Virginia Board of Medicine

August 2, 2019

8:30 a.m.

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 4

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Executive Committee

Friday, August 2, 2019 @ 8:30 a.m.
9960 Mayland Drive, Suite 200
Richmond, VA 23230
Board Room 4

Page

Call to Order of the Executive Committee—Ray Tuck, Jr., DC, President, Chair

Emergency Egress Procedures i

Roll Call

Approval of Minutes – December 7, 2018 1

Adoption of Agenda

Public Comment on Agenda Items

DHP Director's Report – David Brown, DC

President's Report - Ray Tuck, Jr., DC

Executive Director's Report – William L. Harp, MD .... ---

- New Deputy Executive Director – Michael Sobowale

NEW BUSINESS:

1. Regulatory Actions – Ms. Yeatts
   - Chart of Regulatory Actions as of July 19, 2019 7
   - Board Action on Fee Reduction 8
   - DHP-Medicine Regulatory/Policy Actions – 2019 General Assembly 11
   - Adoption of exempt action – Physician Assistants 18
   - Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action 21
   - Adoption of Regulation for Physician Assistants by Emergency Action 25
2. Licensure by Endorsement 45
3. Proposed 2020 Board Meeting Dates 55

Announcements

Next scheduled meeting: December 6, 2019

Adjournment

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, December 7, 2018 | Department of Health Professions | Henrico, VA

Convening of a Public Hearing on Regulations on Laser Hair Removal

Dr. O'Connor opened the floor at 8:38 AM for a Public Hearing to Receive Comment on the Regulations on Laser Hair Removal.

Ms. Yeatts referred to the copy of written comments from the Virginia Society of Plastic Surgeons which was provided to each member.

There was no other public comment.

The floor closed at 8:39 a.m.

CALL TO ORDER: Dr. O'Connor called the meeting of the Executive Committee to order at 8:40 a.m.

ROLL CALL: Ms. Opher called the roll; a quorum was established.

MEMBERS PRESENT:
Kevin O'Connor, MD, President
Lori Conklin, MD, Secretary-Treasurer
Alvin Edwards, MDiv, PhD
Jane Hickey, JD
Kenneth Walker, MD

MEMBERS ABSENT:
David Archer, MD
Nathaniel Tuck, Jr., DC, Vice-President
Syed Salman Ali, MD

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Colanthia Morton Opher, Deputy Director, Administration
Barbara Matusiak, MD, Medical Review Coordinator
Deirdre Brown, Administrative Assistant
David Brown, DC, DHP Director
Elaine Yeatts, DHP Senior Policy Analyst
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
W. Scott Johnson, JD, MSV
Kathy Martin, MSV

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

APPROVAL OF MINUTES OF AUGUST 3, 2018

Dr. Edwards moved to approve the meeting minutes of August 3, 2018 as presented. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Brown reported that there has been a decline in the numbers of opioid-related deaths in Virginia. He said that although the medical examiner's office has not released an official report, the preliminary numbers correlate with PMP statistics showing that opioid prescribing is significantly down. Dr. Brown pointed to the development of the opioid regulations as a major element in the decreased numbers of overdose deaths. He said that the concern expressed by Dr. Walker during the development of the regulations regarding physicians backing away from providing care is being recognized. Both he and Dr. Harp have received communications from patients with possible opioid addiction who are experiencing challenges in finding a practitioner willing to continue their opioid regimen.

Dr. Brown then reported on the legislative proposal for E-Prescribing implementation. He advised that if passed, the proposal will go into effect in 2022. He noted that Dr. Allison-Bryan's work in the opioid crisis has been very valuable. In addition to being an agency representative for interagency efforts, she has spoken in different venues. One of the most recent was a panel hosted by Dr. Bill Hazel at George Mason University where she discussed the direct and indirect effects of the Board of Medicine's regulations.

Dr. Brown also provided an update on the expansion of Medicaid. He noted that the expansion will facilitate more medication-assisted treatment of opioid addiction by waivered physicians, nurse practitioners and physician assistants.

Dr. Brown concluded his report by noting that the rollout for "Competencies in Pain Management" to medical schools, pharmacy schools, dental and physician assistant schools is in full swing. VCU plans to take the competencies and create an online module program for each discipline. More to come on this initiative at a future date.

PRESIDENT'S REPORT

Dr. O'Connor reported that he attended a DHP Workgroup on Conversion Therapy. No action is required of the Board of Medicine at this time.

EXECUTIVE DIRECTOR'S REPORT

Revenue and Expenditures

Dr. Harp reported that the Board is still solid in its budgeting, revenues, and expenditures.

This report was for informational purposes only and did not require any action.

Enforcement – APD – HPMP Program Costs

Dr. Harp pointed out that Medicine is still the leader in terms of the hours provided by Enforcement and APD. The number of participants in HPMP is smaller than it has been in the past.

Discussion regarding the hours of Enforcement and APD included that Medicine cases are more complex and require more investigative effort to elucidate the facts in a case.

NEW BUSINESS

Chart of Regulatory Actions

Ms. Yeatts reviewed the Chart of Regulatory Actions as of November 30, 2018. She emphasized 18VAC85-20 Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic and the amendment for electronic renewal notices.

This report was for informational purposes only.

Summary of Legislative Proposals Approved for Submission to the 2019 General Assembly by DHP

Ms. Yeatts briefly reviewed 7 legislative proposals submitted by DHP for the next Session of the General Assembly. Ms. Yeatts specifically pointed out a bill that adds 10 exemptions to the E-Prescribing of opiates. She also noted that the amendment included a waiver of a year for demonstrated economic hardship or technological limitations not reasonably within the control of the prescriber.

Ms. Yeatts also explained the intent of the amendments to Code of Virginia §54.1-3002 and 54.1-3603 that stagger the terms of expiration for some board member appointments, including the Board of Medicine.

This report was for informational purposes only and did not require any action.

Recommendation of the Ad Hoc Committee on Controlled Substances Continuing Education

Dr. O'Connor advised that the Ad Hoc met to discuss the recommended requirements. During the discussion, the members agreed that not all practitioners have the time to read and or understand the laws and regulations.

Dr. Harp said he estimated that 10-15% of prescribers have read the regulations. He said that the main communication about opioids the Board receives from patients is that their practitioner has reduced their opioid in a manner that is not effectively managing their pain. In some instances, patients are being discharged from the practice with 30 days notice. Dr. Harp stated that in 2016, the CDC released guidelines for opioids from which some practitioners inferred that 90 MME was the ceiling for treating pain. Despite the fact that the Board's regulations emphasize 120 MME, do not have an established ceiling, and only require thorough documentation for higher doses, practitioners may be confused about how they can safely treat patients and avoid running afoul of the Board's regulations.

Dr. Conklin noted that she is aware of situations in which a nurse practitioner or physician assistant issues a prescription for a lesser amount than the previous practitioner wrote, so the patients may be receiving prescriptions with less effect than needed.

Dr. Brown announced that plans are in place to educate nurse practitioners early next year and to do so with the physician assistants as well.

Dr. O'Connor then reviewed the Committee's 2-hour "package" recommendation:

- Reading the Board of Medicine Regulations Governing Prescribing Opioids and Buprenorphine
- Reading the Board's FAQ's on Opioids and Buprenorphine
- Viewing the PMP Video on NarxCare Generic Navigation
- Taking the Stanford University course on "How to Taper Patients Off of Chronic Opioid Therapy" which provides 1.25 hours of Category I AMA PRA credit.

The 2-hour "package" is designed to be a convenient way for licensees to meet the opioid CE requirement, but they can still opt for 2 hours of opioid CE that may better suit their day-to-day practice.

MOTION: Dr. Edwards moved to accept the recommendations as presented. The motion was properly seconded and passed.

Licensure by Endorsement Application and Instructions

Dr. Harp acknowledged that forms are not traditionally presented to the Board for consideration, however, the application includes discretionary information that the Board may wish to weigh in on before the implementation of licensure by endorsement.

Dr. Harp reviewed the Instructions and asked whether an applicant with a medical malpractice history is eligible for licensure by endorsement, or should they apply through traditional pathway.

Ms. Deschenes pointed out that this application and these questions are supposed to be a quick check and any adverse information, regardless of what it is, should be a disqualifying factor for licensure by endorsement.

After discussion, the Committee unanimously agreed to amend the last paragraph on the first page of the Instructions to read as follows:

BASED ON #6 ABOVE, IF YOU HAVE CONVICTIONS, BOARD ACTIONS, IMPAIRMENT, OR MEDICAL MALPRACTICE IN THE LAST TEN YEARS, YOU ARE NOT ELIGIBLE FOR LICENSURE BY ENDORSEMENT. OTHER ADVERSE INFORMATION DISCLOSED IN THE QUESTIONS MAY BE DISQUALIFYING FOR LICENSURE BY ENDORSEMENT, DEPENDING UPON THE NARRATIVE EXPLANATION THAT YOU SUBMIT.

MOTION: Dr. Conklin moved to accept the amendment to the Instructions as discussed. The motion was properly seconded.

Dr. Harp then walked the Committee through the framework of the application.

Ms. Hickey noted that the application did not offer an opportunity for an applicant to provide past or current disciplinary actions.

Dr. Harp stated that gap was created when the regulations were developed. However, the National Practitioner Data Bank (NPDB) should provide that information.

Dr. O'Connor asked if the possibility existed to amend the questions in order to capture disciplinary actions.

Ms. Deschenes stated that question #9 (page 59) could be amended to say past or pending, but Code Section 54.1-2915 gives the Board the authority to look into anything adverse reported in an application.

After discussion, the motion on the floor carried unanimously.

ANNOUNCEMENTS

Dr. Harp announced that there is a new probable cause review form in use. After the meeting adjourns, Dr. Matusiak would like the Board members to review disciplinary cases and become familiar with the new form.

The next meeting of the Committee will be April 5, 2019 at 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 9:49 a.m.

Kevin O'Connor, MD
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of July 19, 2019

Board | **Board of Medicine**

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Result of periodic review [Action 5167] Fast-Track - *Register Date: 7/22/19* *Effective: 9/6/19*
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Addition of American Board of Podiatric Medicine [Action 5316] Fast-Track - *DPB Review in progress* [Stage 8664]
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Supervision and direction for laser hair removal [Action 4860] Final - *Register Date: 7/8/19* *Effective: 8//7/19*
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Result of periodic review [Action 5168] Fast-Track - *Register Date: 7/8/19* *Effective: 8/22/19*
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	Result of periodic review [Action 5169] Fast-Track - *Register Date: 6/24/19* *Effective: 8/8/19*
[18 VAC 85 - 120]	Regulations Governing the Licensure of Athletic Trainers	Result of periodic review [Action 5170] Fast-Track - *Register Date: 6/24/19* *Effective: 8/8/19*

Agenda Item: Board Action on fee reduction

Included in agenda package:

Financial report showing current surplus

Proposed reduction of 20% for all professions during the 2020-2021 renewal cycle

Staff note:

The amended regulations will be promulgated under an exemption from the APA, so the action can be effective before notices are sent prior to the January 2020 renewals.

DHP
Board of Medicine
Full Renewal Fees and One-Time 20%
Fee Reductions

Occupations	Projected Number of Renewals (1)	Full Fees	Full Fee Revenue	One-Time Renewal Fee Reduced Fees	Reduced Fee Revenue
Assistant Behavior Analyst					
Current Active	135	$ 70	$ 9,450	$ 56	$ 7,560
Athletic Trainer					
Current Active	1,306	135	176,310	108	141,048
Current Inactive	8	70	560	56	448
Behavior Analyst					
Current Active	966	135	130,410	108	104,328
Current Inactive	2	70	140	56	112
Chiropractor					
Current Active	1,482	312	462,384	250	370,500
Current Inactive	102	168	17,136	135	13,770
Genetic Counselor					
Current Active	225	135	30,375	108	24,300
Interns & Residents					
Current Active	4,209	35	147,315	28	117,852
Licensed Acupuncturist					
Current Active	468	135	63,180	108	50,544
Current Inactive	9	70	630	56	504
Licensed Midwife					
Current Active	72	312	22,464	250	18,000
Limited Radiologic Technologist					
Current Active	416	70	29,120	56	23,296
Current Inactive	27	35	945	28	756
Medicine & Surgery					
Current Active	33,325	337	11,230,525	270	8,997,750
Current Inactive	1,403	168	235,704	135	189,405
Occupational Therapist					
Current Active	3,937	135	531,495	108	425,196
Current Inactive	80	70	5,600	56	4,480
Occupational Therapy Assistant					
Current Active	1,417	70	99,190	56	79,352
Current Inactive	17	35	595	28	476
Osteopathy & Surgery					
Current Active	3,231	337	1,088,847	270	872,370
Current Inactive	78	168	13,104	135	10,530
Physician Assistant					
Current Active	3,572	135	482,220	108	385,776
Current Inactive	28	70	1,960	56	1,568

DHP
Board of Medicine
Full Renewal Fees and One-Time 20%
Fee Reductions

Occupations	Projected Number of Renewals (1)	Full Fees	Full Fee Revenue	One-Time Renewal Fee Reduced Fees	Reduced Fee Revenue
Podiatry					
Current Active	489	337	164,793	270	132,030
Current Inactive	30	168	5,040	135	4,050
Polysomnographic Technologist					
Current Active	412	135	55,620	108	44,496
Radiologic Technologist					
Current Active	3,742	135	505,170	108	404,136
Current Inactive	38	70	2,660	56	2,128
Radiologist Assistant					
Current Active	10	150	1,500	120	1,200
Respiratory Therapist					
Current Active	3,246	135	438,210	108	350,568
Current Inactive	98	70	6,860	56	5,488
Restricted Volunteer					
Current Active	91	75	6,825	60	5,460
Surgical Assistant					
Current Active	218	70	15,260	56	12,208
Surgical Technologist					
Current Active	246	70	17,220	56	13,776
University Limited License					
Current Active	21	35	735	28	588
Grand Total	65,156		$ 15,999,552		$ 12,816,049

Total Projected Fee Reduction Amount $ 3,183,503

(1) based on the number of licensees on June 24, 2019
times the anticipated renewal percentages

Department of Health Professions/Board of Medicine
Regulatory/Policy Actions – 2019 General Assembly

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB1952	Patient care team – PAs	Medicine	8/2/19 (signed 2/22)	**11/25/19**
HB2559	Waiver for electronic prescribing	Medicine Nursing Dentistry Optometry	8/2/19 7/16/19 6/21/19 6/28/19 (signed 3/21)	**12/24/19**

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB2457	Retiree license	Medicine – Legislative Comm.	NOIRA – 10/17/19	?

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1848	Enforcement	Process for reporting to DOE & SCHEV on nursing educ programs	7/1/19
HB1970	Department	Review of telehealth; practice by adjacent physicians	11/1/19
HB1971	Department – APD	Revision of procedures & policy for mandatory suspensions	7/1/19
HB2169	Medicine	Review/revision of application content & process to identify & expedite military spouse apps	7/1/19
HB2556	Department – Enforcement	Revision of procedures & policy for disclosure of investigative information Revision of designation form for Boards	7/1/19
HB2557	Department – PMP	Change in reporting requirements; publication on websites	7/1/19
SB1547	BHP	Study of music therapy – need to regulate	11/1/19
SB1557	Medicine/Pharmacy/Department	Inclusion of NPs and PAs for registration to issue certifications Participation in workgroup to study oversight organization	7/1/19
SB1760 (not passed)	Department (Medicine)	Study of Xrays in spas – VDH	11/1/19
HJ682 (not passed)	Department	Study of foreign-trained physicians to provide services in rural areas	11/1/19

Future Policy Actions:

HB793 (2018) - (2) the Department of Health Professions, by **November 1, 2020**, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by **November 1, 2021**.

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

2019 SESSION

INTRODUCED

19104189D

HOUSE JOINT RESOLUTION NO. 682

Offered January 9, 2019
Prefiled January 9, 2019

Requesting the Department of Health Professions to study options for utilizing physicians trained outside the United States to address shortages of physicians in rural and underserved areas of the Commonwealth. Report.

Patrons—Tran and Lopez

Referred to Committee on Rules

WHEREAS, according to the Department of Health Professions (the Department), as of 2016, only seven percent of Virginia physicians are employed in non-metropolitan counties in the Commonwealth; and

WHEREAS, there is a shortage of physicians in rural and underserved areas of the Commonwealth; and

WHEREAS, foreign-trained physicians are often willing to serve in remote, rural areas and underserved communities, and have the potential to alleviate the shortage of physicians in rural areas of the Commonwealth;

WHEREAS, in order to practice in the United States, foreign-trained physicians must meet the same strict requirements applied to graduates of United States medical schools; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Health Professions be requested to study options for utilizing physicians who already reside in the Commonwealth but were trained outside the United States to address shortages of physicians in rural and underserved areas of the Commonwealth. The Department shall convene a workgroup composed of representatives of the Department of Health Professions; the Department of Health; the Virginia Rural Health Association; the Virginia Health Workforce Development Authority; the Medical Society of Virginia, including licensed physicians trained within and outside of the United States; groups representing the interests of immigrants to the Commonwealth; groups representing health care providers, including the Virginia Hospital and Healthcare Association; representatives of graduate medical education programs in Virginia; and such other stakeholders as the Department deems appropriate to assist with such study.

In conducting its study, the Department of Health Professions shall (i) identify the need for physicians in the Commonwealth's rural and underserved communities; (ii) describe, to the extent practicable, the population of foreign-trained physicians in the Commonwealth and the potential economic impact to Virginia if these physicians are able to practice to the full extent of their training; (iii) identify initiatives and programs from other states that assist foreign-trained physicians in preparing for the United States Medical Licensing Examination (USMLE); (iv) identify Commonwealth licensing requirements that pose unnecessary barriers to practice in the Commonwealth for foreign-trained physicians; (v) identify steps the Commonwealth has already taken to facilitate practice in the Commonwealth for foreign-trained physicians; (vi) identify and review policies that assess the readiness of residency programs in the Commonwealth for foreign-trained physicians who have gained professional experience in supervised internships and other work experiences outside of the United States; (vii) identify options for addressing English-language barriers that foreign-trained physicians encounter in preparing for licensure examinations, including the USMLE; and (viii) assess the degree to which existing programs in Virginia facilitate the ability of foreign-trained physicians to practice in rural and underserved areas of the Commonwealth, and identify potential new policies or programs.

All agencies of the Commonwealth shall provide assistance to the Department of Health Professions for this study, upon request.

The Department of Health Professions shall submit to the Governor and the General Assembly an interim executive summary and a report of its findings and recommendations no later than December 1, 2019. The final executive summary and a report of its findings and recommendations shall be submitted to the Governor and the General Assembly by July 1, 2020. Each executive summary shall state whether the Department of Health Professions intends to submit the document for publication as a House or Senate document, shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports, and shall be posted on the General Assembly's website.

INTRODUCED

HJ682

2/1/19 16:47

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 379

An Act to amend the Code of Virginia by adding a section numbered 54.1-2937.1, relating to Board of Medicine; retiree license.

[H 2457]

Approved March 14, 2019

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-2937.1 as follows:

§ 54.1-2937.1. Retiree license.

A. The Board may issue a retiree license to any doctor of medicine, osteopathy, podiatry, or chiropractic who holds an unrestricted, active license to practice in the Commonwealth upon receipt of a request and submission of the fee required by the Board. A person to whom a retiree license has been issued shall not be required to meet continuing competency requirements for the first biennial renewal of such license.

B. A person to whom a retiree license has been issued shall only engage in the practice of medicine, osteopathy, podiatry, or chiropractic for the purpose of providing (i) charity care, as defined in § 32.1-102.1, and (ii) health care services to patients in their residence for whom travel is a barrier to receiving medical care.

2019 SESSION

INTRODUCED

19101580D

SENATE BILL NO. 1124

Offered January 9, 2019

Prefiled December 27, 2018

A BILL to amend and reenact § 54.1-2901 of the Code of Virginia, relating to telemedicine; physicians licensed in contiguous jurisdictions.

Patron—Favola

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2901 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2901. Exceptions and exemptions generally.

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

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

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

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

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

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

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

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

8. The domestic administration of family remedies;

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

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

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

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

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

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

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

INTRODUCED

SB1124

5/3/19 9:53

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

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

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

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

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

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

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

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

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

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

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

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

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health

Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

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

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

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

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

33. Any person licensed to practice medicine or osteopathy who is in good standing with the applicable regulatory agency of a jurisdiction that is contiguous with the Commonwealth from providing health care services to patients located in the Commonwealth through use of telemedicine services as defined in § 38.2-3418.16.

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

Agenda Item: Adoption of exempt action – Physician Assistants

Included in agenda package:

Copy of HB2169 – Amendment to Code to authorize issuance of a license by endorsement as a physician assistant for a spouse of an active duty military person

Draft of an amendment to 18VAC85-50-50 – Regulations Governing the Practice of Physician Assistants

Action: Adoption of amended regulation as an exempt action

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 338

An Act to amend and reenact § 54.1-2951.1 of the Code of Virginia, relating to physician assistants; licensure by endorsement.

[H 2169]

Approved March 12, 2019

Be it enacted by the General Assembly of Virginia:
1. That § 54.1-2951.1 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2951.1. Requirements for licensure as a physician assistant; licensure by endorsement.

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant that shall include the following:

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;

2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and

3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. *The Board may issue a license by endorsement to an applicant for licensure as a physician assistant if the applicant (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.*

C. Prior to initiating practice with a supervising physician, the physician assistant shall enter into a written or electronic practice agreement with at least one supervising physician or podiatrist.

~~C.~~ A practice agreement shall include delegated activities pursuant to § 54.1-2952, provisions for the periodic review of patient charts or electronic health records, guidelines for availability and ongoing communications among the parties to the agreement and the patient, periodic joint evaluation of the services delivered, and provisions for appropriate physician input in complex clinical cases, in patient emergencies, and for referrals.

A practice agreement may include provisions for periodic site visits by supervising licensees who supervise and direct assistants who provide services at a location other than where the licensee regularly practices. Such visits shall be in the manner and at the frequency as determined by the supervising physician or podiatrist.

D. Evidence of a practice agreement shall be maintained by the physician assistant and provided to the Board upon request.

Project 6084 - none

BOARD OF MEDICINE

PA licensure by endorsement

18VAC85-50-50. Licensure: entry requirements and application.

A. The applicant seeking licensure as a physician assistant shall submit:

1. A completed application and fee as prescribed by the board.

2. Documentation of successful completion of an educational program as prescribed in § 54.1-2951.1 of the Code of Virginia.

3. Documentation of passage of the certifying examination administered by the National Commission on Certification of Physician Assistants.

4. Documentation that the applicant has not had a license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. The board may issue a license by endorsement to an applicant for licensure if the applicant (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

Agenda Item: Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action

Included in agenda package:

Copy of HB2559 – Amendments to Code to require electronic prescribing of an opioid by July 1, 2020

Draft of amendments to 18VAC85-21-21 – Regulations Governing Prescribing of Opioids and Buprenorphine

Staff note:

Enactment clause on HB2559 requires adoption of regulations within 280 days, so the Board must amend by an emergency action.

Action: Adoption of emergency regulations and a Notice of Intended Regulatory Action (NOIRA) to replace the emergency regs

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 664

An Act to amend and reenact §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia, relating to electronic transmission of certain prescriptions; exceptions.

[H 2559]

Approved March 21, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions.

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an ~~opiate~~ *opioid* shall be issued as an electronic prescription.

C. The requirements of subsection B shall not apply if:

1. The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient's agent;

2. The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;

3. The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;

4. The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;

5. The prescription is issued by a licensed veterinarian for the treatment of an animal;

6. The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;

7. The prescription is for an opioid under a research protocol;

8. The prescription is issued in accordance with an executive order of the Governor of a declared emergency;

9. The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or

10. The prescriber has been issued a waiver pursuant to subsection D.

D. The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

§ 54.1-3410. When pharmacist may sell and dispense drugs.

A. A pharmacist, acting in good faith, may sell and dispense drugs and devices to any person pursuant to a prescription of a prescriber as follows:

1. A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription that is properly executed, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed;

2. In emergency situations, Schedule II drugs may be dispensed pursuant to an oral prescription in accordance with the Board's regulations;

3. Whenever a pharmacist dispenses any drug listed within Schedule II on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing the prescription serial number or name of the drug; the date of initial filling; his name and address, or the name and address of the pharmacy; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a chart order; and such directions as may be stated on the prescription.

B. A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription as follows:

1. If the prescription is written, it shall be properly executed, dated and signed by the person prescribing on the day when issued and bear the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. If the prescription is oral, the prescriber shall furnish the pharmacist with the same information as is required by law in the case of a written prescription for drugs and devices, except for the signature of the prescriber.

A pharmacist who dispenses a Schedule III through VI drug or device shall label the drug or device as required in subdivision A 3 of this section.

C. A drug controlled by Schedule VI may be refilled without authorization from the prescriber if, after reasonable effort has been made to contact him, the pharmacist ascertains that he is not available and the patient's health would be in imminent danger without the benefits of the drug. The refill shall be made in compliance with the provisions of § 54.1-3411.

If the written or oral prescription is for a Schedule VI drug or device and does not contain the address or registry number of the prescriber, or the address of the patient, the pharmacist need not reduce such information to writing if such information is readily retrievable within the pharmacy.

D. Pursuant to authorization of the prescriber, an agent of the prescriber on his behalf may orally transmit a prescription for a drug classified in Schedules III through VI if, in such cases, the written record of the prescription required by this subsection specifies the full name of the agent of the prescriber transmitting the prescription.

E. (Effective July 1, 2020) ~~No pharmacist shall dispense a controlled substance that contains an opiate unless the prescription for such controlled substance is issued as an electronic prescription.~~ *A dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is not required to verify that one of the exceptions set forth in § 54.1-3408.02 applies and may dispense such controlled substance pursuant to such prescription and applicable law.*

2. That the Board of Medicine, the Board of Nursing, the Board of Dentistry, and the Board of Optometry shall promulgate regulations to implement the provisions of this act regarding prescriber waivers to be effective within 280 days of its enactment.

3. That the Secretary of Health and Human Resources shall convene a work group of interested stakeholders, including the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Dental Association, the Virginia Association of Health Plans, and the Virginia Pharmacists Association, to evaluate the implementation of the electronic prescription requirement for controlled substances and shall report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022. The work group's report shall identify the successes and challenges of implementing the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid.

Project 6085 - none

BOARD OF MEDICINE

Waiver for electronic prescribing

18VAC85-21-21. Electronic prescribing.

A. Beginning July 1, 2020, a prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription as consistent with § 54.1-3408.02 of the Code of Virginia.

B. Upon written request, the board may grant a one-time waiver of the requirement of subsection A of this section, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Agenda Item: Adoption of Regulation for Physician Assistants by Emergency Action

Included in agenda package:

Copy of HB1952 – Amendments to Code to change from supervision of physician assistants to practice with a patient care team physician

Draft of amendments to 18VAC85-50-10 et seq. – Regulations Governing the Practice of Physician Assistants

Staff note:

Enactment clause on HB1952 requires adoption of regulations within 280 days, so the Board must amend by an emergency action.

Action: Adoption of emergency regulations and a Notice of Intended Regulatory Action (NOIRA) to replace the emergency regs

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 137

An Act to amend and reenact §§ 54.1-2900, 54.1-2951.1 through 54.1-2952.1, 54.1-2953, and 54.1-2957 of the Code of Virginia, relating to patient care teams; podiatrists and physician assistants.

[H 1952]

Approved February 22, 2019

Be it enacted by the General Assembly of Virginia:
1. That §§ 54.1-2900, 54.1-2951.1 through 54.1-2952.1, 54.1-2953, and 54.1-2957 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2900. Definitions.

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

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

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

"Board" means the Board of Medicine.

"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.

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

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

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

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

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

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

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

"Patient care team physician" means a physician who is actively licensed to practice medicine in the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management

and leadership in the care of patients as part of a patient care team.

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

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

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

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

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

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

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

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

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

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital

or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

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

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

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

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

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

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

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

§ 54.1-2951.1. Requirements for licensure and practice as a physician assistant.

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant that shall include the following:

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;

2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and

3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. ~~Prior to initiating~~ *Every physician assistant shall* practice ~~with a supervising physician, the physician assistant shall enter into a written or electronic practice agreement~~ *as part of a patient care*

team and shall enter into a written or electronic practice agreement with at least one ~~supervising physician~~ *patient care team physician* or *patient care team* podiatrist.

C. A practice agreement shall include ~~delegated activities~~ *acts* pursuant to § 54.1-2952, provisions for the periodic review of patient charts or electronic health records, guidelines for ~~availability and ongoing communications~~ *collaboration and consultation* among the parties to the agreement and the patient, periodic joint evaluation of the services delivered, and provisions for appropriate physician input in complex clinical cases, in patient emergencies, and for referrals.

A practice agreement may include provisions for periodic site visits by ~~supervising licensees who supervise and direct assistants who provide services~~ *a patient care team physician or patient care team podiatrist who is part of the patient care team* at a location other than where the licensee regularly practices. Such visits shall be in the manner and at the frequency as determined by ~~the supervising~~ *a patient care team* physician or *patient care team* podiatrist *who is part of the patient care team.*

D. Evidence of a practice agreement shall be maintained by the physician assistant and provided to the Board upon request. *The practice agreement may be maintained in writing or electronically, and may be a part of credentialing documents, practice protocols, or procedures.*

§ 54.1-2951.2. Issuance of a license.

The Board shall issue ~~the~~ *a* license to the physician assistant to practice ~~under the supervision of a licensed doctor of medicine, osteopathy, or podiatry,~~ *as part of a patient care team* in accordance with § 54.1-2951.1.

§ 54.1-2951.3. Restricted volunteer license for certain physician assistants.

A. The Board may issue a restricted volunteer license to a physician assistant who meets the qualifications for licensure for physician assistants. The Board may refuse issuance of licensure pursuant to § 54.1-2915.

B. A person holding a restricted volunteer license under this section shall:

1. Only practice in public health or community free clinics approved by the Board;

2. Only treat patients who have no insurance or who are not eligible for financial assistance for medical care; and

3. Not receive remuneration directly or indirectly for practicing as a physician assistant.

C. A physician assistant with a restricted volunteer license issued under this section shall only practice as a physician assistant and perform certain ~~delegated~~ acts which constitute the practice of medicine to the extent and in the manner authorized by the Board if:

1. A *patient care team* physician ~~who supervises physician assistants~~ *or patient care team podiatrist* is available *at all times to collaborate and consult with the physician assistant*; or

2. ~~The~~ *A patient care team* physician ~~supervising any physician assistant~~ *or patient care team podiatrist* periodically reviews the relevant patient records.

D. A restricted volunteer license granted pursuant to this section shall be issued to the physician assistant without charge, shall expire twelve months from the date of issuance, and may be renewed annually in accordance with regulations promulgated by the Board.

E. A physician assistant holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the regulations promulgated under this chapter unless otherwise provided for in this section.

§ 54.1-2952. Role of patient care team physician or patient care team podiatrist on patient care teams; services that may be performed by physician assistants; responsibility of licensee; employment of physician assistants.

A. A *patient care team* physician or ~~a~~ *patient care team* podiatrist licensed under this chapter may ~~supervise~~ *serve on a patient care team with* physician assistants and ~~delegate certain acts which constitute the~~ *shall provide collaboration and consultation to such physician assistants. No patient care team physician or patient care team podiatrist shall be allowed to collaborate or consult with more than six physician assistants on a patient care team at any one time.*

B. Physician assistants may practice ~~of~~ medicine to the extent and in the manner authorized by the Board. ~~The physician shall provide continuous supervision as required by this section; however, the requirement for physician supervision of physician assistants shall not be construed as requiring the physical presence of the supervising physician during all times and places of service delivery by physician assistants~~ *A patient care team physician or patient care team podiatrist shall be available at all times to collaborate and consult with physician assistants.* Each *patient care* team ~~of supervising physician and physician assistant~~ shall identify the relevant physician assistant's scope of practice~~, including the delegation of medical tasks as appropriate to the physician assistant's level of competence, the physician assistant's relationship with and access to the supervising physician,~~ and an evaluation process for the physician assistant's performance.

C. Physician assistants appointed as medical examiners pursuant to § 32.1-282 shall ~~be under the continuous supervision of~~ *only function as part of a patient care team that has* a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.

~~No licensee shall be allowed to supervise more than six physician assistants at any one time.~~

D. Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees ~~which~~ *that* are supervised by one or more physicians or podiatrists may employ one or more physician assistants in accordance with the provisions of this section.

Activities shall be ~~delegated~~ *performed* in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice ~~supervision~~ agreement between the physician assistant and the ~~supervising~~ *patient care team* physician or *patient care team* podiatrist and may include health care services ~~which~~ *that* are educational, diagnostic, therapeutic, *or* preventive, ~~or include~~ *including establishing a diagnosis, providing* treatment, ~~but shall not include the establishment of a final diagnosis or treatment plan for the patient unless set forth in the practice supervision agreement~~ *and performing procedures.* Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a ~~licensee is authorized to delegate and supervise~~ *physician assistant may perform* initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, ~~when performed under the direction, supervision and control of the supervising licensee~~ *in accordance with the practice agreement, including tasks performed, relating to the provision of medical care in an emergency department.* ~~When practicing in a hospital, the physician assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require and shall record such finding in appropriate institutional records. The physician assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. Prior to the patient's discharge, the services rendered to each patient by a physician assistant in a hospital's emergency department shall be reviewed in accordance with the practice agreement and the policies and procedures of the health care institution. A physician assistant who is employed to practice in an emergency department shall be under the supervision of a physician present within the facility.~~

~~Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing in this section shall prohibit any physician assistant who is not employed by the emergency physician or his professional entity from practicing in a hospital emergency department, within the scope of his practice, while under continuous physician supervision as required by this section, whether or not the supervising physician is physically present in the facility.~~ The ~~supervising~~ *patient care team* physician who ~~authorizes such practice by his~~ *collaborates and consults with a* physician assistant shall ~~(i)~~ retain exclusive ~~supervisory~~ control of and responsibility for the physician assistant ~~and (ii)~~. *The patient care team physician or the on-duty emergency department physician shall* be available at all times for *collaboration and* consultation with both the physician assistant and the emergency department physician. ~~Prior to the patient's discharge from the emergency department, the physician assistant shall communicate the proposed disposition plan for any patient under his care to both his supervising physician and the emergency department physician.~~ No person shall have ~~control of or supervisory~~ responsibility for any physician assistant who is not employed by the person or the person's business entity.

~~B.~~ *E.* No physician assistant shall perform any ~~delegated~~ acts ~~except at the direction of the licensee and under his supervision and control~~ *beyond those set forth in the practice agreement or authorized as part of the patient care team.* No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient has signed the practice agreement, pursuant to regulations of the Board, to act as ~~supervising~~ *a* physician *on a patient care team* for that physician assistant. Every licensee, professional corporation or partnership of licensees, hospital, or commercial enterprise that employs a physician assistant shall be fully responsible for the acts of the physician assistant in the care and treatment of human beings.

~~C.~~ *F.* Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is working ~~under the supervision of a licensed doctor of medicine or osteopathy specializing~~ in the field of radiology *as part of a patient care team*, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures consistent with Board regulations, and (iii) has successfully completed the exam administered by the American Registry of Radiologic Technologists for physician assistants for the purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic and therapeutic procedures.

§ 54.1-2952.1. Prescription of certain controlled substances and devices by licensed physician assistants.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.), provided that the physician assistant has entered into and is, at the time of writing a prescription, a party to a practice agreement with a licensed *patient care team* physician or *patient care team* podiatrist that provides for ~~the direction and supervision by such licensee of~~ *collaboration and consultation regarding* the prescriptive practices of the physician assistant. Such practice agreements shall include *a statement of* the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive

authority as deemed appropriate by the *patient care team* physician or *patient care team* podiatrist ~~providing direction and supervision~~.

B. It shall be unlawful for the physician assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the practice agreement ~~between the licensee and the assistant~~ *and the requirements in this section.*

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency ~~that,~~ *which* may include continuing education, testing, and~~/or~~ any other requirement~~,~~ and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients~~;~~, and (ii) a requirement that the physician assistant disclose to his patients ~~the~~ *his* name, address, and telephone number ~~of the supervising licensee~~ and that he is a physician assistant. ~~A separate office for the physician assistant shall not be established~~ *If a patient or his representative requests to speak with the patient care team physician or patient care team podiatrist, the physician assistant shall arrange for communication between the parties or provide the necessary information.*

D. This section shall not prohibit a licensed physician assistant from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

§ 54.1-2953. Renewal, revocation, suspension, and refusal.

The Board may revoke, suspend, or refuse to renew ~~an approval~~ *a license to practice as a physician assistant* for any of the following:

1. Any ~~reason stated in this chapter for revocation or suspension of the license of a practitioner~~ *action by a physician assistant constituting unprofessional conduct pursuant to § 54.1-2915*;

2. ~~Failure of the supervising licensee to supervise the physician assistant or failure of the employer to provide a licensee to supervise the~~ *Practice by a* physician assistant *other than as part of a patient care team, including practice without entering into a practice agreement with at least one patient care team physician or patient care team podiatrist*;

3. ~~The physician assistant's engaging in acts beyond the scope of authority as approved by the Board~~ *Failure of the physician assistant to practice in accordance with the requirements of his practice agreement*;

4. Negligence or incompetence on the part of the physician assistant or ~~the supervising licensee in his use of the physician assistant~~ *other member of the patient care team under his supervision*;

5. ~~Violating~~ *Violation of* or ~~cooperating with others~~ *cooperation* in ~~violating~~ *the violation of* any provision of this chapter or the regulations of the Board; or

6. ~~A change in the Board's requirements for approval with which the~~ *Failure to comply with any regulation of the Board required for licensure of a* physician assistant ~~or the licensee does not comply~~.

§ 54.1-2957. Licensure and practice of nurse practitioners.

A. As used in this section:

"Clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

~~"Collaboration" means the communication and decision-making process among a nurse practitioner, patient care team physician, and other health care providers who are members of a patient care team related to the treatment that includes the degree of cooperation necessary to provide treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including 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 the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.~~

B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the licensure of nurse practitioners. It is unlawful for a person to practice as a nurse practitioner in the Commonwealth unless he holds such a joint license.

C. Every nurse practitioner other than a nurse practitioner licensed by the Boards of Medicine and Nursing as a certified nurse midwife or a certified registered nurse anesthetist or a nurse practitioner who meets the requirements of subsection I shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. A nurse practitioner who meets the requirements of subsection I may practice without a written or electronic practice agreement. A nurse practitioner who is licensed by the Boards of Medicine and

Nursing as a certified nurse midwife shall practice pursuant to subsection H. A nurse practitioner who is a certified registered nurse anesthetists shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. A nurse practitioner who is appointed as a medical examiner pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among nurse practitioners and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16.

Physicians on patient care teams may require that a nurse practitioner be covered by a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

Service on a patient care team by a patient care team member shall not, by the existence of such service alone, establish or create liability for the actions or inactions of other team members.

D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying collaboration and consultation among physicians and nurse practitioners working as part of patient care teams that shall include the development of, and periodic review and revision of, a written or electronic practice agreement; guidelines for availability and ongoing communications that define consultation among the collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice agreements shall include provisions for (i) periodic review of health records, which may include visits to the site where health care is delivered, in the manner and at the frequency determined by the nurse practitioner and the patient care team physician and (ii) input from appropriate health care providers in complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities in collaboration and consultation with a patient care team physician.

E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure required of nurse practitioners in the Commonwealth. A nurse practitioner to whom a license is issued by endorsement may practice without a practice agreement with a patient care team physician pursuant to subsection I if such application provides an attestation to the Boards that the applicant has completed the equivalent of at least five years of full-time clinical experience, as determined by the Boards, in accordance with the laws of the state in which the nurse practitioner was licensed.

F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant temporary licensure to nurse practitioners.

G. In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter into a new practice agreement with another patient care team physician, the nurse practitioner may continue to practice upon notification to the designee or his alternate of the Boards and receipt of such notification. Such nurse practitioner may continue to treat patients without a patient care team physician for an initial period not to exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate input from appropriate health care providers in complex clinical cases and patient emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input.

H. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife shall practice in consultation with a licensed physician in accordance with a practice agreement between the nurse practitioner and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request. The Boards shall jointly promulgate regulations, consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, governing such practice.

I. A nurse practitioner, other than a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife or certified registered nurse anesthetist, who has completed the equivalent of at least five years of full-time clinical experience as a licensed nurse practitioner, as determined by the Boards, may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse practitioner of an attestation from the patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (ii) that while a party to

such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. A copy of such attestation shall be submitted to the Boards together with a fee established by the Boards. Upon receipt of such attestation and verification that a nurse practitioner satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a new license that includes a designation indicating that the nurse practitioner is authorized to practice without a practice agreement. In the event that a nurse practitioner is unable to obtain the attestation required by this subsection, the Boards may accept other evidence demonstrating that the applicant has met the requirements of this subsection in accordance with regulations adopted by the Boards.

A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection shall (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

A nurse practitioner practicing without a practice agreement pursuant to this subsection shall obtain and maintain coverage by or shall be named insured on a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

2. That the Board of Medicine shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

Project 6083 - none

BOARD OF MEDICINE

PA patient care teams

Part I

General Provisions

18VAC85-50-10. Definitions.

A. The following words and terms shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

"Board."

"Collaboration"

"Consultation"

"Patient care team physician"

"Patient care team podiatrist"

"Physician assistant."

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

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

"NCCPA" means the National Commission on Certification of Physician Assistants.

"Practice agreement" means a written or electronic agreement developed by the ~~supervising~~ patient care team physician or podiatrist and the physician assistant that defines the ~~supervisory~~ relationship between the physician assistant and the physician or podiatrist, the prescriptive authority of the physician assistant, and the circumstances under which the physician or podiatrist will see and evaluate the patient.

~~"Supervision" means the supervising physician has on-going, regular communication with the physician assistant on the care and treatment of patients, is easily available, and can be physically present or accessible for consultation with the physician assistant within one hour.~~

18VAC85-50-35. Fees.

Unless otherwise provided, the following fees shall not be refundable:

1. The initial application fee for a license, payable at the time application is filed, shall be $130.

2. The biennial fee for renewal of an active license shall be $135 and for renewal of an inactive license shall be $70, payable in each odd-numbered year in the birth month of the licensee. For 2019, the fee for renewal of an active license shall be $108, and the fee for renewal of an inactive license shall be $54.

3. The additional fee for late renewal of licensure within one renewal cycle shall be $50.

4. A restricted volunteer license shall expire 12 months from the date of issuance and may be renewed without charge by receipt of a renewal application that verifies that the physician assistant continues to comply with provisions of § 54.1-2951.3 of the Code of Virginia.

5. ~~The fee for review and approval of a new protocol submitted following initial licensure shall be $15.~~

~~6.~~ The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

~~7.~~ 6. The fee for a duplicate license shall be $5.00, and the fee for a duplicate wall certificate shall be $15.

~~8.~~ 7. The fee for a returned check shall be $35.

~~9.~~ 8. The fee for a letter of good standing or verification to another jurisdiction shall be $10.

~~10.~~ 9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be $35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be $15 for each renewal cycle.

Part II

Requirements for Practice as a Physician's Assistant

18VAC85-50-40. General requirements.

A. No person shall practice as a physician assistant in the Commonwealth of Virginia except as provided in this chapter.

B. All services rendered by a physician assistant shall be performed only under the continuous supervision of a doctor of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

18VAC85-50-57. Discontinuation of employment.

If for any reason the assistant discontinues working ~~in the employment and under the supervision of a licensed practitioner~~ with a patient care team physician or podiatrist, a new practice agreement shall be entered into in order for the assistant either to be reemployed by the

same practitioner or to accept new employment with another ~~supervising physician~~ patient care team physician or podiatrist.

Part IV

Practice Requirements

18VAC85-50-101. Requirements for a practice agreement.

A. Prior to initiation of practice, a physician assistant and his ~~supervising~~ patient care team physician or podiatrist shall enter into a written or electronic practice agreement that spells out the roles and functions of the assistant and is consistent with provisions of § 54.1-2952 of the Code of Virginia.

1. The ~~supervising~~ patient care team physician or podiatrist shall be a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth who has accepted responsibility for ~~the supervision of~~ the service that a physician assistant renders.

2. Any such practice agreement shall take into account such factors as the physician assistant's level of competence, the number of patients, the types of illness treated by the physician, the nature of the treatment, special procedures, and the nature of the physician availability in ensuring direct physician involvement at an early stage and regularly thereafter.

3. The practice agreement shall also provide an evaluation process for the physician assistant's performance, including a requirement specifying the time period, proportionate to the acuity of care and practice setting, within which the ~~supervising~~ physician or podiatrist shall review the record of services rendered by the physician assistant.

4. The practice agreement may include requirements for periodic site visits by ~~supervising licensees who supervise and direct~~ patient care team physician or podiatrist to collaborate

and consult with physician assistants who provide services at a location other than where the ~~licensee~~ physician or podiatrist regularly practices.

B. The board may require information regarding the ~~level~~ degree of ~~supervision~~ collaboration and consultation ~~with which the supervising~~ by the patient care team physician or podiatrist ~~plans to supervise the physician assistant for selected tasks~~. The board may also require the ~~supervising~~ patient care team physician or podiatrist to document the assistant's competence in performing such tasks.

C. If the role of the assistant includes prescribing drugs and devices, the written practice agreement shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the ~~supervising~~ patient care team physician or podiatrist.

D. If the initial practice agreement did not include prescriptive authority, there shall be an addendum to the practice agreement for prescriptive authority.

E. If there are any changes in ~~supervision~~ consultation and collaboration, authorization, or scope of practice, a revised practice agreement shall be entered into at the time of the change.

18VAC85-50-110. Responsibilities of the ~~supervisor~~ patient care team physician or podiatrist.

The ~~supervising physician~~ patient care team physician or podiatrist shall:

1. Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected. The ~~supervising~~ physician or podiatrist shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process.

2. Be responsible for all invasive procedures.

a. Under supervision, a physician assistant may insert a nasogastric tube, bladder catheter, needle, or peripheral intravenous catheter, but not a flow-directed catheter, and may perform minor suturing, venipuncture, and subcutaneous intramuscular or intravenous injection.

b. All other invasive procedures not listed in subdivision 2 a of this section must be performed under supervision with the physician in the room unless, after directly observing the performance of a specific invasive procedure three times or more, the ~~supervising~~ patient care team physician or podiatrist attests on the practice agreement to the competence of the physician assistant to perform the specific procedure without direct observation and supervision.

3. Be responsible for all prescriptions issued by the physician assistant and attest to the competence of the assistant to prescribe drugs and devices.

4. Be available at all times to collaborate and consult with the physician assistant.

18VAC85-50-115. Responsibilities of the physician assistant.

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the ~~supervising~~ patient care team physician or podiatrist as prescribed in the physician assistant's practice agreement. When a physician assistant is ~~to be supervised by an alternate supervising physician~~ working outside the scope of specialty of the ~~supervising~~ patient care team physician or podiatrist, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate practice agreement has been executed for that alternate ~~supervising~~ patient care team physician or podiatrist ~~is approved and on file with the board~~.

2. Prescribe only those drugs and devices as allowed in Part V (18VAC85-50-130 et seq.) of this chapter.

3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

B. An alternate ~~supervising~~ patient care team physician or podiatrist shall be a member of the same group or professional corporation or partnership of any licensee who ~~supervises~~ is the patient care team physician for a physician assistant or shall be a member of the same hospital or commercial enterprise with the ~~supervising~~ patient care team physician. Such alternating ~~supervising~~ physician shall be a physician licensed in the Commonwealth ~~who has registered with the board~~ and who has accepted responsibility for the ~~supervision of the~~ service that a physician assistant renders.

C. If, due to illness, vacation, or unexpected absence, the ~~supervising~~ patient care team physician or alternate ~~supervising~~ physician is unable to supervise the activities of his physician assistant, such ~~supervising~~ patient care team physician may temporarily delegate the responsibility to another doctor of medicine, osteopathic medicine, or podiatry.

Temporary coverage may not exceed four weeks unless special permission is granted by the board.

D. With respect to physican assistants employed by institutions, the following additional regulations shall apply:

1. No physician assistant may render care to a patient unless the physician responsible for that patient has signed the practice agreement to act as ~~supervising~~ patient care team physician or podiatrist for that assistant. The board shall make available appropriate forms for physicians or podiatrists to join the practice agreement for an assistant employed by an institution.

2. Any such practice agreement as described in subdivision 1 of this subsection shall delineate the duties which said <u>patient care team</u> physician <u>or podiatrist</u> authorizes the <u>physician</u> assistant to perform.

~~3. The assistant shall, as soon as circumstances may dictate, report an acute or significant finding or change in clinical status to the supervising physician concerning the examination of the patient. The assistant shall also record his findings in appropriate institutional records.~~

E. Practice by a physician assistant in a hospital, including an emergency department, shall be in accordance with § 54.1-2952 of the Code of Virginia.

18VAC85-50-117. Authorization to use fluoroscopy.

A physician assistant working under ~~the supervision of~~ <u>a practice agreement with</u> a licensed doctor of medicine or osteopathy specializing in the field of radiology is authorized to use fluoroscopy for guidance of diagnostic and therapeutic procedures provided such activity is specified in his protocol and he has met the following qualifications:

1. Completion of at least 40 hours of structured didactic educational instruction and at least 40 hours of supervised clinical experience as set forth in the Fluoroscopy Educational Framework for the Physician Assistant created by the American Academy of Physician Assistants (AAPA) and the American Society of Radiologic Technologists (ASRT); and

2. Successful passage of the American Registry of Radiologic Technologists (ARRT) Fluoroscopy Examination.

Part V

Prescriptive Authority

18VAC85-50-130. Qualifications for approval of prescriptive authority.

An applicant for prescriptive authority shall meet the following requirements:

1. Hold a current, unrestricted license as a physician assistant in the Commonwealth;

2. ~~Submit~~ a practice agreement acceptable to the board as prescribed in 18VAC85-50-101~~. This practice agreement must be approved by the board prior to issuance of prescriptive authority~~ and § 54.1-2952.1 of the Code of Virginia; and

3. ~~Submit evidence of successful passing of the NCCPA exam; and~~

~~4.~~ Submit evidence of successful completion of a minimum of 35 hours of acceptable training to the board in pharmacology.

18VAC85-50-140. Approved drugs and devices.

A. The approved drugs and devices which the physician assistant with prescriptive authority may prescribe, administer, or dispense manufacturer's professional samples shall be in accordance with provisions of § 54.1-2952.1 of the Code of Virginia:

B. The physician assistant may prescribe only those categories of drugs and devices included in the practice agreement ~~as submitted for authorization~~. The ~~supervising~~ patient care team physician or podiatrist retains the authority to restrict certain drugs within these approved categories.

C. The physician assistant, pursuant to § 54.1-2952.1 of the Code of Virginia, shall only dispense manufacturer's professional samples or administer controlled substances in good faith for medical or therapeutic purposes within the course of his professional practice.

18VAC85-50-160. Disclosure.

A. Each prescription for a Schedule II through V drug shall bear the name of the ~~supervising~~ patient care team physician or podiatrist and of the physician assistant.

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the ~~supervising~~ patient care team physician or podiatrist. Such disclosure shall either be included on the prescription or be given in writing to the patient.

18VAC85-50-181. Pharmacotherapy for weight loss.

A. A practitioner shall not prescribe amphetamine, Schedule II, for the purpose of weight reduction or control.

B. A practitioner shall not prescribe controlled substances, Schedules III through VI, for the purpose of weight reduction or control in the treatment of obesity, unless the following conditions are met:

1. An appropriate history and physical examination are performed and recorded at the time of initiation of pharmacotherapy for obesity by the prescribing physician, and the physician reviews the results of laboratory work, as indicated, including testing for thyroid function;

2. If the drug to be prescribed could adversely affect cardiac function, the physician shall review the results of an electrocardiogram performed and interpreted within 90 days of initial prescribing for treatment of obesity;

3. A diet and exercise program for weight loss is prescribed and recorded;

4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive

authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy; and

5. The treating physician shall direct the follow-up care, including the intervals for patient visits and the continuation of or any subsequent changes in pharmacotherapy. Continuation of prescribing for treatment of obesity shall occur only if the patient has continued progress toward achieving or maintaining a target weight and has no significant adverse effects from the prescribed program.

C. If specifically authorized in his practice agreement with a ~~supervising~~ <u>patient care team</u> physician, a physician assistant may perform the physical examination, review tests, and prescribe Schedules III through VI controlled substances for treatment of obesity as specified in subsection B of this section.

Agenda Item: Licensure by endorsement

Staff Note: Since the application for Licensure by Endorsement was posted in December 2018, Board staff has been able to take note of steps in the process that work, don't work or need further clarification.

At the June Board meeting, Board staff reported that it had provided the option to applicants that had begun the Traditional pathway to switch to the Endorsement pathway if they qualified, and if it had been less than 30 days since they submitted a Traditional application. Over time this became somewhat burdensome, and so Board staff asked the Board to make it policy that such switching would cease as of July 1, 2019. The Board agreed.

In regulation, the first 5 requirements of Licensure by Endorsement are essentially YES or NO. However, the 6th requirement reads:

6. Have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

The instructions for the applicant to read prior to submitting an application by Endorsement include:

6) Provide answers to the questions in the online application. **NOTE: FOR ANY "YES" ANSWERS FOR QUESTIONS 4-17,** you must provide a narrative in the space provided.

Board staff asks that the language above "you must provide a narrative in the space provided" be replaced with "you do not qualify for Licensure by Endorsement and must file through the Traditional pathway."

In the following pages, you will find the Licensure by Endorsement regulations, the instructions, and the application questions.

Action: Discuss the intent of the Licensure by Endorsement pathway and whether Board members want to review responses to questions 4-17, or to have applications that have no non-routine information to review.

Virginia Administrative Code
Title 18. Professional and Occupational Licensing
Agency 85. Board of Medicine
Chapter 20. Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic

18VAC85-20-141. Licensure by Endorsement.

To be licensed by endorsement, an applicant shall:

1. Hold at least one current, unrestricted license in a United States jurisdiction or Canada for the five years immediately preceding application to the board;

2. Have been engaged in active practice, defined as an average of 20 hours per week or 640 hours per year, for five years after postgraduate training and immediately preceding application;

3. Verify that all licenses held in another United States jurisdiction or in Canada are in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement;

4. Hold current certification by one of the following:

   a. American Board of Medical Specialties;

   b. Bureau of Osteopathic Specialists;

   c. American Board of Foot and Ankle Surgery;

   d. Fellowship of Royal College of Physicians of Canada;

   e. Fellowship of the Royal College of Surgeons of Canada; or

   f. College of Family Physicians of Canada;

5. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and

6. Have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 34, Issue 25, eff. September 5, 2018.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

7/26/2019

INSTRUCTIONS FOR COMPLETING AN ONLINE APPLICATION FOR LICENSURE BY ENDORSEMENT rev. 7/2019

Applying for a license by endorsement is significantly different from applying for a license through the traditional pathway. To be eligible for licensure by endorsement, you must meet the following criteria.

1. Hold at least one current, unrestricted license in a United States jurisdiction or Canada for the five years immediately preceding application to the board;

2. Have been engaged in active practice, defined as an average of 20 hours per week or 640 hours per year, for five years after postgraduate training and immediately preceding application;

3. Verify that all licenses held in another United States jurisdiction or in Canada are in good standing, defined as current and unrestricted, or if lapsed, eligible for renewal or reinstatement;

4. Hold current certification by one of the following:

   a. American Board of Medical Specialties;

   b. Bureau of Osteopathic Specialists;

   c. American Board of Foot and Ankle Surgery;

   d. Fellowship of Royal College of Physicians of Canada;

   e. Fellowship of the Royal College of Surgeons of Canada; or

   f. College of Family Physicians of Canada;

5. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and

6. Have no grounds for denial based on provisions of §54.1-2915 of the Code of Virginia or Regulations of the board.

BASED ON #1 above, you must have held a license in one state continuously for 5 years immediately prior to applying for licensure by endorsement

BASED ON #2 above, licensure by endorsement is not available to a physician with less than 5 years of practice after finishing all Postgraduate training, be it an internship, a residency, or a fellowship.

BASED ON #6 above, if you have convictions, board actions, malpractice paid claims in the last ten years, or impairment, you are not eligible for licensure by endorsement. Other adverse information disclosed in response to the application questions may be disqualifying for licensure by endorsement, depending upon the narrative explanation that you submit.

INSTRUCTIONS FOR COMPLETING AN ONLINE APPLICATION FOR LICENSURE BY ENDORSEMENT rev. 7/2019

If you do not meet the criteria, you must apply through the traditional pathway at:

http://www.dhp.virginia.gov/medicine/medicine_forms.htm#MedicineandSurgery

If you believe you meet the criteria for licensure by endorsement, then finish reading these instructions prior to proceeding to the application. However, if the Board deems any of the required criteria unmet, your application will be routed to the traditional pathway, which requires significantly more supporting documentation and takes significantly more time.

Application fees are nonrefundable, including if you wish to withdraw your application for any reason

IF YOU WISH TO PROCEED, THE FOLLOWING WILL BE EXPECTED OF YOU.

1) **Application** – complete the online application at https://www.license.dhp.virginia.gov/apply/ which includes paying the nonrefundable application fee of $302.00. Application fees may only be paid using Visa, MasterCard or Discover.

2) **Employment** – on the application, provide a chronology of your work for the 5 years prior to application with the estimated time spent practicing medicine.

3) **State verifications** - request that verifications for all licenses you have held in the United States or Canada.

   Verification of medical licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. The Board does not require verification of training licenses.

   Please contact the applicable jurisdiction where you have been issued a license to practice medicine to inquire about having documentation forwarded to the Virginia Board of Medicine. Verifications are required to come directly from the jurisdiction or through Veridoc; they may be mailed to the address below, emailed to med-endorsement@dhp.virginia.gov, or faxed to (804) 527-4463.

   This documentation is NOT provided by the Federation Credentials Verification Service (FCVS). Many medical boards use www.veridoc.org to send their license verifications. Check with VeriDoc to see if your other state licensing boards use its services.

4) **Board Certification** - request that your certification from the appropriate entity listed in #4 of the criteria above be sent directly to the Board. Verification is required to come directly from the certifying body jurisdiction. It may be mailed to the address below, emailed to med-endorsement@dhp.virginia.gov, or faxed to (804) 527-4463.

INSTRUCTIONS FOR COMPLETING AN ONLINE APPLICATION FOR LICENSURE BY ENDORSEMENT rev. 7/2019

5) **NPDB Self Query** - request a report from the National Practitioner Data Bank that you send to the Board in accordance with the following instructions:

   Complete the online form here and be ready to provide:

   - Identifying information such as name, date of birth, Social Security number
   - State health care license information
   - Credit or debit card information for the fee

   When you receive your report in the mail from NPDB, **DO NOT OPEN IT.** Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes. The Board of Medicine does not track any mail or package that is sent through the US Postal Service.

6) Provide answers to the questions in the online application. **NOTE: FOR ANY "YES" ANSWERS FOR QUESTIONS 4-17,** you must provide a narrative in the space provided.

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board in a timely manner.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 5 business days from the date of submission for your application checklist to appear on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received.

If you find your checklist does not exist or indicates that documents have not been posted in accordance with the timeframes noted, e-mail the Board at medbd-endorsement@dhp.virginia.gov with "Application Question" in the subject line. The Board strives to answer all e-mail inquiries within 2 business days.

Again, if possible, you are encouraged to submit your documents by pdf attachment, using fax, FED EX or UPS. The Board does not track documents sent through the US Mail.

The Board's mailing address for supporting documentation of **endorsement applications only** is:

The Virginia Board of Medicine
Perimeter Center
c/o Colanthia M. Opher – Endorsement
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Virginia DHP
Initial Applications

Application

Demographics

INSTRUCTIONS:

This is the most current information we have on file for you. Please modify any incorrect information that is displayed.
Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia DMV #
ex. 123456789:
Date of Birth *(mm/dd/yyyy)*:
Maiden Name / Other Name(s) *(if applicable)*:

Published Address Information

This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States?

Address Line 1 *(ex. 123 Fourth St.)*:

Address Line 2 *(ex. Apt. 100):*

Address Line 3:

Phone:

Email:

Address of Record

The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States?

Address Line 1 *(ex. 123 Fourth St.)*:

Address Line 2 *(ex. Apt. 100)*:

Address Line 3:

Daytime Phone:

Other Phone:

Email:

Education

I hereby certify that I studied medicine and received a degree in medicine from the school listed below:

School Name:
Date Graduated *(mm/dd/yyyy)*:

Work History

List in chronological order all professional activities for the last five years.

Employment Activity					
Begin Date	End Date	Employer Name	Location	Position Held	640 Hours
No data available					

Licensure History

Have you ever been issued a full license to practice medicine in any jurisdiction?

Licensure Questions

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Medicine at:
Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Fax – (804) 527-4426
Email – medbd@dhp.virginia.gov

1. Have you held at least one current, unrestricted license in a Unites States Jurisdiction or Canada for the 5 years preceding application to the Board?

2. Have you been engaged in active practice, defined as an average of 20 hours per week or 640 hours per year, for five years after postgraduate training and immediately preceding application?

3. Are you certified by one of the following?

- *American Board of Medical Specialties;*
- *Bureau of Osteopathic Specialists;*
- *American Board of Foot and Ankle Surgery;*
- *Fellowship of Royal College of Physicians of Canada;*
- *Fellowship of the Royal College of Surgeons of Canada;*
- *College of Family Physicians of Canada*

4. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority?

5. Have you ever been convicted of a violation of local, state or federal statute, regulation or ordinance, or entered into any plea agreement relating to a felony or misdemeanor? (Exclude traffic violations, except convictions for driving under the influence and reckless driving.)

6. Have you ever been denied clinical privileges or voluntarily surrendered your clinical privileges for any reason?

7. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc?

8. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier?

9. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice of medicine?

10. Have you voluntarily withdrawn from any professional society while under investigation?

11. Have you had any malpractice suits brought against you in the past ten (10) years?

Additional Licensure Questions

12. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?

13. Within the past five years, have you been disciplined by any entity?

14. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.

15. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.

16. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician.

18. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?

Military Service

19. Are you the spouse of a member of the U. S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?

20. Are you active-duty military?

Certification

I certify by entering my electronic signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing

license/certificate/registration.

Electronic Signature (Full Legal Name): [ ] *

☐ I agree to the above certification

Click the **"Finish"** button at the bottom of the page to continue with your application.
To return to the profile sections click the **"Back"** button.

Agenda Item: **Proposed 2020 Board Meeting Dates**

Staff Note: For your review.

Action: Motion to accept or recommend alternate dates.

Virginia Board of Medicine
PROPOSED 2020 Board Meeting Dates

Full Board Meetings

February 20-21, 2020	DHP/Richmond, VA	Board Rooms TBA
June 18-20, 2020	DHP/Richmond, VA	Board Rooms TBA
October 22-24, 2020	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 10, 2020	DHP/Richmond, VA	Board Rooms TBA
August 7, 2020	DHP/Richmond, VA	Board Rooms TBA
December 4, 2020	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 17, 2020	DHP/Richmond, VA	Board Rooms TBA
May 22, 2020	DHP/Richmond, VA	Board Rooms TBA
September 4, 2020	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Credentials Committee Meetings

January 8, 2020	February 12, 2020	March 11, 2020
April 15, 2020	May 13, 2020	June 10, 2020
July 8, 2020	August 12, 2020	September 25, 2020
October 23, 2020	November (TBA), 2020	December (TBA), 2020

Times for the Credentials Committee meetings - TBA

Advisory Board on:

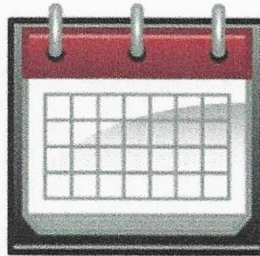
Board			Time
Behavioral Analysts			**10:00 a.m.**
February 3	June 1	October 5	
Genetic Counseling			**1:00 p.m.**
February 3	June 1	October 5	
Occupational Therapy			**10:00 a.m.**
February 4	June 2	October 6	
Respiratory Care			**1:00 p.m.**
February 4	June 2	October 6	
Acupuncture			**10:00 a.m.**
February 5	June 3	October 7	
Radiological Technology			**1:00 p.m.**
February 5	June 3	October 7	
Athletic Training			**10:00 a.m.**
February 6	June 4	October 8	
Physician Assistants			**1:00 p.m.**
February 6	June 4	October 8	
Midwifery			**10:00 a.m.**
February 7	June 5	October 9	
Polysomnographic Technology			**1:00 p.m.**
February 7	June 5	October 9	

Joint Boards of Medicine and Nursing

TBA

Next Meeting Date of the Executive Committee is

December 6, 2019



Please check your calendars and advise staff of any known conflicts that may affect your attendance.

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip". (CAPP Topic 20335, State Travel Regulations, p.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today's meeting no later than

September 2, 2019

Please see Co-Co if you are interested in submitting your travel voucher electronically.