

******Refer to the Second Page of the Agenda for Meeting Access Information******

▪ Call to Order	Dr. Jones, Jr.
▪ Emergency Egress	Dr. Carter
▪ Public Comment	Dr. Jones, Jr.
▪ Approval of Minutes - page 3 ▪ February 27, 2020	Dr. Jones, Jr.
▪ Director's Report	Dr. Brown
▪ Legislative and Regulatory Report - page 23	Ms. Yeatts
▪ Board Chair Report	Dr. Jones, Jr.
▪ Board Studies - Work Plan Review and Approval ▪ Diagnostic Medical Sonographer - page 40 ▪ Naturopathic Physicians - page 50	Ms. Jackson Dr. Carter
▪ Executive Director's Report ▪ Board Budget - page 55 ▪ Agency Statistics/Performance - page 58 ▪ Board Mission Statement ▪ Board Work Plan ▪ Board Chair and Vice Chair Term - page 70	Dr. Carter
▪ Healthcare Workforce Data Center ▪ Update	Dr. Shobo & Dr. Carter
▪ Individual Board Reports	Dr. Jones, Jr.
▪ New Business	Dr. Jones, Jr.
▪ Next Full Board Meeting ▪ August 20, 2020	Dr. Jones, Jr.
▪ Adjournment	

******Virtual Regulatory Research Committee Meeting
 Following Adjournment of Full Board Meeting******

Instructions for Accessing the June 25, 2020 Virtual Full Board Meeting and Regulatory Research Committee Meeting

Access to the Perimeter Center building 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.

- **Oral Public Comment**

- Oral public comments will be received during the full board meeting and the regulatory research committee meeting from those persons who have submitted an email to Elizabeth.Carter@dhp.virginia.gov **no later than 8:00 a.m. on June 25, 2020** indicating that they wish to offer oral comment. Comment may be offered by these individuals when their name is announced by the Chair. Comments must be restricted to 3-5 minutes each.

- **Written Public Comment**

- Written comments should be sent by email to Elizabeth.Carter@dhp.virginia.gov **no later than 8:00 a.m. on June 25, 2020**. Written public comments received will be read during the public comment period.

- Public participation connections will be muted following the public comment periods.
- Please call from a location without background noise.
- Dial (804) 367-4403 to report an interruption during the broadcast.
- The FOIA Councils "*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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Meeting Number (access code): 132 624 9005

Meeting Password: 678 538 75

9960 Mayland Dr, Henrico, VA 23233

DRAFT

In Attendance

Sheila E. Battle, MHS, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Steve Karras, DVM, Board of Veterinary Medicine
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent

Sahil Chaudhary, Citizen Member
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member

DHP Staff

Barbara Allison-Bryan, MD, Deputy Director DHP
David Brown, DC, Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Jaime Hoyle, JD, Executive Director Boards of Counseling, Psychology and Social Work
Laura Jackson, MSHSA, Operations Manager BHP
Charis Mitchell, Assistant Attorney General
Rajana Siva, MBA, Research Analyst BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Corie E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Physical Therapy
Elaine Yeatts, Senior Policy Analyst DHP

Speakers

No speakers signed-in

Observers

Rebekah Allen, VDH

Emergency Egress

Dr. Carter

Call to Order Dr. Stewart, Board Vice Chair, filled-in for Dr. Jones, Jr. who was delayed by traffic.
Time: 10:04 a.m.
Quorum: Established

Public Comment No public comment was provided.

Board Member Introduction With two newly appointed board members, Dr. Stewart asked each board member to introduce themselves.

Approval of Minutes Dr. Stewart

Motion A clarification was made by Ms. Hershkowitz to the Board of Nursing report that a second additional license for NP prescriptive authority has been eliminated. With this change, a motion to accept the edited meeting minutes from the December 2, 2019 Full Board meeting was made and properly seconded. All members were in favor, none opposed.

Director's Report Dr. Brown shared that this years General Assembly has been exceedingly busy, with a lot of interest in health care. He provided an overview of CBD oils, hemp and medical marijuana, who is permitted to prescribe and the progress being made by the Board of Pharmacy in licensinq dispensaries.

Legislative and Regulatory Report Ms. Yeatts stated that there are 65 actions, in different stages, that relate to DHP. She reviewed the bills associated with DHP and provided additional information for specific professions. The Art Therapy study was approved requiring licensure for art therapists, placing this new profession under the Board of Counseling; and the Music Therapy study was also approved requiring licensure of music therapists, placing this new profession under the Board of Social Work. The Board of Health Professions has been tasked with studying Diagnostic Medical Sonography and Naturopathic Doctors. Board staff will be assisting as needed with the SJ 49 study request into the Need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation.

Board Chair Report Dr. Jones, Jr. introduced newly appointed Board of Health Professions board members Sheila Battle, Citizen Member and Steve Karras with the Board of Veterinary Medicine.

Executive Director's Report Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance. The Boards mission statement needs to be revised and board members were tasked with providing input on changes for the May 27, 2020 meeting. The 2020 Board work plan was also reviewed.

Dr. O'Connor will be providing detailed information to the Director's Office regarding a study on Certified Anesthesiology Assistants. The last study on this profession was completed in October 2017 with the Boards unanimous conclusion that the criteria for regulation by Virginia had not been met.

**Executive
Director's Report-
Continued**

Extending the current one year term to a two year term for the positions of Board Chair and Vice Chair was discussed. It was determined that the Board would follow a similar structure to that of the Board of Nursing which has three seats: President, First Vice President and Second Vice President. The matter will need to be addressed following Guidance Document amendment procedures.

**Healthcare
Workforce Data
Center**

Dr. Carter and Dr. Shobo provided an update on the Center's workforce reports and data requests.

Lunch

11:49 a.m.

**Individual Board
Reports**

Board of Counseling - Dr. Doyle (Attachment 1)

Board of Pharmacy - Mr. Logan stated that the board voted unanimously to adopt the Regulation Committee's recommendation to send a recommendation to the Health Commissioner that he also consider taking a more immediate action to prohibit CBD or THC-A formulations intended to be vaped or inhaled from containing Vitamin E acetate. Mr. Logan also discussed immunization administration recordkeeping to be used by hospital pharmacists.

Board of Funeral Directors & Embalmers - Mr. Jones (Attachment 2)

Board of Long-Term Care Administrators - Mr. Kendall (Attachment 3)

Board of Social Work - Mr. Salay (Attachment 4)

Board of Dentistry - Dr. Watkins (Attachment 5)

Board of Psychology - Dr. Stewart (Attachment 6)

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

Board of Optometry- Dr. Clayton-Jeter (Attachment 8)

Board of Veterinary Medicine - Dr. Karras (Attachment 9)

Board of Audiology & Speech-Language Pathology - Dr. King (Attachment 10)

Board of Medicine - Dr. O'Connor stated that the board met last week and at that meeting it was determined that an ad-hoc committee would be formed to discuss stem-cells. FSMBs 2020 meeting will be held in San Diego and five (5) Board of Medicine members will be attending. Half of the current board member terms will be expiring June 30, 2020.

Board of Nursing - Ms. Hershkowitz (Attachment 11)

New Business

There was discussion on the steps being taken by the Commonwealth in regards to the coronavirus. Dr. Allison-Bryan advised that she would be sharing a letter that she received from the Virginia Department of Health on this subject matter.

Next Full Board Meeting

Dr. Jones, Jr. advised the Board that the next meeting is scheduled for May 27, 2020 at 10:00 a.m.

Adjourned

1:12 p.m.

**Chair
Signature**

Allen Jones, Jr., DPT, PT

_____ / / _____

**Board Executive
Director
Signature**

Elizabeth A. Carter, PhD

_____ / / _____

Counseling Monthly Snapshot for January 2020

Counseling has received more cases in January than closed cases. Counseling has closed 15 patient care cases and 16 non-patient care cases for a total of 31 cases.

Cases Closed	
Patient Care	15
Non Patient Care	16
Total	31

Counseling has received 13 patient care case and 19 non-patient care cases for a total of 32 cases.

Cases Received	
Patient Care	13
Non Patient Care	19
Total	32

As of January 31, 2020, there were 146 Patient care cases open and 58 non-patient care cases open for a total of 204 cases.

Cases Open	
Patient Care	146
Non Patient Care	58
Total	204

There were 34261 Counseling licensees as of January 31, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Certified Substance Abuse Counselor	1932
Licensed Marriage and Family Therapist	923
Licensed Professional Counselor	6281
Qualified Mental Health Prof-Adult	7596
Qualified Mental Health Prof-Child	6770
Registered Peer Recovery Specialist	290
Rehabilitation Provider	176
Resident In Counseling	4340
Resident in Marriage and Family Therapy	218
Resident in Substance Abuse Treatment	6
Substance Abuse Counseling Assistant	257
Substance Abuse Trainee	1973
Substance Abuse Treatment Practitioner	278
Trainee for Qualified Mental Health Prof	3221
Counseling	34261

There were 4918 licenses issued for Counseling for the month of January. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Certified Substance Abuse Counselor	5
Licensed Marriage and Family Therapist	2
Licensed Professional Counselor	55
Pre-Education Review-Counseling	1
Qualified Mental Health Prof-Adult	58
Qualified Mental Health Prof-Child	46
Registered Peer Recovery Specialist	8
Rehabilitation Provider	1
Resident In Counseling	3317
Resident in Marriage and Family Therapy	217
Resident in Substance Abuse Treatment	6
Substance Abuse Counseling Assistant	5
Substance Abuse Trainee	23
Substance Abuse Treatment Practitioner	5
Trainee for Qualified Mental Health Prof	150
Counseling	4918

Regulatory Changes

Section	Change	Stage
18VAC115-15	Periodic Review – Agency Subordinate	Fast-track Register Date: 10/28/19 Effective Date: 12/12/2019
18VAC115-20	Periodic Review	Noira Register Date: 8/19/2019 Board voted on Proposed Regulations at its last meeting
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.	Noira/Emergency: Emergency Regs effective 12/23/2019. Voted on Proposed regs at last meeting.
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: At Secretary's Office
18VAC115-20	Provide a pathway for foreign trained graduates in counseling to obtain licensure as a professional counselor in Virginia. The Board intends to adopt language similar to psychology, which provides that graduates of programs that are not within the US of Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation service that allows the board to determine if the program meets the requirements set forth in the regulation.	Final: Comment period until 3/4/2020. Effective Date 3/4/2020
18VAC115-20	Acceptance of supervised practicum and internship hours in a doctoral	Final Regulation 8

	program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The intent is to recognize hours acquired in an accredited doctoral programs as meeting a portion of the hours of residency required for licensure.	Under review with Secretary of Health and Human Resources
18VAC115-30	Updating and clarifying CSAC and CSAC-A regulations: The Board intends to amend regulations for certified substance abuse counselors (CSAC) and counseling assistants to clarify portions that have confused applicants, add more specific requirements for supervised practice to better ensure accountability and quality in the experience, add time limits for completion of experience to avoid perpetual supervisees who may continue to practice without passage of an examination and completion of certification, add requirements for continuing education as a requisite for renewal to ensure on-going competency to practice, and place additional standards of practice in regulation to address issues the Board has seen in complaints and disciplinary proceedings and for consistency with other professions in behavioral health.	Effective date: 2/19/2020
18VAC-115-70	Regulations for registration of peer recovery specialists promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly	Effective Date: 11/13/2019
18VAC-115-80	Reduction in application fees for trainees	Effective Date: 2/19/2020

On the horizon: Art Therapists and an advisory board.

NEXT MEETING: May 15, 2020

Board of Funeral Directors and Embalmers

Last Meeting: October 10, 2019

Next Meeting: April 16, 2020

Updates:

- The Board's last meeting was in October, so the main highlight provided at the last meeting remains the same:
 - The Board is currently undergoing a periodic review of three sets of regulations, including regulations for the practice of funeral services, for preneed funeral contracts, and for funeral service interns. The Board adopted proposed amendments at the Board's October meeting.
- On the legislative front, there is one bill in particular that likely will impact the Board in terms of the licenses it issues. SB 1044, which has passed the Senate and will likely pass the House, would require the Board to promulgate regulations to begin re-issuing licenses for funeral directors and embalmers such that the Board would have a total of three primary license types for individuals. (The Board previously licensed Funeral Directors and Embalmers separately until the early 1970s.) An individual Funeral Director license and an individual Embalmer license would be issued in addition to the unified Funeral Service License currently issued by the Board. The legislation has an expedited enactment clause, so the Board would be required to promulgate regulations within 280 days of the bill's effective date.

Board of Long-Term Care Administrators

Last Meeting: December 17, 2019

Next Meeting: March 24, 2020

Updates:

- At the meeting in December, the Board adopted a NOIRA to proceed with changes to the regulations for training of prospective administrators, or "Administrators-in-Training," in the assisted living and nursing home settings.
- The Board also voted to adopt a Fast-Track regulation related to the use of agency subordinates in disciplinary hearings.
- Mitch Davis, NHA, was re-elected as Chair of the Board; Marj Pantone, ALFA, was re-elected as Vice-Chair.

Social Work Monthly Snapshot for January 2020

Social Work has received more cases in January than closed. Social Work has closed 7 patient care cases and 1 non-patient care cases for a total of 8 cases.

Cases Closed	
Patient Care	7
Non Patient Care	1
Total	8

Social Work has received 6 patient care case and 3 non-patient care cases for a total of 9 cases.

Case Received	
Patient Care	6
Non Patient Care	3
Total	9

As of January 31, 2020, there were 84 Patient care cases open and 15 non-patient care cases open for a total of 99 cases.

Cases Open	
Patient Care	84
Non Patient Care	15
Total	99

There were 10704 Social Work licensees as of January 31, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Total for Associate Social Worker	1
Total for Licensed Baccalaureate Social Worker	18
Total for Licensed Clinical Social Worker	7346
Total for Licensed Master's Social Worker	804
Total for LSW Supervision	9
Total for Registered Social Worker	9
Total for Registration of Supervision	2517
Total for Social Work	10704

There were 146 licenses issued for Social Work for the month of January. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Licensed Baccalaureate Social Worker	2
Licensed Clinical Social Worker	44
Licensed Master's Social Worker	9
LSW Supervision	2
Registration of Supervision	89
Total	146

Regulatory Changes

Section	Change	Stage
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	Proposed: At Secretary's office
18VAC140-20	Change in returned check fee	Effective 2/6/2020
18VAC140-20	Reduction in fees and elimination of supervised experience requirement for LBSW	Fast Track: Effective 3/5/2020

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.

Also will be adding Music Therapists and an Advisory Board.

Next Board Meeting:

March 13, 2020

February 27, 2020

REPORT OF THE BOARD OF DENTISTRY FOR THE FEBRUARY BHP MEETING

Our Board last met on Friday, December 13, 2019.

Our agenda consisted of reports of our liaison and committees wherein different members of our board as well as board staff were in attendance at several national meetings; attended the accreditation site visit for the dental hygiene program at Germanna Community College in Fredericksburg, and attended a digital dentistry symposium at the VCU dental school.

Our Regulatory-Legislative committee will be meeting on tomorrow to consider proposing an amendment to the statutory definition of dentistry which will allow for inclusion of the A1C test in the scope of the practice of dentistry. The Board's Exam committee met on January 31, 2020 to address the content and scoring requirements for the dental clinical competency exams to be accepted for licensure in Virginia.

Our Board meets again on Friday, March 13, 2020 to discuss these committee reports.

From July 1, 2019 to December 31, 2019, our Board received 238 complaints against its licensees and closed 211 cases. Of the 211 cases closed, 123 were closed with no violation and 29 were closed as undetermined. The outcomes of the remaining cases included 34 advisory letters, 3 confidential consent agreements, and 10 consent orders. During this time period the Board held 3 formal hearings and 11 informal conferences.

The proposed change to license renewal in birth months is in the final stage of the promulgation process. Our Board anticipates changing the renewal schedule in 2021.

Our Board still has not had its citizen member position filled by the governor.

Submitted by
JAMES D. WATKINS,DDS

Psychology Monthly Snapshot for January 2020

Psychology has closed more cases in January than received. Psychology has closed 9 patient care cases and 2 non-patient care cases for a total of 11 cases.

Cases Closed	
Patient Care	9
Non Patient Care	2
Total	11

Psychology has received 4 patient care case and 5 non-patient care cases for a total of 9 cases.

Case Received	
Patient Care	4
Non Patient care	5
Total	9

As of January 31, 2020, there were 86 Patient care cases open and 13 non-patient care cases open for a total of 99 cases.

Cases Open	
Patient Care	86
Non Patient Care	13
Total	99

There were 5953 Psychology licensees as of January 31, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Total for Applied Psychologist	26
Total for Clinical Psychologist	3775
Total for Resident in School Psychology	9
Total for Resident in Training	864
Total for School Psychologist	95
Total for School Psychologist-Limited	610
Total for Sex Offender Treatment Provider	423
Total for SOTP Trainee	151
Total for Psychology	5953

There were 43 licenses issued for Psychology for the month of January. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Clinical Psychologist	26
Resident in School Psychology	1
Resident in Training	4
School Psychologist-Limited	7
Sex Offender Treatment Provider	3
SOTP Trainee	2
Total	43

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: At Secretary’s Office
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: Under review at DPB
18VAC125-20	Handling Fee: The Office of the Comptroller has advised the Department that the costs for handling a returned check or dishonored credit card or debit card payment is \$50, as set forth in § 2.2-4805 of the Code of Virginia. Therefore, all board regulations are being amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50	Fast Track. Effective Date: 3/5/2020

On the Horizon: Implementation of PSYPACT

Next Meeting:

April 7, 2020

Board of Physical Therapy

Last Meeting: February 13, 2020

Next Meeting: May 12, 2020

Updates:

- Physical Therapy Licensure Compact
 - The statutes and emergency regulations related to implementation of the Compact became effective January 1, 2020. On that same date, the Board began requiring criminal background checks for applicants for licensure.
 - At the Board's February meeting, the Board adopted the proposed regulations to replace the emergency Compact regulations.
- At the Board's February meeting, Dr. Elizabeth Locke, a Board member and faculty member at ODU, presented a session to the Board entitled "The Adversity to Diversity," The session highlighted the importance of diversity within the PT profession and educational system, as well as the importance of diverse Board representation. Dr. Locke provided a set of concrete action items for promoting diversity and inclusion. She plans to publish her research in the near future.

Statistics

Last board meeting held on February 5, 2020. Next board meeting scheduled for July 17, 2020.

Complaints

FY2017	FY2018	FY2019	1 st and 2 nd Qtr FY2020
Received - 36	Received - 42	Received - 29	Received - 12

Licenses

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

Total – 2,028	TPA – 1,657	DPA – 97	Professional Designations - 274
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Activities of the Board:

- Renewal is underway and will end on 3/31/20
- Continuing education audit completed for CE obtained in 2018
- Periodic Review became effective on 12/11/19
- Gapapentin was added to the TPA Formulary effective 1/22/20
- Inactive license status will be effective on 3/4/20. This is occurring during the renewal cycle, but the Board will accommodate requests to change status on the effective date.
- Regulatory action to repeal Professional Designations is currently being reviewed by the Secretary of Health and Human Resources.
- Regulatory action for e-prescribing waiver is being review by the Secretary of Health and Human Resources. Board delegated authority to the Executive Director to issue waivers for “economic hardship” and “technological limitations” but requested the ED consult with the Board President prior to granting a waiver when “other exceptional circumstances” are identified.
- Change to handling fee for dishonored payment will be effective on 3/5/20.
- Board considered accepting attendance at a board meeting to meet CE requirements. No action was taken by the Board.
- Board will consider at its next meeting in July as to whether it will conduct a CE audit for 2019.

**Virginia Board of Veterinary Medicine
Board of Health Professions Meeting
February 27, 2020**

Attachment 9

Statistics

Last board meeting held on October 31, 2019. Next board meeting scheduled for March 5, 2020.

Complaints

FY2017	FY2018	FY2019	1 st and 2 nd Qtr FY2020
Received - 259	Received - 217	Received - 247	Received - 191

Licenses

Type of Licensee	Total # of Licensees
Veterinarian	4,300
Faculty Veterinarian	81
Intern/Resident Veterinarian	65
Veterinary Technician	2,268
Equine Dental Technician	23
Veterinary Establishment – Ambulatory	283
Veterinary Establishment - Stationary	875

Activities of the Board:

- Renewal just completed on December 31, 2019.
- Continuing education audit is underway for 2018 is complete. Board will determine at 3/5/20 meeting if a CE audit will be done for 2019.
- Change to handling fee for dishonored payment will be effective on 3/5/20.
- Inspection Committee met on 2/20/20 to begin review of veterinary establishment regulations and guidance documents related to veterinary establishments.
- Veterinarians will begin registering to access two Prescription Monitoring Program reports. The reports will allow veterinarians to 1) review prescriptions issued to an owner for a specific pet, but will not allow access to the owner’s human prescriptions; and 2) review prescriptions issued by the veterinarian.
- Leslie Knachel, Executive Director, will be making several presentations at the Virginia Veterinary Medical Association meeting on 2/28/20.

**Virginia Board of Audiology and Speech-Language Pathology
Board of Health Professions Meeting
February 27, 2020**

Attachment 10

Statistics

Last board meeting held on February 25, 2020. Next board meeting scheduled for July 7, 2020.

Complaints

FY2017 Received - 30	FY2018 Received - 17	FY2019 Received - 43	1 st and 2 nd Qtr FY2020 Received - 10
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Licenses

Audiologist	563
SLP	4559
School SLP	469

Activities of the Board:

- Renewal is will begin on May 1 and end June 30.
- Continuing education audit is underway.
- Regulatory change to licensure by endorsement is effective on 3/5/20.
- Regulatory action to add a CE provider is effective on 3/5/20.
- Professional association is moving towards issuing a certification for assistants.
- Board is in a holding position with the licensure compact. There has been no response to requests for how the compact commission will be funded. This is problematic because the compact states that the members of the compact will be responsible for ensuring that the compact is fully funded.

Statistics

The last board meeting was held on January 28, 2020. The next board meeting is scheduled for March 17, 2020.

Activities of the Board:

- Over the past two years, the Board of Nursing has worked to strengthen its members by conducting Board Training Sessions in the afternoon of each Board meeting. Topics have included:
 1. Adjudication processes before the Board;
 2. Roles of Board members in disciplinary hearings;
 3. Addiction and Mental Illness in health care professionals;
 4. Occupational licensure – evolving concerns.

- The Committee of the Joint Boards of Nursing and Medicine has focused on
 1. Autonomous practice for Certified Nurse Practitioners with five years or more of clinical experience. More than 750 applications have been received since January, and more than 700 authorizations have been issued.

 2. Implementation of the elimination of a second license for prescriptive authority for CNPs and CNMs begins on March 4, 2020. Prescriptive Authority will be designated by an endorsement on the CNP/CNM license, and will no longer require a separate renewal.

- The Board of Nursing continues to work on moving discipline cases through to completion. In addition to Staff work, Board members are fully engaged in the Probable Cause Review process whenever there is available time in the course of the hearing schedule. Additional P-14 hires are hearing more cases as Agency Subordinates.

Respectfully submitted,

Louise Hershkowitz, CRNA, MSHA

**Report of 2020 General Assembly
Department of Health Professions**

Bills	Committee	Last action	<u>Date</u>
<u>HB 42</u> - <u>Samirah</u> - Prenatal and postnatal depression, etc.; importance of screening patients.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0709)	04/06/20
<u>HB 115</u> - <u>Hope</u> - Health care providers, certain; program to address career fatigue and wellness, civil immunity.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0198)	03/08/20
<u>HB 165</u> - <u>Hope</u> - Teledentistry; definitions, establishes requirements for practice, digital scans, etc.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0037)	03/02/20
<u>HB 299</u> - <u>Sickles</u> - Fluoride varnish; possession and administration by medical assistants, etc.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0039)	03/02/20
<u>HB 347</u> - <u>Davis</u> - Commonwealth's medical cannabis program; SHHR to convene work group to review & make recommendation.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Rules</u>	(G) Acts of Assembly Chapter text (CHAP0711)	04/06/20
<u>HB 362</u> - <u>Rasoul</u> - Physician assistant; capacity determinations.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0040)	03/02/20
<u>HB 385</u> - <u>Sickles</u> - Chiropractic, practice of; clarifies definition.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/>	(G) Acts of Assembly Chapter text (CHAP0357)	03/18/20

	(S) Committee on Education and Health		
HB 386 - Hope - Conversion therapy; prohibited by certain health care providers.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0041)	03/02/20
HB 462 - Sullivan - Certified sexual assault nurse examiners; Secretary of HHR to study shortage.	(H) Committee on Rules <hr/> (S) Committee on Rules	(S) Stricken at request of Patron in Rules (14-Y 0-N)	02/28/20
HB 471 - Collins - Health professionals; unprofessional conduct, reporting.	(H) Committee for Courts of Justice <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0045)	03/02/20
HB 517 - Bulova - Collaborative practice agreements; adds nurse practitioners and physician assistants to list.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0046)	03/02/20
HB 552 - Watts - Birth control; definition.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0420)	03/23/20
HB 641 - Hurst - Funeral service providers; caskets provided by third parties.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on General Laws and Technology	(G) Acts of Assembly Chapter text (CHAP0097)	03/03/20
HB 648 - Hurst - Prescription Monitoring Program; information disclosed to Emergency Department Care Coord. Program.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP1066)	04/10/20

<p><u>HB 860</u> - <u>Bell</u> - Inhaled asthma medications; school nurse, etc., may administer to a student.</p>	<p><u>(H) Committee on Health, Welfare and Institutions</u></p> <hr/> <p><u>(S) Committee on Education and Health</u></p>	<p>(G) Acts of Assembly Chapter text (CHAP0459)</p>	<p>03/25/20</p>
<p><u>HB 908</u> - <u>Hayes</u> - Naloxone; possession and administration by employee or person acting on behalf of a public place.</p>	<p><u>(H) Committee on Health, Welfare and Institutions</u></p> <hr/> <p><u>(S) Committee on Education and Health</u></p>	<p>(G) Acts of Assembly Chapter text (CHAP0924)</p>	<p>04/09/20</p>
<p><u>HB 967</u> - <u>Willett</u> - Military service members and veterans; expediting issuance of credentials to spouses, application.</p>	<p><u>(H) Committee on General Laws</u></p> <hr/> <p><u>(S) Committee on General Laws and Technology</u></p>	<p>(G) Acts of Assembly Chapter text (CHAP0028)</p>	<p>03/02/20</p>
<p><u>HB 1000</u> - <u>Hope</u> - Prescription drugs; expedited partner therapy, labels.</p>	<p><u>(H) Committee on Health, Welfare and Institutions</u></p> <hr/> <p><u>(S) Committee on Education and Health</u></p>	<p>(G) Acts of Assembly Chapter text (CHAP0464)</p>	<p>03/25/20</p>
<p><u>HB 1059</u> - <u>Adams, D.M.</u> - Certified registered nurse anesthetists; prescriptive authority.</p>	<p><u>(H) Committee on Health, Welfare and Institutions</u></p> <hr/> <p><u>(S) Committee on Education and Health</u></p>	<p>(G) Acts of Assembly Chapter text (CHAP0100)</p>	<p>03/03/20</p>
<p><u>HB 1084</u> - <u>Hayes</u> - Surgical assistants; definition, licensure.</p>	<p><u>(H) Committee on Health, Welfare and Institutions</u></p> <hr/> <p><u>(S) Committee on Education and Health</u></p>	<p>(G) Acts of Assembly Chapter text (CHAP1222)</p>	<p>04/22/20</p>
<p><u>HB 1121</u> - <u>Robinson</u> - Massage therapists; qualifications, license.</p>	<p><u>(H) Committee for Courts of Justice</u></p> <hr/> <p><u>(S) Committee on Education and Health</u></p>	<p>(G) Acts of Assembly Chapter text (CHAP0727)</p>	<p>04/06/20</p>

<p>HB 1147 - Keam - Epinephrine; every public place may make available for administration.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0556)</p>	<p>03/31/20</p>
<p>HB 1174 - Lopez - Inhaled asthma medications; school nurse, etc., may administer to a student.</p>	<p>(H) Committee on Education</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0460)</p>	<p>03/25/20</p>
<p>HB 1260 - Hodges - Athletic Training, Advisory Board on; membership.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0926)</p>	<p>04/09/20</p>
<p>HB 1261 - Hodges - Athletic trainers; naloxone or other opioid antagonist.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0927)</p>	<p>04/09/20</p>
<p>HB 1263 - Hodges - Drug Control Act; adds certain chemicals to Schedule I of Act.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0101)</p>	<p>03/03/20</p>
<p>HB 1304 - Hodges - Pharmacy technicians and pharmacy technician trainees; registration.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0102)</p>	<p>03/03/20</p>
<p>HB 1328 - Watts - Offender medical & mental health information & records; exchange of informa. to facility, liability.</p>	<p>(H) Committee on Public Safety</p> <hr/> <p>(S) Committee on Finance and Appropriations</p>	<p>(G) Acts of Assembly Chapter text (CHAP0836)</p>	<p>04/07/20</p>

<p>HB 1460 - O'Quinn - Cannabidiol oil and THC-A oil; certification for use of oil.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0730)</p>	<p>04/06/20</p>
<p>HB 1506 - Sickles - Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0731)</p>	<p>04/06/20</p>
<p>HB 1531 - Jenkins - Drug disposal; Bd. of Pharmacy to develop public awareness of proper methods.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0614)</p>	<p>04/02/20</p>
<p>HB 1562 - Head - Music therapy; definition of music therapist, licensure.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0103)</p>	<p>03/03/20</p>
<p>HB 1654 - Helmer - Schedule VI controlled substances and hypodermic syringes and needles; limited-use license.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0609)</p>	<p>04/02/20</p>
<p>HB 1670 - O'Quinn - Pharmaceutical processors; cannabidiol oil, permit to operate processor.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0928)</p>	<p>04/09/20</p>
<p>HB 1701 - Tran - Medical Excellence Zone Program; VDH to determine feasibility of establishment.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Acts of Assembly Chapter text (CHAP0368)</p>	<p>03/18/20</p>

<u>HJ 52</u> - <u>Guzman</u> - Prescription drugs; SHHR to convene work group to address cost to Virginians, etc.	<u>(H) Committee on Rules</u> <hr/> <u>(S) Committee on Rules</u>	(H) Bill text as passed House and Senate (HJ52ER)	02/25/20
<u>HJ 130</u> - <u>Heretick</u> - Marijuana; JLARC to study legalization, regulation, etc.	<u>(H) Committee on Rules</u> <hr/> <u>(S) Committee on Rules</u>	(H) Bill text as passed House and Senate (HJ130ER)	03/04/20
<u>SB 53</u> - <u>Stanley</u> - Social workers; licensure by endorsement.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0617)	04/02/20
<u>SB 120</u> - <u>Barker</u> - Health care providers, certain; program to address career fatigue and wellness, civil immunity.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP1093)	04/10/20
<u>SB 122</u> - <u>Barker</u> - Teledentistry; definitions, establishes requirements for practice, digital scans, etc.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0220)	03/10/20
<u>SB 168</u> - <u>DeSteph</u> - Line of Duty Act; Virginia licensed health practitioners required to conduct medical reviews.	<u>(H) Committee on Appropriations</u> <hr/> <u>(S) Committee on Finance and Appropriations</u>	(H) Left in Appropriations	03/03/20
<u>SB 239</u> - <u>Barker</u> - Fluoride varnish; possession and administration by medical assistants, etc.	<u>(H) Committee on Health, Welfare and Institutions</u> <hr/> <u>(S) Committee on Education and Health</u>	(G) Acts of Assembly Chapter text (CHAP0560)	03/31/20
<u>SB 245</u> - <u>Surovell</u> - Conversion therapy; prohibited by certain health care providers.	<u>(H) Committee on Health, Welfare and Institutions</u>	(G) Acts of Assembly Chapter text (CHAP0721)	04/06/20

	(S) Committee on Education and Health		
SB 264 - Bell - Certified registered nurse anesthetists; prescriptive authority.	(H) Committee on Health, Welfare and Institutions (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0161)	03/04/20
SB 270 - Bell - Pharmacy; practice, regulation by Board of Pharmacy, report.	(H) Committee on Health, Welfare and Institutions (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP1166)	04/11/20
SB 422 - Petersen - Health regulatory boards; clarifies the meaning of "license."	(H) Committee on Health, Welfare and Institutions (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0885)	04/08/20
SB 530 - Edwards - Epinephrine; possession and administration by a restaurant employee.	(H) Committee on Health, Welfare and Institutions (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0853)	04/07/20
SB 538 - Newman - Drug Control Act; adds certain chemicals to Schedule I of Act.	(H) Committee on Health, Welfare and Institutions (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0229)	03/10/20
SB 540 - Vogel - Health professionals; unprofessional conduct, reporting.	(H) Committee on Health, Welfare and Institutions (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0230)	03/10/20
SB 544 - Edwards - Physician assistant; capacity determinations.	(H) Committee on Health, Welfare and Institutions	(G) Acts of Assembly Chapter text (CHAP0231)	03/10/20

	(S) Committee on Education and Health		
SB 565 - Edwards - Collaborative practice agreements; adds nurse practitioners and physician assistants to list.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0232)	03/10/20
SB 566 - Edwards - Naloxone or other opioid antagonist; possession and administration, liability.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP1095)	04/10/20
SB 575 - Dunnivant - Prescription Monitoring Program; information disclosed to Emergency Department Care Coord. Program.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP1067)	04/10/20
SB 633 - Vogel - Music therapy; definition of music therapist, licensure.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0233)	03/10/20
SB 646 - Surovell - Tetrahydrocannabinol concentration; definition.	(H) Committee for Courts of Justice <hr/> (S) Committee on Agriculture, Conservation and Natural Resources	(G) Acts of Assembly Chapter text (CHAP0831)	04/07/20
SB 656 - Boysko - Offender medical & mental health information & records; exchange of informa. to facility, liability.	(H) Committee on Appropriations <hr/> (S) Committee on Rehabilitation and Social Services	(G) Acts of Assembly Chapter text (CHAP0837)	04/07/20
SB 713 - McClellan - Art therapists and art therapy associates; definitions, licensure.	(H) Committee on Health, Welfare and Institutions <hr/>	(G) Acts of Assembly Chapter text (CHAP0301)	03/11/20

	(S) Committee on Education and Health		
SB 757 - Favola - Medical Excellence Zone Program; VDH to determine feasibility of establishment.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0236)	03/10/20
SB 760 - Deeds - Psychologists; licensure, permitted to practice in Psychology Interjurisdictional Compact.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP1162)	04/11/20
SB 830 - Lewis - Pharmacy technicians and pharmacy technician trainees; registration.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0237)	03/10/20
SB 836 - Suetterlein - Naloxone; possession and administration, employee or person acting on behalf of a public place.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0302)	03/11/20
SB 885 - Marsden - Performance of laboratory analysis; cannabidiol oil, THC-A oil, tetrahydrocannabinol.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0941)	04/09/20
SB 976 - Marsden - Pharmaceutical processors; operation of cannabis dispensing facilities.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP1278)	04/22/20
SB 981 - Suetterlein - Military service members and veterans; expediting the issuance of credentials to spouses.	(H) Committee on General Laws <hr/>	(G) Acts of Assembly Chapter text (CHAP0035)	03/02/20

	(S) Committee on General Laws and Technology		
SB 993 - Locke - State Health Commissioner; local health directors, qualifications.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(H) Continued to 2021 in Health, Welfare and Institutions	02/25/20
SB 1026 - Dunnivant - Pharmacists; initiating treatment, dispensing, and administering of controlled substances.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(H) Tabled in Health, Welfare and Institutions (12-Y 10-N)	02/25/20
SB 1044 - McPike - Funeral directors and embalmers; Board to promulgate regulations for licensure.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on General Laws and Technology	(G) Acts of Assembly Chapter text (CHAP0943)	04/09/20
SB 1045 - Hashmi - Cannabidiol oil and THC-A oil; sample testing.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0944)	04/09/20
SB 1046 - Deeds - Clinical social workers; patient records, involuntary detention orders.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0945)	04/09/20
SB 1074 - McClellan - Schedule VI controlled substances and hypodermic syringes and needles; limited-use license.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(G) Acts of Assembly Chapter text (CHAP0610)	04/02/20
SJ 49 - McClellan - Social workers; DHP to study need for additional, etc., workers.	(H) Committee on Rules	(S) Bill text as passed Senate and House (SJ49ER)	03/03/20

	<u>(S) Committee on Rules</u>		
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Report on Status of Regulatory Actions Department of Health Professions

Showing: All chapters currently being created, amended, or repealed - 53 actions/stages

Board		Action / Stage Information		
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;">Handling fee [Action 5491]</td> </tr> <tr> <td style="background-color: #fff9c4;">Fast-Track - At Governor's Office [Stage 8909]</td> </tr> </table>	Handling fee [Action 5491]	Fast-Track - At Governor's Office [Stage 8909]
Handling fee [Action 5491]				
Fast-Track - At Governor's Office [Stage 8909]				
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;">Unprofessional conduct - conversion therapy [Action 5225]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - At Governor's Office [Stage 8743]</td> </tr> </table>	Unprofessional conduct - conversion therapy [Action 5225]	Proposed - At Governor's Office [Stage 8743]
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Proposed - At Governor's Office [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;">Periodic review [Action 5230]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - At Secretary's Office [Stage 8872]</td> </tr> </table>	Periodic review [Action 5230]	Proposed - At Secretary's Office [Stage 8872]
Periodic review [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;">Resident license [Action 5371]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - At Governor's Office [Stage 8897]</td> </tr> </table>	Resident license [Action 5371]	Proposed - At Governor's Office [Stage 8897]
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Proposed - At Governor's Office [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;">Handling fee - returned check [Action 5436]</td> </tr> <tr> <td style="background-color: #fff9c4;">Fast-Track - At Governor's Office [Stage 8832]</td> </tr> </table>	Handling fee - returned check [Action 5436]	Fast-Track - At Governor's Office [Stage 8832]
Handling fee - returned check [Action 5436]				
Fast-Track - At Governor's Office [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;">Periodic review [Action 5305]</td> </tr> <tr> <td style="background-color: #fff9c4;">Proposed - At Governor's Office [Stage 8908]</td> </tr> </table>	Periodic review [Action 5305]	Proposed - At Governor's Office [Stage 8908]
Periodic review [Action 5305]				
Proposed - At Governor's Office [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;">Registration of QMHP-trainees [Action 5444]</td> </tr> <tr> <td style="background-color: #fff9c4;">Fast-Track - At Governor's Office [Stage 8843]</td> </tr> </table>	Registration of QMHP-trainees [Action 5444]	Fast-Track - At Governor's Office [Stage 8843]
Registration of QMHP-trainees [Action 5444]				
Fast-Track - At Governor's Office [Stage 8843]				
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 - At Governor's Office [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 - At Governor's Office [Stage 8855]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Change in renewal schedule [Action 4975] Final - At Governor's Office [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 - At Governor's Office [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] Proposed - Register Date: 1/20/20 [Stage 8704]
[18 VAC 65 - 30]	Regulations for Preneed Funeral Planning	Periodic review 2018 [Action 5220] Proposed - Register Date: 2/3/20 [Stage 8786]
[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	
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 - At Governor's Office [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 - At Governor's Office [Stage 8840]
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	<u>CE credit for specialty examination</u> [Action 5486] Fast-Track - At Governor's Office [Stage 8902]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<u>Practice with patient care team physician</u> [Action 5357] Proposed - At Governor's Office [Stage 8839]
Board	Board of Nursing	
Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] NOIRA - At Governor's Office [Stage 8826]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Registration of clinical nurse specialists</u> [Action 5306] Proposed - Register Date: 1/20/20 [Stage 8765]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Name tag requirement for foreign graduates</u> [Action 5479] Fast-Track - At Governor's Office [Stage 8891]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<u>Implementing Result of Periodic Review</u> [Action 5157] Proposed - At Governor's Office [Stage 8837]



[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Use of simulation [Action 5402] NOIRA - Register Date: 2/3/20 [Stage 8783]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Unprofessional conduct/conversion therapy [Action 5441] NOIRA - At Governor's Office [Stage 8838]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Autonomous practice [Action 5132] Final - Register Date: 6/22/20 [Stage 8907]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Emergency/NOIRA - Register Date: 1/6/20 [Stage 8798]

Board	Board of Optometry
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Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Waiver for e-prescribing [Action 5438] Emergency/NOIRA - At Governor's Office [Stage 8834]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Repeal of professional designation rules and fees [Action 5426] Fast-Track - At Governor's Office [Stage 8819]

Board	Board of Pharmacy
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Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Use of medication carousels and RFID technology [Action 5480] NOIRA - At Governor's Office [Stage 8892]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Delivery of dispensed prescriptions; labeling [Action 5093] Proposed - Register Date: 2/3/20 [Stage 8779]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Handling fee [Action 5519] Fast-Track - DPB's fast-track authorization pending [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 DPB [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 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen	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 - At Governor's Office [Stage 8856]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	Registered agents and wholesale distribution [Action 5398] Proposed - DPB Review in progress [Stage 8948]

Board

Board of Physical Therapy

Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Periodic review [Action 5228] Proposed - Register Date: 2/3/20 [Stage 8722]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Implementation of the Physical Therapy Compact [Action 5362] Proposed - At Governor's Office [Stage 8898]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Practice of dry needling [Action 4375] Final - At Governor's Office [Stage 8723]

Board

Board of Psychology

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Unprofessional conduct/conversion therapy [Action 5218] Proposed - At Governor's Office [Stage 8802]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Result of Periodic Review [Action 4897] Final - At Secretary's Office [Stage 8899]

Board

Board of Social Work

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Unprofessional conduct/practice of conversion therapy</u> [Action 5241] Proposed - At Governor's Office [Stage 8763]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Correction to qualification for LBSW licensure</u> [Action 5494] Fast-Track - At Governor's Office [Stage 8912]

DRAFT STUDY WORK PLAN
June 25, 2020

***Need for Regulation of the Practice of
Diagnostic Medical Sonography in Virginia***

Background, Authority & Scope

Section 54.1-2510 of the *Code of Virginia* authorizes the Virginia Board of Health Professions to advise the Governor, the General Assembly, and the Department Director on matters related to the regulation and level of regulation of health care occupations and professions in the Commonwealth.

The Board is conducting this study into the need to regulate diagnostic medical sonographers in the Commonwealth pursuant to HB1683(2020).¹ If regulation is deemed necessary, the Board will also recommend the appropriate level of regulation.

Methodology

The Board has adopted a formal evaluative criteria and methodology to guide all such reviews as set forth in its published *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 2019*. (Guidance Document 75-2 accessible at <http://www.dhp.virginia.gov/bhp/guidelines/75-2.doc>). Referred to hereinafter as “the Criteria,” these policies and procedures provide a standard conceptual framework with proscribed questions and research methods that have been employed for over two decades to objectively inform key policy issues related to health professional regulation. This standard is in keeping with regulatory principles established in Virginia law and is accepted in the national community of regulators. The approach is designed to lead to consideration of the least governmental restrictions possible that is consistent with the public’s protection.

The Criteria address:

1. Risk of Harm to the Consumer
2. Specialized Skills and Training
3. Autonomous Practice
4. Scope of Practice
5. Economic Impact
6. Alternatives to Regulation
7. Least Restrictive Regulation

The Regulatory Research Committee (Committee) will prepare the report for consideration by the Full Board. The Board’s report with recommendations will be forwarded to the Department’s Director for further review and comment prior to publication.

¹ See Appendix

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 public 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. Board report to the Director and Secretary for review and comment.
10. Final report due to the General Assembly **November 1, 2020**.
11. Publish final report.

Timetable and Resources

This study will be conducted with existing staff and within the budget for FY2020-2021 and according to the following **TENTATIVE** timetable:

<u>Date</u>	<u>Meeting</u>
06/25/2020	BHP Full Board Meeting <ul style="list-style-type: none">• Approval of work plan BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Draft work plan review
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Review 1st draft report• Public Hearing and Written Comment Period (21 days)
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Review 2nd draft report
08/20/2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Final review and recommendations BHP Full Board Meeting <ul style="list-style-type: none">• BHP Regulatory Research Committee report to Full Board for consideration
TBD-2020	Full Board report to the Director for review and comment
11/01/2020	Final report due to the General Assembly
11/01/2020	Publish final report

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HOUSE BILL NO. 1683

Offered January 17, 2020

A *BILL to amend and reenact §§ 54.1-2900 and 54.1-2901 of the Code of Virginia and to amend the Code of Virginia by adding in Article 4 of Chapter 29 of Title 54.1 sections numbered 54.1-2957.23 through 54.1-2957.28, relating to diagnostic medical sonography, licensure; civil penalty.*

 Patron—Hope

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2900 and 54.1-2901 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 4 of Chapter 29 of Title 54.1 sections numbered 54.1-2957.23 through 54.1-2957.28 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.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Collaboration" means the communication and decision-making process among health care providers who are members of a patient care team related to the treatment of a patient that includes the degree of cooperation necessary to provide treatment and care of the patient and includes (i) communication of data and information about the treatment and care of a patient, including the exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Consultation" means communicating data and information, exchanging clinical observations and assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.

"Diagnostic medical sonographer" means a person, including a cardiovascular or vascular technologist, certified and registered by a sonography certification organization and licensed pursuant to § 54.1-2957.26 to engage in the practice of diagnostic medical sonography.

"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.

INTRODUCED

HB1683

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

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

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

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

71 "Physician assistant" means a health care professional who has met the requirements of the Board for
72 licensure as a physician assistant.

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

83 "Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries
84 or conditions related to athletic or recreational activity that requires physical skill and utilizes strength,
85 power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or
86 condition resulting from occupational activity immediately upon the onset of such injury or condition;
87 and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the
88 patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or
89 dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

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

94 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column,
95 and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not
96 include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs,
97 medicines, serums or vaccines. "Practice of chiropractic" shall include performing the physical
98 examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to
99 § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner
100 pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified
101 Medical Examiners.

102 "Practice of diagnostic medical sonography" means the use of specialized equipment to direct
103 high-frequency sound waves into an area of the human body to generate an image. "Practice of
104 diagnostic medical sonography" includes the performance of diagnostic medical sonography and any
105 related procedure (i) authorized or prescribed by a person licensed to practice medicine or osteopathy
106 or (ii) prescribed by another licensed health care professional authorized by the Commonwealth to
107 prescribe a sonography or related procedure.

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

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

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

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

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

141 "Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and
 142 therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease
 143 prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or
 144 osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a
 145 practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii)
 146 observation and monitoring of signs and symptoms, general behavior, general physical response to
 147 respiratory care treatment and diagnostic testing, including determination of whether such signs,
 148 symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv)
 149 implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting,
 150 referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a
 151 licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures,
 152 pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care
 153 may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed
 154 appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or
 155 osteopathic medicine, and shall be performed under qualified medical direction.

156 "Qualified medical direction" means, in the context of the practice of respiratory care, having readily
 157 accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who
 158 has specialty training or experience in the management of acute and chronic respiratory disorders and
 159 who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the
 160 respiratory therapist.

161 "Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy,
 162 podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i)
 163 performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic
 164 or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises
 165 responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from
 166 unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive
 167 chemical compounds under the direction of an authorized user as specified by regulations of the
 168 Department of Health, or other procedures that contribute to any significant extent to the site or dosage
 169 of ionizing radiation to which a patient is exposed.

170 "Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist,
 171 dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27
 172 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic
 173 procedures employing equipment that emits ionizing radiation that is limited to specific areas of the
 174 human body.

175 "Radiologist assistant" means an individual who has met the requirements of the Board for licensure
 176 as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor
 177 of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate
 178 the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii)
 179 evaluate image quality, make initial observations, and communicate observations to the supervising
 180 radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist;
 181 and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the

182 guidelines adopted by the American College of Radiology, the American Society of Radiologic
183 Technologists, and the American Registry of Radiologic Technologists.

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

188 **§ 54.1-2901. Exceptions and exemptions generally.**

189 A. The provisions of this chapter shall not prevent or prohibit:

190 1. Any person entitled to practice his profession under any prior law on June 24, 1944, from
191 continuing such practice within the scope of the definition of his particular school of practice;

192 2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice
193 in accordance with regulations promulgated by the Board;

194 3. Any licensed nurse practitioner from rendering care in accordance with the provisions of
195 §§ 54.1-2957 and 54.1-2957.01 or any nurse practitioner licensed by the Boards of Medicine and
196 Nursing in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957
197 when such services are authorized by regulations promulgated jointly by the Boards of Medicine and
198 Nursing;

199 4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician,
200 *diagnostic medical sonographer*, or other technical personnel who have been properly trained from
201 rendering care or services within the scope of their usual professional activities which shall include the
202 taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes
203 when performed under the orders of a person licensed to practice medicine or osteopathy, a nurse
204 practitioner, or a physician assistant;

205 5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his
206 usual professional activities;

207 6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by
208 him, such activities or functions as are nondiscretionary and do not require the exercise of professional
209 judgment for their performance and which are usually or customarily delegated to such persons by
210 practitioners of the healing arts, if such activities or functions are authorized by and performed for such
211 practitioners of the healing arts and responsibility for such activities or functions is assumed by such
212 practitioners of the healing arts;

213 7. The rendering of medical advice or information through telecommunications from a physician
214 licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to
215 emergency medical personnel acting in an emergency situation;

216 8. The domestic administration of family remedies;

217 9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in
218 public or private health clubs and spas;

219 10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists
220 or druggists;

221 11. The advertising or sale of commercial appliances or remedies;

222 12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or
223 appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant
224 bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when
225 such bracemaker or prosthetist has received a prescription from a licensed physician, licensed nurse
226 practitioner, or licensed physician assistant directing the fitting of such casts and such activities are
227 conducted in conformity with the laws of Virginia;

228 13. Any person from the rendering of first aid or medical assistance in an emergency in the absence
229 of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

230 14. The practice of the religious tenets of any church in the ministrations to the sick and suffering by
231 mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for
232 compensation;

233 15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally
234 licensed practitioners in this Commonwealth;

235 16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable
236 regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia
237 temporarily and such practitioner has been issued a temporary authorization by the Board from
238 practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer
239 camp or in conjunction with patients who are participating in recreational activities, (ii) while
240 participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any
241 site any health care services within the limits of his license, voluntarily and without compensation, to
242 any patient of any clinic which is organized in whole or in part for the delivery of health care services
243 without charge as provided in § 54.1-106;

244 17. The performance of the duties of any active duty health care provider in active service in the
245 army, navy, coast guard, marine corps, air force, or public health service of the United States at any
246 public or private health care facility while such individual is so commissioned or serving and in
247 accordance with his official military duties;

248 18. Any masseur, who publicly represents himself as such, from performing services within the scope
249 of his usual professional activities and in conformance with state law;

250 19. Any person from performing services in the lawful conduct of his particular profession or
251 business under state law;

252 20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

253 21. Qualified emergency medical services personnel, when acting within the scope of their
254 certification, and licensed health care practitioners, when acting within their scope of practice, from
255 following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of
256 Health regulations, or licensed health care practitioners from following any other written order of a
257 physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

258 22. Any commissioned or contract medical officer of the army, navy, coast guard or air force
259 rendering services voluntarily and without compensation while deemed to be licensed pursuant to
260 § 54.1-106;

261 23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture
262 detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent
263 certifying body, from administering auricular acupuncture treatment under the appropriate supervision of
264 a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

265 24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation
266 (CPR) acting in compliance with the patient's individualized service plan and with the written order of
267 the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

268 25. Any person working as a health assistant under the direction of a licensed medical or osteopathic
269 doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional
270 facilities;

271 26. Any employee of a school board, authorized by a prescriber and trained in the administration of
272 insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents
273 as defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to a
274 student diagnosed as having diabetes and who requires insulin injections during the school day or for
275 whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

276 27. Any practitioner of the healing arts or other profession regulated by the Board from rendering
277 free health care to an underserved population of Virginia who (i) does not regularly practice his
278 profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another
279 state, territory, district or possession of the United States, (iii) volunteers to provide free health care to
280 an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer,
281 nonprofit organization that sponsors the provision of health care to populations of underserved people,
282 (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v)
283 notifies the Board at least five business days prior to the voluntary provision of services of the dates and
284 location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be
285 valid, in compliance with the Board's regulations, during the limited period that such free health care is
286 made available through the volunteer, nonprofit organization on the dates and at the location filed with
287 the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts
288 whose license or certificate has been previously suspended or revoked, who has been convicted of a
289 felony or who is otherwise found to be in violation of applicable laws or regulations. However, the
290 Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer
291 services without prior notice for a period of up to three days, provided the nonprofit organization
292 verifies that the practitioner has a valid, unrestricted license in another state;

293 28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens
294 of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as
295 defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division
296 of Consolidated Laboratories or other public health laboratories, designated by the State Health
297 Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in
298 § 32.1-49.1;

299 29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered
300 nurse under his supervision the screening and testing of children for elevated blood-lead levels when
301 such testing is conducted (i) in accordance with a written protocol between the physician or nurse
302 practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations
303 promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be
304 conducted at the direction of a physician or nurse practitioner;

305 30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good
 306 standing with the applicable regulatory agency in another state or Canada from engaging in the practice
 307 of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or
 308 athlete for the duration of the athletic tournament, game, or event in which the team or athlete is
 309 competing;

310 31. Any person from performing state or federally funded health care tasks directed by the consumer,
 311 which are typically self-performed, for an individual who lives in a private residence and who, by
 312 reason of disability, is unable to perform such tasks but who is capable of directing the appropriate
 313 performance of such tasks; or

314 32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good
 315 standing with the applicable regulatory agency in another state from engaging in the practice of that
 316 profession in Virginia with a patient who is being transported to or from a Virginia hospital for care.

317 B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as
 318 defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans
 319 Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or
 320 podiatrist or the chief medical officer of an organization participating in such program, or his designee
 321 who is a licensee of the Board and supervising within his scope of practice.

322 **§ 54.1-2957.23. Diagnostic medical sonographer; definitions.**

323 *As used in this section and §§ 54.1-2957.24 through 54.1-2957.28, unless the context requires a*
 324 *different meaning:*

325 *"Advanced diagnostic medical sonographer" means a diagnostic medical sonographer who performs*
 326 *advanced or expanded diagnostic medical sonography or related procedures under the supervision of a*
 327 *physician, in accordance with the written policies, parameters, or requirements of the facility where the*
 328 *procedure is performed and, if the policy is publicly available for at least two years, is additionally*
 329 *certified and registered by a certification organization in the advanced sonography specialization being*
 330 *performed.*

331 *"Business entity" means a corporation, partnership, association, limited liability company, limited*
 332 *liability partnership, or other legal entity recognized by the Commonwealth.*

333 *"Certification organization" means a national certification organization that specializes in the*
 334 *certification and registration of diagnostic medical sonographers and is accredited by the National*
 335 *Commission for Certifying Agencies or American National Standards Institute.*

336 *"National practitioner data bank" or "NPDB" means the electronic information repository established*
 337 *by Congress pursuant to § 6403 of the federal Patient Protection and Affordable Care Act of 2010, P.L.*
 338 *111-148, which contains information on medical malpractice payments and certain adverse actions*
 339 *related to health care practitioners, entities, providers, and suppliers.*

340 *"Specialization" means a medical specialty area with a corresponding sonography certification from*
 341 *a certification organization.*

342 **§ 54.1-2957.24. Diagnostic medical sonography; regulation of practice; certification and**
 343 **registration required; exceptions.**

344 A. Except as provided in this section, on and after January 1, 2022, only a person currently certified
 345 and registered in sonography by a certification organization may perform, offer to perform, or state or
 346 imply that the person is certified or registered to perform a diagnostic medical sonography or related
 347 procedure on a human or human fetus.

348 B. Except as provided in this section, on and after January 1, 2022, no person or business entity
 349 shall knowingly employ a person who does not hold a current certification and registration or is not
 350 exempt under this section to perform a diagnostic medical sonography procedure on a human or human
 351 fetus.

352 C. The provisions of this section shall not apply to:

353 1. A physician performing diagnostic medical sonography procedures.

354 2. A resident physician or student enrolled in and attending a school or college of medicine or
 355 osteopathy who performs an authorized diagnostic medical sonography procedure on a human or human
 356 fetus while under the supervision of a physician or direct supervision of a person holding a certification
 357 and registration in diagnostic medical sonography in the same area of specialization.

358 3. A student enrolled in and attending a diagnostic medical sonography educational program who
 359 performs an authorized diagnostic medical sonography procedure on a human or human fetus while
 360 under the supervision of a physician or direct supervision of a person holding a certification and
 361 registration in diagnostic medical sonography in the same area of specialization.

362 4. A person licensed in the Commonwealth as a radiologic technologist who is completing the
 363 clinical experience requirements for a sonography certification pathway established by a certification
 364 organization and is under the supervision of a physician or direct supervision of a person holding a
 365 certification and registration in the same area of specialization.

366 5. A person who is:

367 a. A graduate, within the previous 18 months, of a diagnostic medical sonography school or institute
 368 of higher education accredited by an organization recognized by the Council for Higher Education
 369 Accreditation and the U.S. Department of Education, or by Accreditation Canada;

370 b. Actively preparing for a sonography examination administered by a certification organization; and
 371 c. Under the supervision of a physician or direct supervision of a person holding a certification and
 372 registration in the same area of specialization.

373 6. A person who is employed by the United States government to perform a diagnostic medical
 374 sonography procedure associated with that employment.

375 7. A person licensed in the Commonwealth who is performing a sonography procedure within his
 376 scope of practice, education, training, and competence that is used to assess specific and limited
 377 information about a patient's immediate medical condition, is limited to a focused imaging target, and
 378 does not generate a recorded diagnostic medical image. A focused imaging target includes, but is not
 379 limited to:

380 a. Assessment of fetal presentation or heartbeat;

381 b. Assessment of fluid in a body cavity;

382 c. Assessment of foreign body position or location;

383 d. Fetal monitoring during active labor; or

384 e. Identification of an anatomical landmark or blood vessel for vascular access or administration of
 385 anesthesia.

386 8. An ophthalmic medical technologist using ultrasound for ophthalmic purposes (e.g., ultrasound
 387 biometry) within his scope of practice, education, training, and competence.

388 9. A person performing a diagnostic medical sonography procedure on a nonhuman subject or a
 389 human cadaver (e.g., for research purposes).

390 10. A person licensed in the Commonwealth performing a medical procedure on a human using
 391 ultrasound or ultrasound-emitting equipment for a nonimaging purpose (e.g., lithotripsy, tissue heating
 392 or healing) that is within such person's scope of practice, education, training, and competence.

393 **§ 54.1-2957.25. Limitations; scope of practice; authorizations.**

394 A. A person may perform a diagnostic medical sonography or related procedure on a human or
 395 human fetus only:

396 1. With a valid prescription of a person authorized by the Commonwealth to prescribe a diagnostic
 397 medical sonography or related procedure;

398 2. Under the supervision of a physician; and

399 3. Within the person's scope of practice, education, training, and competence.

400 B. A person performing a diagnostic medical sonography or related procedure shall perform such
 401 procedure under a scope of practice established by a certification organization or a professional society
 402 or association and within the written policies, parameters, or requirements of the facility where the
 403 procedure is performed.

404 C. A person holding a certification and registration in diagnostic medical sonography may initiate,
 405 maintain, and remove intravenous access and may administer an intravenous fluid, ultrasound contrast
 406 agent, or other drugs required for a diagnostic medical sonography or related procedure under the
 407 person's scope of practice, education, training, and competence, and under the written policies,
 408 parameters, or requirements of the facility where the procedure is performed.

409 **§ 54.1-2957.26. Licensure equivalence.**

410 A person who holds a sonography certification and registration in accordance with the provisions of
 411 §§ 54.1-2957.23 through 54.1-2957.28 and the regulations adopted by the Board shall be deemed
 412 licensed by the Commonwealth for other applicable statutes or regulations and may represent himself or
 413 be referred to as licensed by the Commonwealth.

414 **§ 54.1-2957.27. Failure to maintain certification and registration; false use or misrepresentation.**

415 A. If a person fails to maintain current certification and registration or is subject to revocation or
 416 suspension of a certification and registration by a sonography certification organization, the person
 417 shall notify his employer and shall not use ultrasound equipment or perform a diagnostic medical
 418 sonography or related procedure.

419 B. No person shall falsely use or misrepresent a title, word, abbreviation, or insignia to indicate or
 420 imply that the person is certified or registered or is authorized by §§ 54.1-2957.23 through 54.1-2957.28
 421 to perform a diagnostic medical sonography or related procedure.

422 **§ 54.1-2957.28. Regulations; violations; injunctive relief; civil penalties.**

423 A. The Board shall adopt regulations that specify the threshold for required reporting of
 424 noncompliance with §§ 54.1-2957.23 through 54.1-2957.28 or regulations adopted by the Board by a
 425 person or business entity resulting from a legal, civil, or disciplinary action against the person by any:

426 1. Business entity;

427 2. Certification organization;

- 428 3. *Court;*
429 4. *Educational institution;*
430 5. *Government agency;*
431 6. *Health care institution;*
432 7. *Law-enforcement agency;*
433 8. *Licensing jurisdiction, whether inside or outside the United States; or*
434 9. *Professional society or association.*
435 B. *The Board shall adopt regulations that specify the threshold for required and optional reporting*
436 *of an action against a person to the NPDB and an applicable certification organization or licensing*
437 *jurisdiction.*
438 C. *A person who holds or has held a sonography certification and registration shall notify the*
439 *Board, applicable certification organization, and his employer within seven days of any legal, civil, or*
440 *disciplinary action against the person if such action meets or exceeds the threshold reporting*
441 *requirements established by regulation by the Board.*
442 D. *A business entity that employs a person who holds or has held a sonography certification and*
443 *registration shall notify the Board and applicable certification organization or licensing jurisdiction*
444 *within seven days of any legal, civil, or disciplinary action against the person by the employer that*
445 *meets or exceeds the threshold reporting requirements established by regulation by the Board.*
446 E. *The Board may require a person who is subject to §§ 54.1-2957.23 through 54.1-2957.28 or*
447 *regulations adopted by the Board to notify the applicable certification organization that the person is*
448 *performing sonography and deemed licensed in the Commonwealth.*
449 F. *A person or business entity that violates §§ 54.1-2957.23 through 54.1-2957.28 or regulations*
450 *adopted by the Board may be subject to a monetary penalty or consent agreement, as determined by the*
451 *Board pursuant to § 54.1-202. The penalty may be sued for and recovered in the name of the*
452 *Commonwealth.*
453 G. *Before imposing and assessing a monetary penalty, the Board shall consider the following*
454 *factors:*
455 1. *The nature, gravity, and persistence of the violation;*
456 2. *The appropriateness of imposing a monetary penalty when considered alone or combined with*
457 *another punishment;*
458 3. *Whether the violation was willful and malicious; and*
459 4. *Any other factors that would mitigate or aggravate the violations found to exist.*
460 H. *The Board may apply to any court for an order to enjoin a person or business entity from a*
461 *violation of §§ 54.1-2957.23 through 54.1-2957.28 or regulations adopted by the Board or from*
462 *endangering the health or safety of the citizens or others within the Commonwealth.*
463 I. *Upon a showing by the Board that a person or business entity has violated any provision of*
464 *§§ 54.1-2957.23 through 54.1-2957.28 or regulations adopted by the Board or has endangered or will*
465 *endanger the health or safety of others within the Commonwealth, the court may grant an injunction or*
466 *restraining order or may take another action deemed necessary by the court.*

DRAFT STUDY WORK PLAN
June 25, 2020

***Need for Regulation of the Practice of
Naturopathic Doctors in Virginia***

Background, Authority & Scope

Section 54.1-2510 of the *Code of Virginia* authorizes the Virginia Board of Health Professions to advise the Governor, the General Assembly, and the Department Director on matters related to the regulation and level of regulation of health care occupations and professions in the Commonwealth.

The Board is conducting this study into the need to regulate naturopathic doctors in the Commonwealth of Virginia in response to requests pursuant to HB1040/SB858(2020).¹ If regulation is deemed necessary, the Board will also recommend the appropriate level of regulation.

Methodology

The Board has adopted a formal evaluative criteria and methodology to guide all such reviews as set forth in its published *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 2019*. (Guidance Document 75-2 accessible at <http://www.dhp.virginia.gov/bhp/guidelines/75-2.doc>). Referred to hereinafter as “the Criteria,” these policies and procedures provide a standard conceptual framework with proscribed questions and research methods that have been employed for over two decades to objectively inform key policy issues related to health professional regulation. This standard is in keeping with regulatory principles established in Virginia law and is accepted in the national community of regulators. The approach is designed to lead to consideration of the least governmental restrictions possible that is consistent with the public’s protection.

The Criteria address:

1. Risk of Harm to the Consumer
2. Specialized Skills and Training
3. Autonomous Practice
4. Scope of Practice
5. Economic Impact
6. Alternatives to Regulation
7. Least Restrictive Regulation

The Regulatory Research Committee (Committee) will prepare the report for consideration by the Full Board. The Board’s report with recommendations will be forwarded to the Department’s Director for further review and comment prior to publication.

¹ See Appendix

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 public 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. Board report to the Director and Secretary for review and comment.
10. Final report due to the General Assembly **November 1, 2020**.
11. Publish final report.

Timetable and Resources

This study will be conducted with existing staff and within the budget for FY2020-2021 and according to the following **TENTATIVE** timetable:

<u>Date</u>	<u>Meeting</u>
06/25/2020	BHP Full Board Meeting <ul style="list-style-type: none">• Approval of work plan BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Draft work plan review
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Review 1st draft report• Public Hearing and Written Comment Period (21 days)
TBD-2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Review 2nd draft report
08/20/2020	BHP Regulatory Research Committee Meeting <ul style="list-style-type: none">• Final review and recommendations BHP Full Board Meeting <ul style="list-style-type: none">• BHP Regulatory Research Committee report to Full Board for consideration
TBD-2020	Full Board report to the Director for review and comment
11/01/2020	Final report due to the General Assembly
11/01/2020	Publish final report

SENATE OF VIRGINIA



L. LOUISE LUCAS

PRESIDENT PRO TEMPORE

18TH SENATORIAL DISTRICT

ALL OF GREENSVILLE AND SUSSEX COUNTIES;
ALL OF THE CITY OF EMPORIA; PART OF BRUNSWICK,
ISLE OF WIGHT, SOUTHAMPTON, AND SURRY COUNTIES;
AND PART OF THE CITIES OF CHESAPEAKE, FRANKLIN,
PORTSMOUTH, AND SUFFOLK
POST OFFICE BOX 700
PORTSMOUTH, VIRGINIA 23705-0700

COMMITTEE ASSIGNMENTS:
EDUCATION AND HEALTH, CHAIR
COMMERCE AND LABOR
FINANCE AND APPROPRIATIONS
JUDICIARY
RULES

April 17, 2020

David E. Brown, D.C.
Director, Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Dr. Brown,

I am writing to you in regards to SB 858 (Petersen) Naturopathic doctors; Board of Medicine to license and regulate. Senator Petersen's bill would have created a licensing and modest scope of practice structure for medically-trained naturopathic doctors (NDs). However, it was PBI'd during the 2020 Session. This letter is to formally request a study. Given my previous legislative efforts and interests on behalf of naturopathic medicine and practitioners in Virginia, provider shortfalls compiled with access to care issues we currently face here in Virginia, and the current health crisis we are facing today I fervently believe that it would be especially important to include within the study but not be limited to:

The need for distinction on which group of naturopaths are being evaluated and considered for licensure. All practitioners should be allowed to freely continue offering their services in Virginia, within existing parameters and guidelines. However, during our advocacy efforts – both with legislators, and with other medical colleagues and professionals – we repeatedly observed significant misunderstandings about the differences in education, training, and qualifications between NDs who would be eligible for licensure and an expanded scope of practice under SB 858, and other lay practitioners and naturopathic consultants. The legislation included clear, easily-applied guidelines for discerning medically-trained NDs who would be eligible for licensure, yet it was still common for officials to mistakenly group all practitioners together when discussing regulating this profession.

Accuracy when evaluating healthcare positions and tenants of practice. As mentioned above, we heard other stakeholders and officials relaying some confused information related to the stance of NDs on certain core healthcare practices. One particularly relevant and concrete example: a DHP representative mistakenly mentioned in one of our conversations after committee that medically-trained NDs have an "anti-vaccination" standpoint, which is inaccurate – in states where vaccines are included in their scope of practice, NDs are administering them as outlined and in keeping with basic healthcare practices. While there are certainly health freedom advocates, and other groups representing lay practitioners who are against vaccinations as a part of healthcare, our medically-trained and educated NDs are not – and it would benefit public health and transparency for this to be clarified and considered when evaluating the need for licensure.

Defining that the “risk of harm” criteria is appropriately inclusive of the numerous healthcare services that medically-trained NDs are skilled to provide, and consistent with the scope of practice sought through SB 858. Currently in Virginia, both medically-trained NDs and the lay practitioners are functionally only able to operate as consultants – principally in food and nutrition advice, including herbal supplements. Medically-trained NDs however are educated and trained in numerous other standard and primary health care practices (performing physical exams, ordering and interpreting laboratory examinations, wound care and cleaning, etc.), and in states where there is a licensing and scope of practice framework established, NDs are evaluated and regulated within these frameworks because the risk for doing harm is understandably higher with such practices. During the last study, it seems that DHP focused almost exclusively on naturopaths providing nutrition counseling when evaluating the risk for harm – providing a cloudy and incomplete picture. (Our regulatory association, the FNMRA, has compiled numerous data sets and resources that speak to regulation and enforcement in the U.S.)

With every sincere sentiment of respect and very warm personal regards, I am,

Sincerely,

A handwritten signature in cursive script that reads "L. Louise Lucas". The signature is written in dark ink and is positioned above the typed name.

L. Louise Lucas
President Pro Tempore

**To view the 2005 Study Into the Need to Regulate
Naturopaths in Virginia click on the following link:**

https://www.dhp.virginia.gov/media/dhpweb/docs/studies/Study_NeedtoRegulateNaturopaths.pdf

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

**STUDY INTO THE NEED TO REGULATE
NATUROPATHS IN VIRGINIA**

September 8, 2005

Virginia Board of Health Professions
6603 W. Broad Street
Richmond, VA 23230-1712
(804) 662-9910

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 30900 - Board of Health Professions
For the Period Beginning July 1, 2019 and Ending April 30, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	500.00	-	(500.00)	0.00%
	Total Fee Revenue	500.00	-	(500.00)	0.00%
	Total Revenue	500.00	-	(500.00)	0.00%
5011110	Employer Retirement Contrib.	36,735.71	46,156.00	9,420.29	79.59%
5011120	Fed Old-Age Ins- Sal St Emp	23,783.45	29,617.00	5,833.55	80.30%
5011140	Group Insurance	3,905.23	4,473.00	567.77	87.31%
5011150	Medical/Hospitalization Ins.	12,958.00	16,488.00	3,530.00	78.59%
5011160	Retiree Medical/Hospitalizatn	3,487.97	3,995.00	507.03	87.31%
5011170	Long term Disability Ins	1,848.15	2,117.00	268.85	87.30%
	Total Employee Benefits	82,718.51	102,846.00	20,127.49	80.43%
5011200	Salaries				
5011230	Salaries, Classified	298,712.82	341,386.00	42,673.18	87.50%
	Total Salaries	298,712.82	341,386.00	42,673.18	87.50%
5011300	Special Payments				
5011310	Bonuses and Incentives	500.00	-	(500.00)	0.00%
5011340	Specified Per Diem Payment	1,800.00	4,350.00	2,550.00	41.38%
5011380	Deferred Compnstrn Match Pmts	1,050.00	1,920.00	870.00	54.69%
	Total Special Payments	3,350.00	6,270.00	2,920.00	53.43%
5011400	Wages				
5011410	Wages, General	12,942.80	45,739.00	32,796.20	28.30%
	Total Wages	12,942.80	45,739.00	32,796.20	28.30%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	3,566.69	-	(3,566.69)	0.00%
	Total Terminatn Personal Svce Costs	3,566.69	-	(3,566.69)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	401,290.82	496,241.00	94,950.18	80.87%
5012000	Contractual Svcs				
5012100	Communication Services				
5012140	Postal Services	99.96	950.00	850.04	10.52%
5012160	Telecommunications Svcs (VITA)	2,077.39	2,800.00	722.61	74.19%
5012170	Telecomm. Svcs (Non-State)	472.50	-	(472.50)	0.00%
5012190	Inbound Freight Services	15.00	20.00	5.00	75.00%

	Total Communication Services	2,664.85	3,770.00	1,105.15	70.69%
5012200	Employee Development Services				
5012210	Organization Memberships	40.00	-	(40.00)	0.00%
5012220	Publication Subscriptions	-	50.00	50.00	0.00%
5012240	Employee Training/Workshop/Conf	314.50	4,900.00	4,585.50	6.42%
5012270	Emp Trning- Trns, Ldng & Meals	-	600.00	600.00	0.00%
	Total Employee Development Services	354.50	5,550.00	5,195.50	6.39%
5012400	Mgmt and Informational Svcs				
5012470	Legal Services	-	1,050.00	1,050.00	0.00%
	Total Mgmt and Informational Svcs	-	1,050.00	1,050.00	0.00%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	90.00	-	(90.00)	0.00%
	Total Repair and Maintenance Svcs	90.00	-	(90.00)	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	939.30	675.00	(264.30)	139.16%
5012660	Manual Labor Services	185.00	25.00	(160.00)	740.00%
5012670	Production Services	-	10.00	10.00	0.00%
5012680	Skilled Services	97,216.25	120,000.00	22,783.75	81.01%
	Total Support Services	98,340.55	120,710.00	22,369.45	81.47%
5012700	Technical Services				
5012790	Computer Software Dvp Svcs	-	8,860.00	8,860.00	0.00%
	Total Technical Services	-	8,860.00	8,860.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,552.68	3,945.00	(607.68)	115.40%
5012830	Travel, Public Carriers	1,118.75	1,020.00	(98.75)	109.68%
5012850	Travel, Subsistence & Lodging	2,651.00	1,600.00	(1,051.00)	165.69%
5012880	Trvl, Meal Reimb- Not Rprtle	1,413.50	985.00	(428.50)	143.50%
	Total Transportation Services	9,735.93	7,550.00	(2,185.93)	128.95%
	Total Contractual Svcs	111,185.83	147,490.00	36,304.17	75.39%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	2,131.80	3,800.00	1,668.20	56.10%
	Total Administrative Supplies	2,131.80	3,800.00	1,668.20	56.10%
	Total Supplies And Materials	2,131.80	3,800.00	1,668.20	56.10%
5015000	Continuous Charges				
5015300	Operating Lease Payments				
5015340	Equipment Rentals	453.10	900.00	446.90	50.34%
5015350	Building Rentals	30.00	-	(30.00)	0.00%
5015360	Land Rentals	-	40.00	40.00	0.00%

5015390	Building Rentals - Non State	<u>17,198.21</u>	<u>22,718.00</u>	<u>5,519.79</u>	<u>75.70%</u>
	Total Operating Lease Payments	<u>17,681.31</u>	<u>23,658.00</u>	<u>5,976.69</u>	<u>74.74%</u>
	Total Continuous Charges	17,681.31	23,658.00	5,976.69	74.74%
5022000	Equipment				
5022100	Computer Hrdware & Sftware	-			
5022170	Other Computer Equipment	345.00	-	(345.00)	0.00%
5022180	Computer Software Purchases	<u>2,101.08</u>	<u>-</u>	<u>(2,101.08)</u>	<u>0.00%</u>
	Total Computer Hrdware & Sftware	2,446.08	-	(2,446.08)	0.00%
5022200	Educational & Cultural Equip	-			
5022240	Reference Equipment	<u>-</u>	<u>458.00</u>	<u>458.00</u>	<u>0.00%</u>
	Total Educational & Cultural Equip	-	458.00	458.00	0.00%
5022600	Office Equipment				
5022620	Office Furniture	350.64	-	(350.64)	0.00%
5022630	Office Incidentals	<u>-</u>	<u>30.00</u>	<u>30.00</u>	<u>0.00%</u>
	Total Office Equipment	350.64	30.00	(320.64)	1168.80%
5022800	Stationary Equipment				
	Total Equipment	<u>2,796.72</u>	<u>488.00</u>	<u>(2,308.72)</u>	<u>573.10%</u>
	Total Expenditures	<u>535,086.48</u>	<u>671,677.00</u>	<u>136,590.52</u>	<u>79.66%</u>

Virginia Department of Health Professions

David E. Brown, D.C.
Director

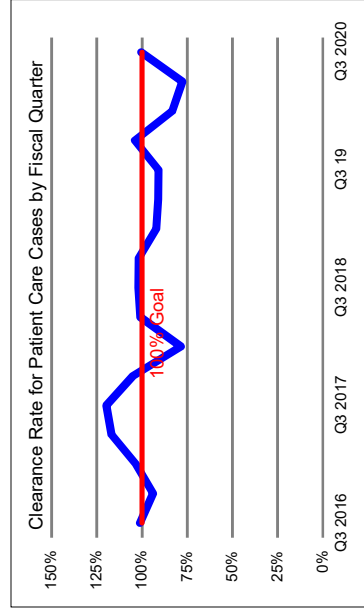
Patient Care Disciplinary Case Processing Times (with Continuance Days Removed): Quarterly Performance Measurement, Q3 2016 - Q3 2020

"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."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days the case was in the continuance activity. Beginning this quarter, the agency also tracks the Age of Pending Caseload and Time to Disposition based upon a 415 day model (These results are displayed by the green line).

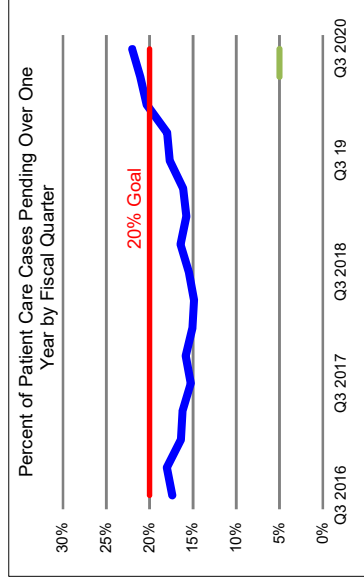
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 100%, with 1251 patient care cases received and 1257 closed.



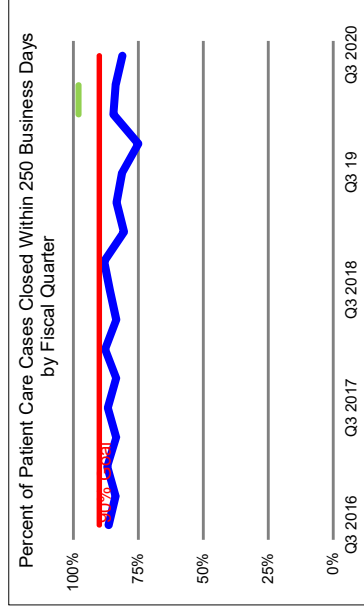
Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

The current quarter shows 22% patient care cases pending over 250 business days with 3608 patient care cases pending and 794 pending over 250 business days. 192 Cases are pending over 415 business days for a percentage of 5%



Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter shows 80% of patient care cases being resolved within 250 business days with 1198 cases closed and 960 closed within 250 business days. 877 Cases are pending over 415 business days for a percentage of 98%



Submitted: 5/8/2020

Patient Care Disciplinary Case Processing Times (with Continuance Days Removed)

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Nursing

Clearance Rate: 100%

491 Cases Received
489 Cases Closed

Pending Caseload: 20%

335 Cases Pending over 250 Days

Pending Caseload Over 415: 5%

77 Cases Pending over 415 Days

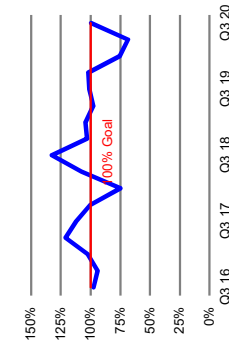
Time to Disposition: 72%

340 Cases Closed within 250 Days

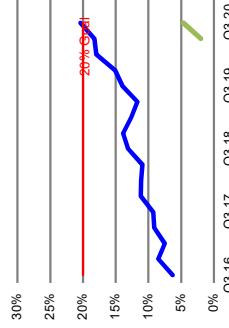
Time to Disposition: 98%

462 Cases Closed within 415 Days

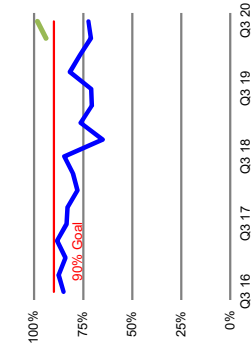
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Nurses

Clearance Rate: 105%

320 Cases Received
335 Cases Closed

Pending Caseload: 24%

307 Cases Pending over 250 Days

Pending Caseload Over 415: 6%

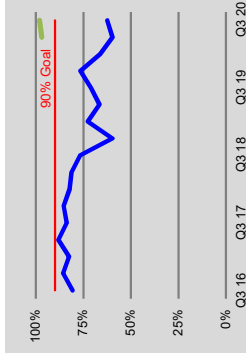
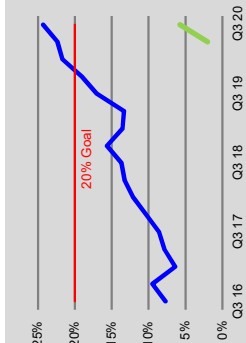
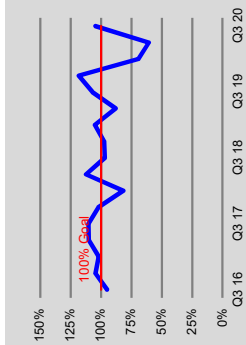
73 Cases Pending over 415 Days

Time to Disposition: 62%

198 Cases Closed within 250 Days

Time to Disposition: 98%

311 Cases Closed within 415 Days



CNA

Clearance Rate: 90%

171 Cases Received
154 Cases Closed

Pending Caseload: 8%

28 Cases Pending over 250 Days

Pending Caseload Over 415: 1%

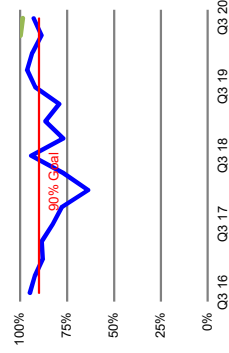
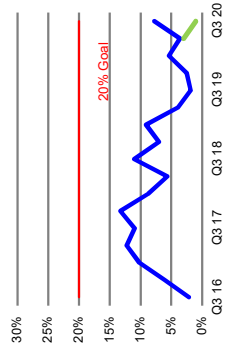
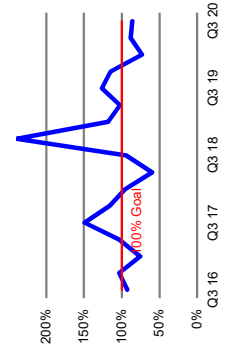
4 Cases Pending over 415 Days

Time to Disposition: 93%

142 Cases Closed within 250 Days

Time to Disposition: 99%

151 Cases Closed within 415 Days



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Medicine

Clearance Rate: 100%

449 Cases Received
451 Cases Closed

Pending Caseload: 16%

144 Cases Pending over 250 Days

Pending Caseload Over 415: 10%

89 Cases Pending over 415 Days

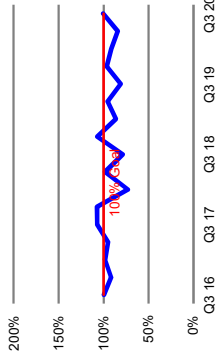
Time to Disposition: 94%

410 Cases Closed within 250 Days

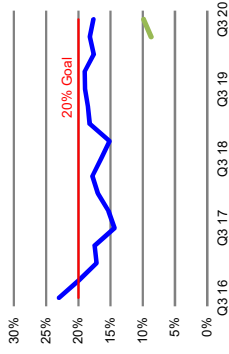
Time to Disposition within 415: 100%

434 Cases Closed within 415 Days

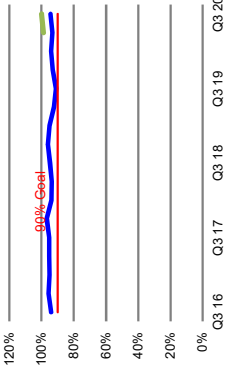
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Dentistry

Clearance Rate: 90%

86 Cases Received
77 Cases Closed

Pending Caseload: 26%

59 Cases Pending over 250 Days

Pending Caseload Over 415: 10%

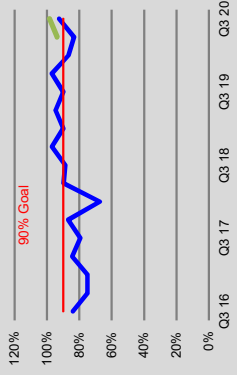
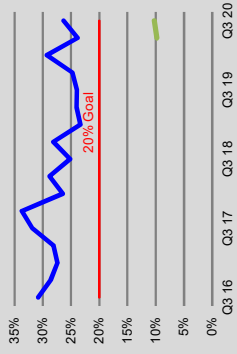
23 Cases Pending over 415 Days

Time to Disposition: 92%

61 Cases Closed within 250 Days

Time to Disposition within 415: 98%

65 Cases Closed within 415 Days



Pharmacy

Clearance Rate: 75%

72 Cases Received
54 Cases Closed

Pending Caseload: 11%

18 Cases Pending over 250 Days

Pending Caseload Over 415: 3%

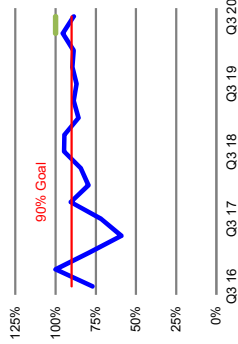
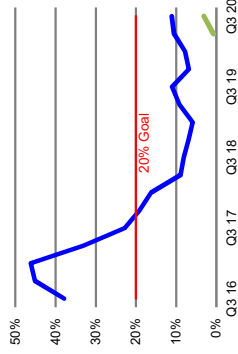
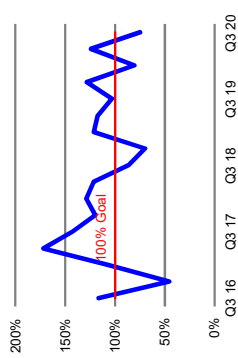
5 Cases Pending over 415 Days

Time to Disposition: 89%

47 Cases Closed within 250 Days

Time to Disposition within 415: 100%

53 Cases Closed within 415 Days



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Veterinary Medicine

Clearance Rate: 97%

29 Cases Received
28 Cases Closed

Pending Caseload: 50%

100 Cases Pending over 250 Days

Pending Caseload Over 415 Days: 17%

34 Cases Pending over 415 Days

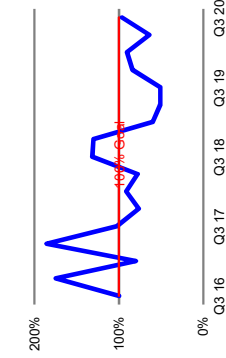
Time to Disposition: 50%

10 Cases Closed within 250 Days

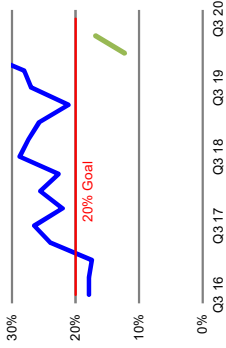
Time to Disposition within 415 Days: 100%

20 Cases Closed within 415 Days

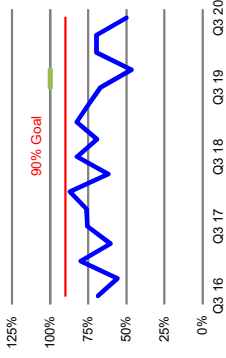
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Counseling

Clearance Rate: 109%

45 Cases Received
49 Cases Closed

Pending Caseload: 16%

22 Cases Pending over 250 Days

Pending Caseload Over 415 Days: 2%

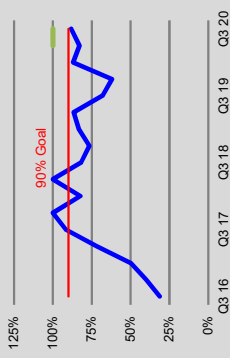
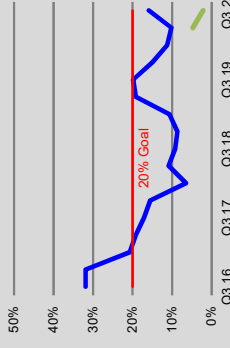
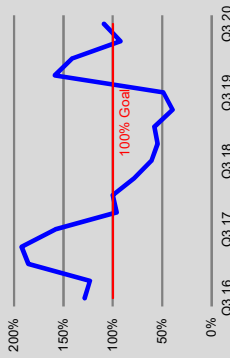
3 Cases Pending over 415 Days

Time to Disposition: 88%

45 Cases Closed within 250 Days

Time to Disposition within 415 days: 100%

51 Cases Closed within 415 Days



Social Work

Clearance Rate: 139%

18 Cases Received
25 Cases Closed

Pending Caseload: 42%

33 Cases Pending over 250 Days

Pending Caseload Over 415 Days: 14%

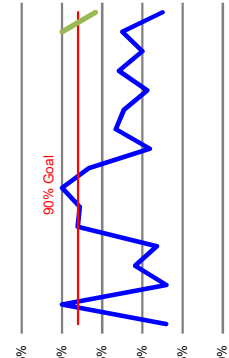
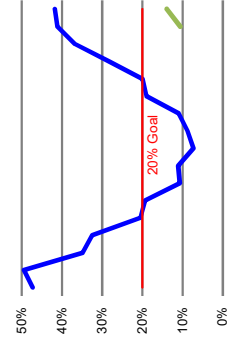
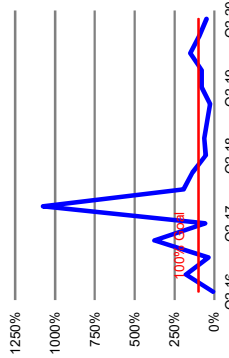
11 Cases Pending over 415 Days

Time to Disposition: 38%

9 Cases Closed within 250 Days

Time to Disposition within 415 days: 79%

19 Cases Closed within 415 Days



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Psychology

Clearance Rate: 104%

27 Cases Received
28 Cases Closed

Pending Caseload: 27%

24 Cases Pending over 250 Days
9 Cases Pending over 415 Days

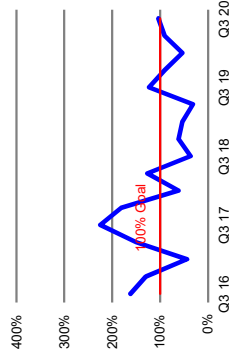
Pending Caseload over 415 days: 10%

Time to Disposition: 74%

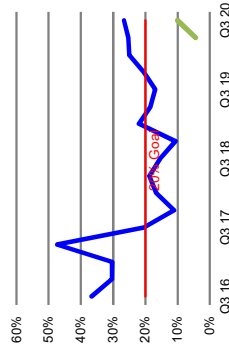
20 Cases Closed within 250 Days
26 Cases Closed within 415 Days

Time to Disposition within 415 days: 96%

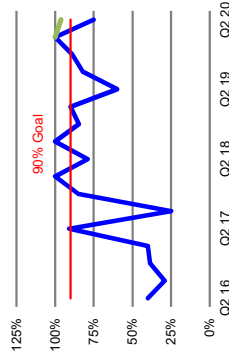
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Long Term Care

Clearance Rate: 200%

9 Cases Received
18 Cases Closed

Pending Caseload: 49%

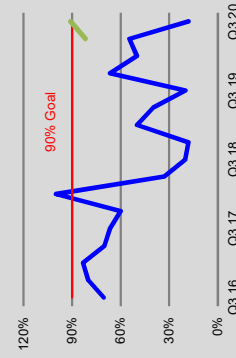
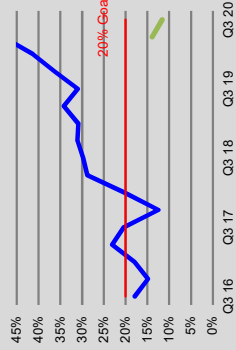
34 Cases Pending over 250 Days
8 Cases Pending over 415 Days

Pending Caseload over 415 days: 12%

Time to Disposition: 18%

2 Cases Closed within 250 Days
10 Cases Closed within 415 Days

Time to Disposition within 415 days: 91%



Optometry

Clearance Rate: 100%

4 Cases Received
4 Cases Closed

Pending Caseload: 28%

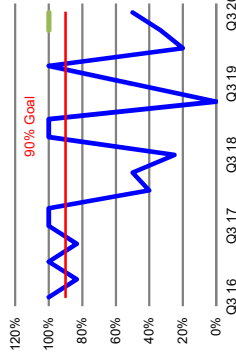
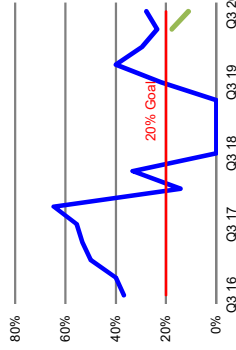
5 Cases Pending over 250 Days
2 Cases Pending over 415 Days

Pending Caseload over 415 days: 11%

Time to Disposition: 50%

1 Cases Closed within 250 Days
3 Cases Closed within 415 Days

Time to Disposition within 415 days: 100%



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

Physical Therapy

Clearance Rate: 136%

11 Cases Received
15 Cases Closed

Pending Caseload: 24%

8 Cases Pending over 250 Days

Pending Caseload Over 415 days: 3%

1 Cases Pending over 415 Days

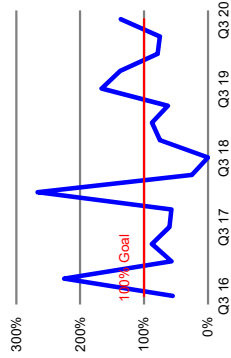
Time to Disposition: 50%

7 Cases Closed within 250 Days

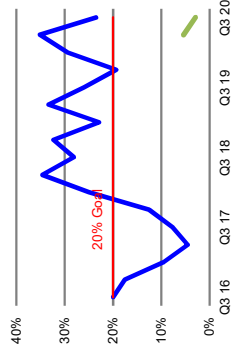
Time to Disposition within 415 days: 86%

12 Cases Closed within 415 Days

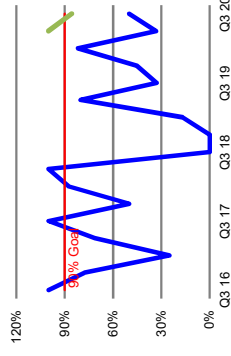
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Funeral

Clearance Rate: 110%

10 Cases Received
11 Cases Closed

Pending Caseload: 14%

4 Cases Pending over 250 Days

Pending Caseload over 415 days: 0%

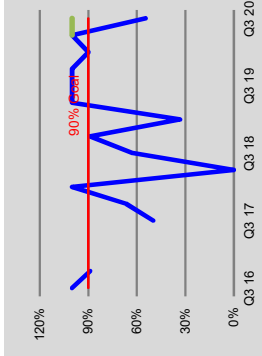
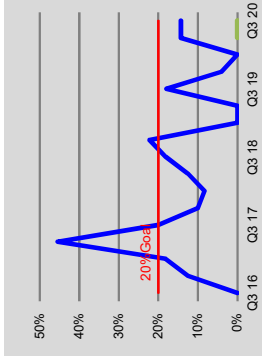
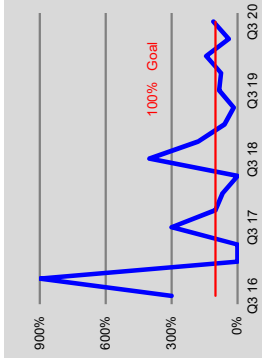
0 Cases Pending over 415 Days

Time to Disposition: 55%

6 Cases Closed within 250 Days

Time to Disposition within 415 days: 100%

11 Cases Closed within 415 Days



Audiology

Clearance Rate: -

0 Cases Received
2 Cases Closed

Pending Caseload: 50%

8 Cases Pending over 250 Days

Pending Caseload over 415 days: 44%

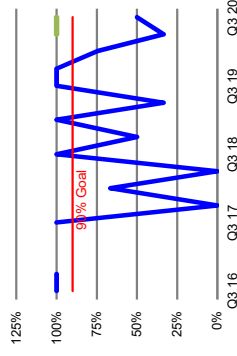
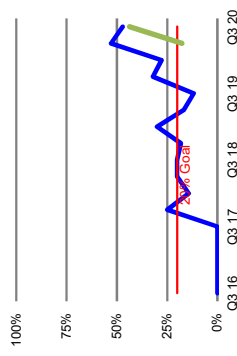
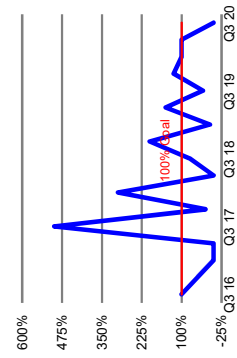
7 Cases Pending over 415 Days

Time to Disposition: 50%

1 Cases Closed within 250 Days

Time to Disposition: 100%

2 Cases Closed within 250 Days



Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q3 2016 - Q3 2020

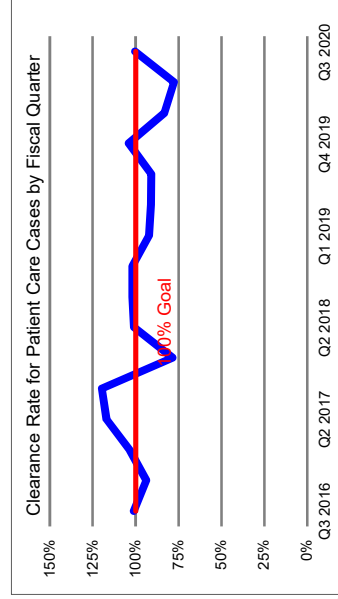
David E. Brown, D.C.
Director

“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.”

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days the case was in the continuance activity. Beginning this quarter, the agency also tracks the Age of Pending Caseload and Time to Disposition based upon a 415 day model (These results are displayed by the green square).

Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

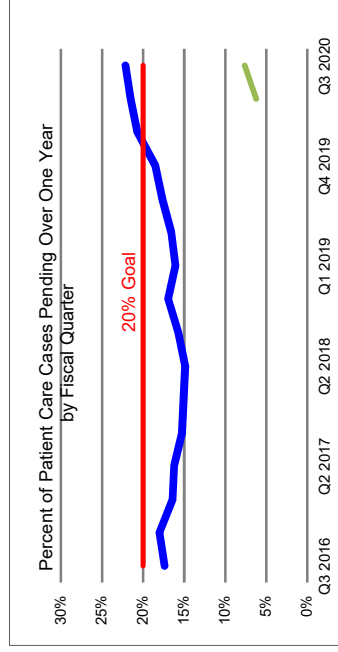
The current quarter's clearance rate is 78%, with 1208 patient care cases received and 938 closed.



Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

The current quarter shows 22% patient care cases pending over 250 business days with 3608 patient care cases pending and 799 pending over 250 business days.

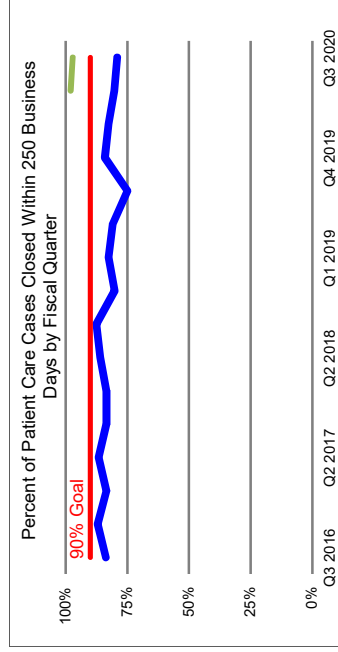
Only 274 cases or 8% are pending over 415 business days



Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter shows 79% of patient care cases being resolved within 250 business days with 1198 cases closed and 948 closed within 250 business days.

Referencing 415 business days, the goal was surpassed at 97%



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Nursing

Clearance Rate: 100%

491 Cases Received
489 Cases Closed

Pending Caseload: 21%

337 Cases Pending over 250 Days

Pending Caseload: 5%

79 Cases Pending over 250 Days

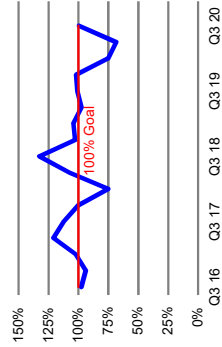
Time to Disposition: 69%

332 Cases Closed within 250 Days

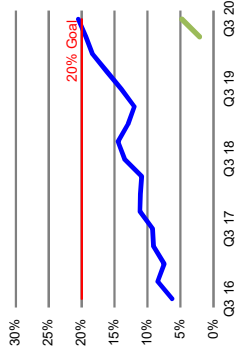
Time to Disposition: 96%

459 Cases Closed within 250 Days

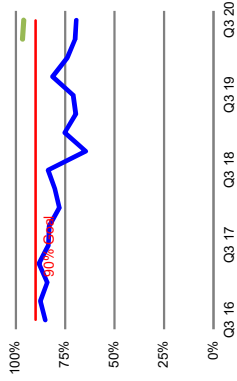
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Nurses

Clearance Rate: 105%

320 Cases Received
335 Cases Closed

Pending Caseload: 24%

309 Cases Pending over 250 Days

Pending Caseload: 6%

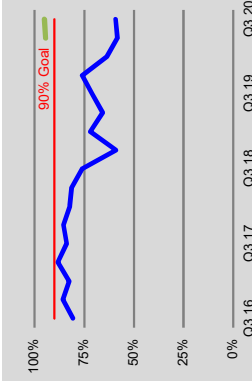
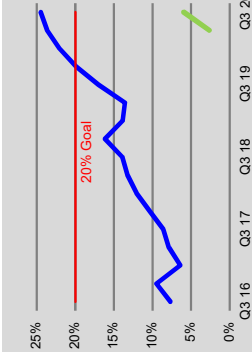
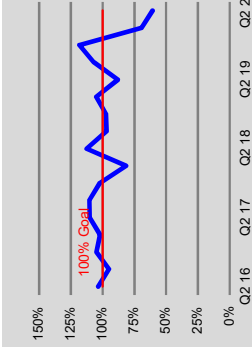
75 Cases Pending over 250 Days

Time to Disposition: 59%

192 Cases Closed within 250 Days

Time to Disposition: 95%

308 Cases Closed within 250 Days



GNA

Clearance Rate: 90%

171 Cases Received
154 Cases Closed

Pending Caseload: 8%

28 Cases Pending over 250 Days

Pending Caseload: 1%

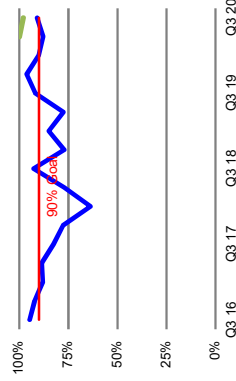
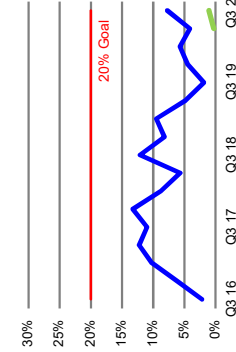
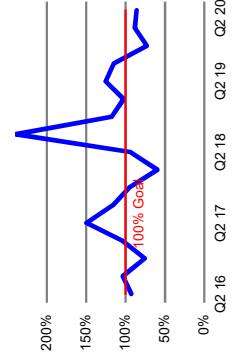
4 Cases Pending over 250 Days

Time to Disposition: 91%

140 Cases Closed within 250 Days

Time to Disposition: 98%

151 Cases Closed within 250 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Medicine

Clearance Rate: 100%

449 Cases Received
451 Cases Closed

Pending Caseload: 16%

146 Cases Pending over 250 Days

Pending Caseload: 10%

89 Cases Pending over 250 Days

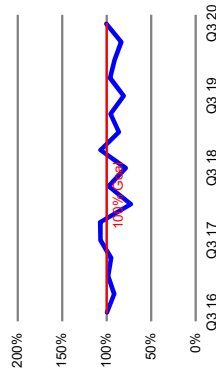
Time to Disposition: 94%

408 Cases Closed within 250 Days

Time to Disposition: 100%

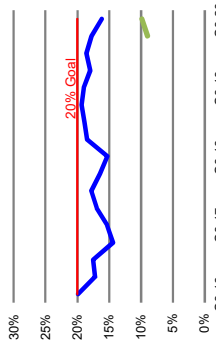
433 Cases Closed within 250 Days

Clearance Rate

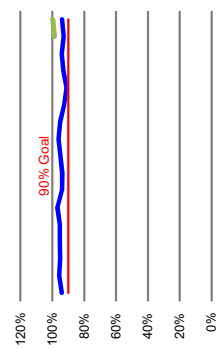


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition



Dentistry

Clearance Rate: 90%

86 Cases Received
77 Cases Closed

Pending Caseload: 26%

59 Cases Pending over 250 Days

Pending Caseload: 10%

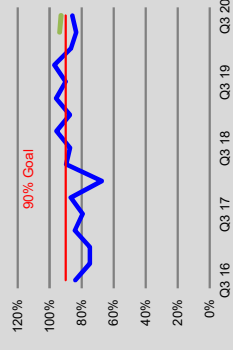
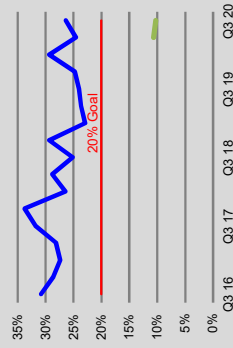
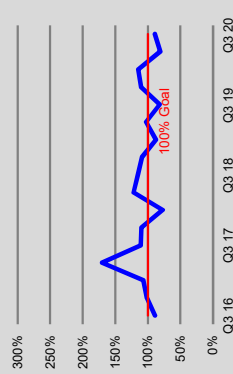
23 Cases Pending over 250 Days

Time to Disposition: 86%

60 Cases Closed within 250 Days

Time to Disposition: 93%

65 Cases Closed within 250 Days



Pharmacy

Clearance Rate: 75%

72 Cases Received
54 Cases Closed

Pending Caseload: 12%

19 Cases Pending over 250 Days

Pending Caseload: 4%

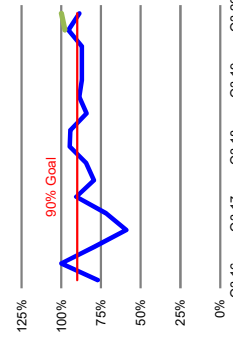
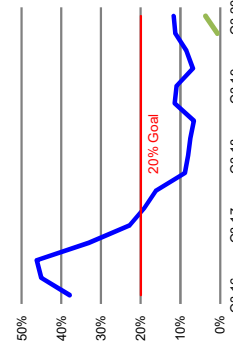
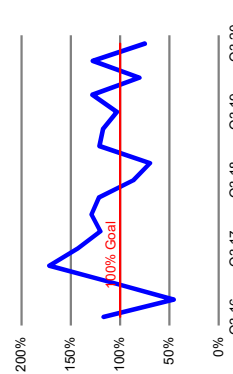
6 Cases Pending over 250 Days

Time to Disposition: 89%

47 Cases Closed within 250 Days

Time to Disposition: 100%

53 Cases Closed within 250 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Veterinary Medicine

Clearance Rate: 97%

29 Cases Received
28 Cases Closed

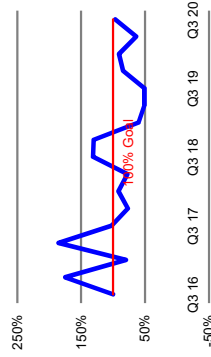
Pending Caseload: 50%
100 Cases Pending over 250 Days

Pending Caseload: 17%
34 Cases Pending over 250 Days

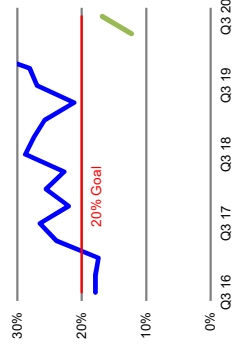
Time to Disposition: 50%
10 Cases Closed within 250 Days

Time to Disposition: 100%
20 Cases Closed within 250 Days

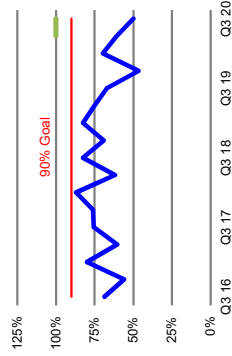
Clearance Rate



Age of Pending Caseload (percent of cases pending over one year)



Time to Disposition



Counseling

Clearance Rate: 122%

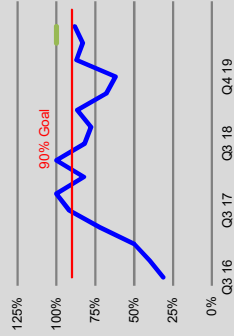
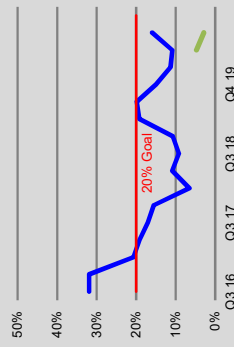
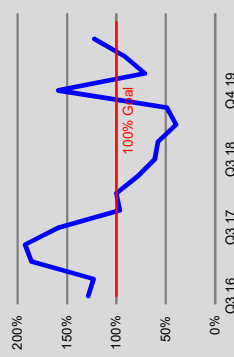
45 Cases Received
55 Cases Closed

Pending Caseload: 16%
22 Cases Pending over 250 Days

Pending Caseload: 3%
4 Cases Pending over 250 Days

Time to Disposition: 88%
45 Cases Closed within 250 Days

Time to Disposition: 100%
51 Cases Closed within 250 Days



Social Work

Clearance Rate: 139%

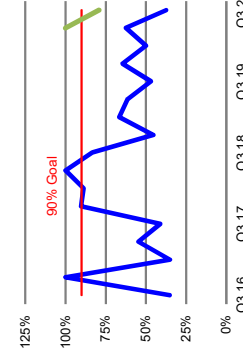
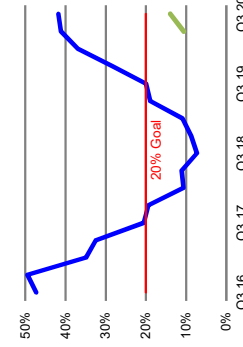
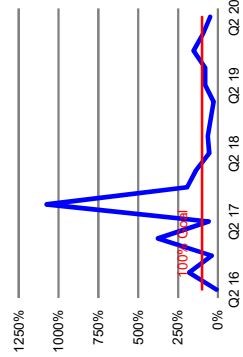
18 Cases Received
25 Cases Closed

Pending Caseload: 42%
33 Cases Pending over 250 Days

Pending Caseload: 14%
11 Cases Pending over 250 Days

Time to Disposition: 38%
9 Cases Closed within 250 Days

Time to Disposition: 79%
19 Cases Closed within 250 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Psychology

Clearance Rate: 104%

27 Cases Received
28 Cases Closed

Pending Caseload: 27%

24 Cases Pending over 250 Days

Pending Caseload: 10%

9 Cases Pending over 250 Days

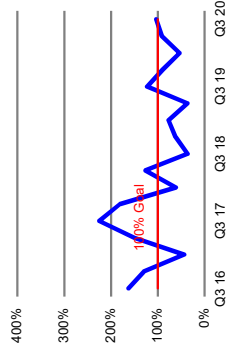
Time to Disposition: 74%

20 Cases Closed within 250 Days

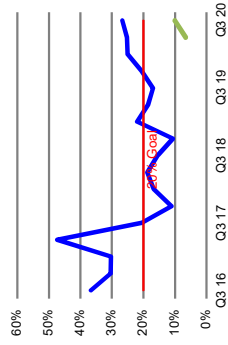
Time to Disposition: 96%

26 Cases Closed within 250 Days

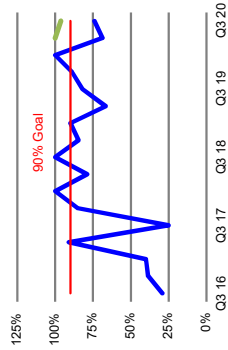
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Long Term Care

Clearance Rate: 200%

9 Cases Received
18 Cases Closed

Pending Caseload: 49%

34 Cases Pending over 250 Days

Pending Caseload: 13%

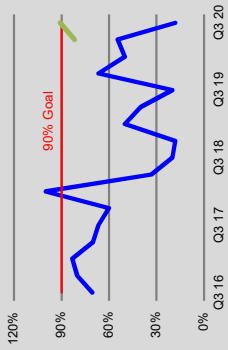
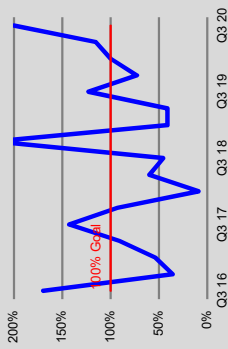
9 Cases Pending over 250 Days

Time to Disposition: 18%

2 Cases Closed within 250 Days

Time to Disposition: 91%

10 Cases Closed within 250 Days



Optometry

Clearance Rate: 100%

4 Cases Received
4 Cases Closed

Pending Caseload: 28%

5 Cases Pending over 250 Days

Pending Caseload: 11%

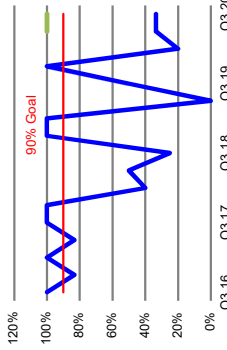
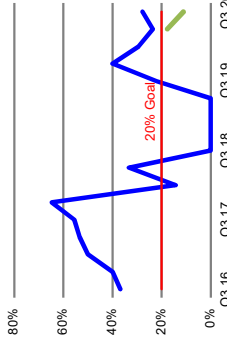
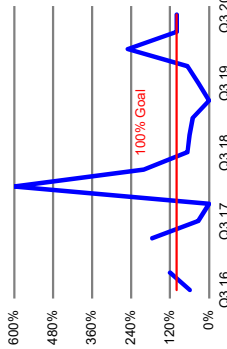
2 Cases Pending over 250 Days

Time to Disposition: 33%

1 Cases Closed within 250 Days

Time to Disposition: 100%

3 Cases Closed within 250 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Physical Therapy

Clearance Rate: 136%

11 Cases Received
15 Cases Closed

Pending Caseload: 24%

8 Cases Pending over 250 Days

Pending Caseload: 3%

1 Cases Pending over 250 Days

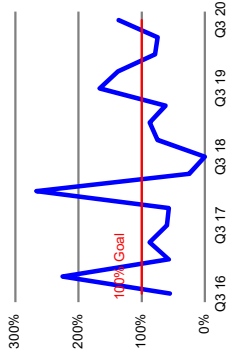
Time to Disposition: 50%

7 Cases Closed within 250 Days

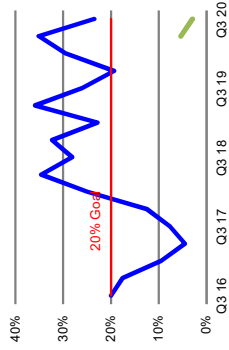
Time to Disposition: 86%

12 Cases Closed within 250 Days

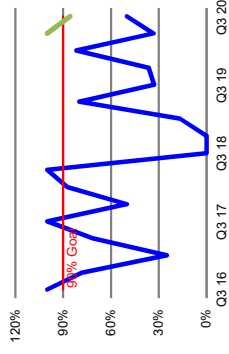
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition



Funeral

Clearance Rate: 110%

10 Cases Received
11 Cases Closed

Pending Caseload: 14%

4 Cases Pending over 250 Days

Pending Caseload: 0%

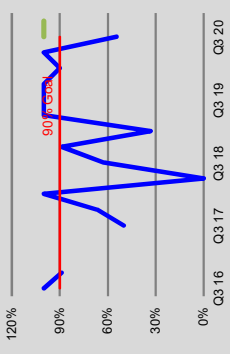
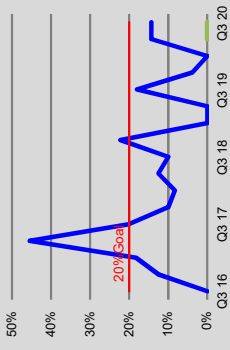
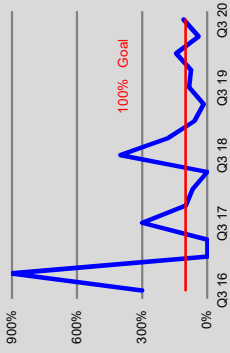
0 Cases Pending over 250 Days

Time to Disposition: 55%

6 Cases Closed within 250 Days

Time to Disposition: 100%

11 Cases Closed within 250 Days



Audiology

Clearance Rate: -

0 Cases Received
2 Cases Closed

Pending Caseload: 50%

8 Cases Pending over 250 Days

Pending Caseload: 44%

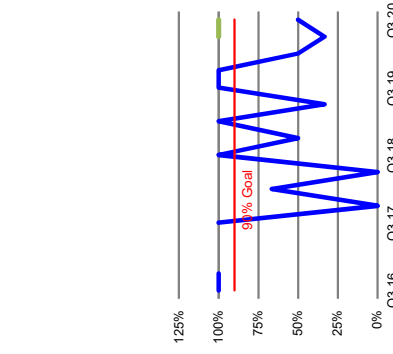
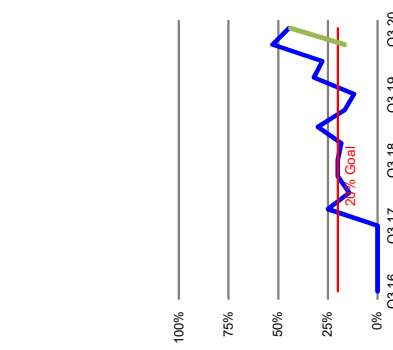
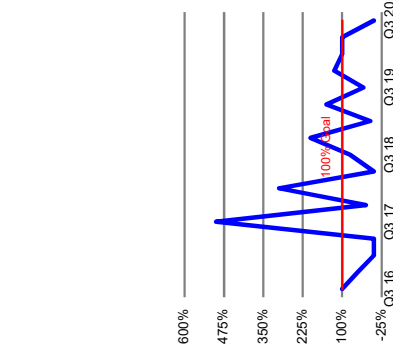
7 Cases Pending over 250 Days

Time to Disposition: 50%

1 Cases Closed within 250 Days

Time to Disposition: 44%

2 Cases Closed within 250 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

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 Chairman and Vice Chairman.

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 Chairman 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 Vice Chairman shall act as Chairman in the absence of the Chairman.

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 Chairman of the Board shall be the Chairman of the Committee.

ARTICLE VII. Committees.

1. The Chairman 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 Chairman or by written request to the Chairman 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 Chairman 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.

Approved by the Board of Health Professions on May 28, 2015.