopathic medicine, and shall be performed under qualified medical direction.

125 "Qualified medical direction" means, in the context of the practice of respiratory care, having readily  
126 accessible to the respiratory care practitioner a licensed practitioner of medicine or osteopathic medicine  
127 who has specialty training or experience in the management of acute and chronic respiratory disorders  
128 and who is responsible for the quality, safety, and appropriateness of the respiratory services provided  
129 by the respiratory care practitioner.

130 "Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy,  
131 podiatry, or chiropractic, or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i)  
132 performs, may be called upon to perform, or who is licensed to perform a comprehensive scope of  
133 diagnostic radiologic procedures employing equipment which emits ionizing radiation and (ii) is  
134 delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of  
135 patient and staff from unnecessary radiation, the appropriate exposure of radiographs or other procedures  
136 which contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is  
137 exposed.

138 "Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist,  
139 dental hygienist or person who is otherwise authorized by the Board of Dentistry under Chapter 27  
140 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic  
141 procedures employing equipment which emits ionizing radiation which is limited to specific areas of the  
142 human body.

143 "Radiologist assistant" means an individual who has met the requirements of the Board for licensure  
144 as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor  
145 of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate  
146 the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii)  
147 evaluate image quality, make initial observations, and communicate observations to the supervising  
148 radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist;  
149 and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the  
150 guidelines adopted by the American College of Radiology, the American Society of Radiologic  
151 Technologists, and the American Registry of Radiologic Technologists.

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

ENGROSSED

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