



Executive Committee Meeting

Virginia Board of Medicine

April 8, 2022

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, April 8, 2022 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201, Board Room 4
Henrico, VA 23233

Call to Order and Roll Call

Emergency Egress Procedures

Approval of Minutes from December 3, 20211

Adoption of Agenda

Public Comment on Agenda Items

Reports of President and Executive Director

- ◆ President.....-----
- ◆ Executive Director
 - Cash Balance.....7
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New Business

1. Report of the 2022 General Assembly – Erin Barrett.....12
2. Approval of final regulations for implementation of the Occupational Therapy Interjurisdictional Compact – Erin Barrett23
3. Review and Approval of Revised Guidance Document 85-9 – Dr. Harp.....31
4. Update on Reciprocal Licensing with Maryland and the District of Columbia – Dr. Harp ... ---
5. Announcements/Reminders35
6. Adjourn

====No motion needed to adjourn if all business has been conducted====



**VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES**

Friday, December 3, 2021

Department of Health Professions

Henrico, VA

CALL TO ORDER: Mr. Marchese called the meeting of the Executive Committee to order at 8:32 a.m.

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

MEMBERS PRESENT: Blanton Marchese – President, Chair
David Archer, MD – Vice-President
Amanda Barner, MD - Secretary-Treasurer
Alvin Edwards, MDiv, PhD
Jane Hickey, JD
Karen Ransone, MD
Joel Silverman, MD
Brenda Stokes, MD

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Colanthia Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Deirdre Brown, Executive Assistant
David Brown, DC – DHP Director
Barbara Allison-Bryan, MD - DHP Deputy Director
Elaine Yeatts - DHP Senior Policy Analyst
Erin Barrett, JD – Assistant Attorney General

OTHERS PRESENT: W. Scott Johnson, Hancock Daniel & MSV
Scott Castro, MSV
Jennie Wood – Board Staff

EMERGENCY EGRESS INSTRUCTIONS

Dr. Archer provided the emergency egress instructions for Conference Room 4.

COVID INSTRUCTIONS

Mr. Marchese reminded members on the policy of wearing a mask while inside the Department of Health Professions, unless eating or drinking.

APPROVAL OF MINUTES OF AUGUST 6, 2021

Dr. Edwards moved to approve the minutes from August 6, 2021 as presented. The motion was seconded carried unanimously.

ADOPTION OF AGENDA

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

PUBLIC COMMENT

Mr. Marchese opened the floor to comment. There were no public comments.

DHP DIRECTOR'S REPORT

Dr. Allison-Bryan provided a COVID-19 update:

- At this time, VA is ranked 10th in the nation of having the most vaccinated individuals. Currently at 88.4% as of 12/03/2021.
- COVID cases are stable, however Henrico is still in a high case zone. New variant, Omicron, is beginning to spread to those who were vaccinated, with mild symptoms.
- DHP's involvement with the vaccines is to prevent stockpiling, although no authority has been given, just monitoring. The Feds are buying the doses at this time.
- Two new vaccines are possible to come out soon, both with side effects, but are lagging behind in approval.

Dr. Brown provided the following information:

- Announced DHP's new security team
- Come spring, DHP will have an upgrade to the audio in the conference center.
- Reports to the General Assembly overview
 - Reviewed RD625 – Report on the Implementation of 2018 House Bill 793: Nurse Practitioners; Practice Agreements – October 1, 2021
 - Reported the outcome of July 20, 2021 Board of Nursing meeting, stating that they approved the report as written. Though on August 6, 2021, the Board of Medicine's Executive Committee accepted some, but not all modifications.
 - Reviewed SD12 – Report on Midwifery Licensing Entity

- Reviewed a Licensed Certified Midwife as being the same as a Nurse Midwife. There is now a program in VA that credentials a Certified Midwife.
- Certified professional midwives would like to have their own board jointly with certified nurse midwives and certified midwives. Dr. Brown stated that there is a low number of license, which is an issue to have their own board, but they would like to know the cost it would entail.
- Question being if the nursing midwives would be under Board of Nursing or under the joint boards.
- Reviewed HD18 – Report on Advanced Practice Registered Nurses
 - Clarifying the code titles for nurses.
 - APRN (advanced practice registered nurse) compact is not live.
- Reviewed RD620 – Report on the Development of Recommendations for Possible Statewide Protocols for Pharmacists to Initiate Treatment for Tobacco Cessation and other Specific Conditions: HB2079 – October 15, 2021
 - Dr. Brown stated that nothing was agreed upon, with Dr. Stokes adding that there were good points that were brought up.
 - Elaine Yeatts added that the concern is the overload on Pharmacy.
 - Dr. Stokes stated that Pharm wanted to treat a clear way test. Also stating that Pharm wants to treat, but they may miss what a doctor’s protocol uses, which could therefore lead to mistreatment.
 - Dr. Allyson-Bryan added that Dr. Stokes was very instrumental in the meeting, and represented the Board of Medicine well. Lastly stating that the report on how to bridge from ER to treatment for opioids is on the HDP website under “About” then “News”.

PRESIDENT’S REPORT

Mr. Marchese reported that he and Kathy Scarbalis, Chair of the Advisory Board on Physician Assistants, attended FSMB’s PA Compact meeting on November 18th to develop a consensus for a mode as it expands access to care. He noted that final review is slated by March 2022.

EXECUTIVE DIRECTOR’S REPORT

Dr. Harp provided a report on mental health treatment for health care professionals, as stated in no. 93 of the Board Briefs. Dr. Harp also shared comments, both positive and negative, to the response of the blast email that was sent out regarding mental health treatment for health care professionals. Mr. Blanton Marchese asked if the board will be putting out a Q & A, in which Ms. Barrett replied that it would be up to the board. Dr. Harp informed the board that the language used was quoted directly from the law.

Dr. David Brown questioned if the terms deter physicians to seek medical help and treatment. Additionally, Dr. David Brown stated that the Board of Medicine did address the need to change and update the language of the law. Asking what do other states ask, and would like to see how all professions help with mental health? At the upcoming full board meeting, they should have an update.

Jennifer Deschenes, JD, addressed the need in distinguishing volunteer admittance versus involuntary admittance. Also adding the need to change how the reporting is viewed, to not view it negatively. Blanton Marchese asked if we have any people who will be specialized in recognizing these cases. Jennifer Deschenes, JD replied no, but states that these need to be carefully reviewed.

Dr. Harp referred to p.17, an email sent from Ms. Ali Walker, along with letter on pp. 19-20, in response to the blast email regarding mental health treatment for health care professionals. Dr. Joel Silverman states that this is a step in the right direction, but still more work needs to be done to encourage people to get help.

Dr. Harp reviewed p. 21, pp. 24-25 – FSMB Annual Survey Findings

- Topics reviewed under, “Key Findings”
 - Under “5 most important topics to the board at this time”, 48% Physician Wellness and Burnout
 - Under “Procedure and Regulation Changes due to COVID-19”, 24% have made COVID-19 licensing waivers or made permanent changes.
 - Under “Complaints and Actions Related to COVID-19”, 21% have taken action against a licensee for spreading false or misleading information.
 - Media Topics Diversity, Equity and Inclusion
 - Opioid Abuse Prevention

Dr. Harp reviewed pp. 24-25 on Department of Veterans Affairs, in which they are trying to establish National Standards of Practice (NSP) for VA health care providers.

Dr. Harp reviewed the “Chart of Regulatory Actions”, and the progress on the reciprocity in Washington, D.C. and Maryland. Stating that licensing requirements in DC and MD need to have no disciplinary actions, a background check, be vaccinated for COVID-19, and have one state license verification. Meanwhile, Virginia does not require background check or the COVID vaccine, at this time. Also, Virginia also requires to submit state license verifications from all states the applicant has obtained a license. A meeting on January 28, 2022, is to bring together all states under an agreement of requirements.

Dr. David Archer asked why we do not have a reciprocity with North Carolina and West Virginia, since Virginia shares boards with those states as well. In which Dr. Harp replied that West Virginia, Kentucky, and North Carolina fall under another pact.

Dr. Harp informed the board that allied licenses does not show the degrees on the licenses, but other professions do. That the board will continue to print as is at this time.

NEW BUSINESS

1. Regulatory and Legislative Issues – Elaine Yeatts

Ms. Yeatts presented the chart of regulatory actions as of November 17, 2021. She noted that SB1189 Occupational therapy compact is still not approved, but is in the Governor's office.

Ms. Yeatts also stated that HB1953 Licensure of certified midwives, NOIRA, is also in the Governor's office.

Both of these items were for informational purposes only and did not require any action.

2. Recommendations from the Credentials Committee – Michael Sobowale, LLM

Mr. Sobowale referred to p. 31, regarding the meeting minutes of the November 8, 2021 Credentials Committee meeting. Then refers to the charts on pp. 38-39, reviewing a few professions on what must be a primary-source verified, copies that are accepted, and ones that are no longer needed.

MOTION: Dr. Edwards moved to accept the recommendation of the Credentials Committee as presented. The motion was seconded and carried unanimously.

3. Recommendation on Adoption of Fast-Track Regulation

Ms. Yeatts highlighted the necessary changes for license by endorsement as stated in Project 7034 – Fast-Track. In changing the language in the following:

- AMEND - 18VAC85-20-141. Licensure by endorsement (No. 3): Changing the language to state that only requiring the most recent license held, and is in good standing.
- AMEND - 18VAC85-50-50. Licensure: entry requirements and application (A-4): Changing the language to state that if licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending.
- AMEND - 18VAC85-101-28. Licensure requirements (B): Changing the language to state that the application shall include verification that there has been no disciplinary action taken or pending in that jurisdiction.
- 18VAC85-80-35. Application requirements (No. 5): Copy was included for consistency in language with all allied professions.

MOTION: Dr. Edwards moved to accept the recommendation of the Credentials Committee as presented. The motion was seconded and carried unanimously.

ANNOUNCEMENTS

Reminder to submit the travel Expense Reimbursement Voucher within 30 days after completion of their trip (CAPP Topic 20335, State Travel Regulations, p. 7).

The next meeting of the Executive Committee will be April 8, 2022 @ 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:18 a.m.

Blanton Marchese
President

William L. Harp, MD
Executive Director

Deirdre C. Brown
Recording Secretary

Virginia Department of Health Professions
Cash Balance
As of June 30, 2021



	<u>102- Medicine</u>
Board Cash Balance as June 30, 2020	\$ 9,298,608
YTD FY21 Revenue	8,032,801
Less: YTD FY21 Direct and Allocated Expenditures	<u>8,419,421</u>
Board Cash Balance as June 30, 2021	<u><u>\$ 8,911,989</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10200 - Medicine
For the Period Beginning July 1, 2021 and Ending December 31, 2021

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	802,408.00	1,414,774.00	612,366.00	56.72%
4002402	Examination Fee	1,108.00	-	(1,108.00)	0.00%
4002406	License & Renewal Fee	1,131,859.00	7,816,024.00	6,684,165.00	14.48%
4002407	Dup. License Certificate Fee	3,730.00	3,375.00	(355.00)	110.52%
4002409	Board Endorsement - Out	330.00	49,820.00	49,490.00	0.66%
4002421	Monetary Penalty & Late Fees	14,965.00	94,179.00	79,214.00	15.89%
4002432	Misc. Fee (Bad Check Fee)	150.00	175.00	25.00	85.71%
4002660	Administrative Fees	18,043.44	-	(18,043.44)	0.00%
	Total Fee Revenue	1,972,593.44	9,378,347.00	7,405,753.56	21.03%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	497.00	-	(497.00)	0.00%
	Total Sales of Prop. & Commodities	497.00	-	(497.00)	0.00%
	Total Revenue	1,973,090.44	9,378,347.00	7,405,256.56	21.04%
5011110	Employer Retirement Contrib.	99,116.20	213,619.00	114,502.80	46.40%
5011120	Fed Old-Age Ins- Sal St Emp	46,055.42	104,914.00	58,858.58	43.90%
5011140	Group Insurance	9,411.19	19,796.00	10,384.81	47.54%
5011150	Medical/Hospitalization Ins.	126,307.56	260,062.00	133,754.44	48.57%
5011160	Retiree Medical/Hospitalizatn	7,866.02	16,546.00	8,679.98	47.54%
5011170	Long term Disability Ins	3,832.10	9,012.00	5,179.90	42.52%
	Total Employee Benefits	292,588.49	623,949.00	331,360.51	46.89%
5011200	Salaries				
5011230	Salaries, Classified	710,167.90	1,477,306.00	767,138.10	48.07%
5011250	Salaries, Overtime	6,900.09	-	(6,900.09)	0.00%
	Total Salaries	717,067.99	1,477,306.00	760,238.01	48.54%
5011300	Special Payments				
5011310	Bonuses and Incentives	250.00	-	(250.00)	0.00%
5011340	Specified Per Diem Payment	4,250.00	7,300.00	3,050.00	58.22%
5011380	Deferred Compnstn Match Pmts	2,414.00	9,778.00	7,364.00	24.69%
	Total Special Payments	6,914.00	17,078.00	10,164.00	40.48%
5011400	Wages				
5011410	Wages, General	39,032.05	107,100.00	68,067.95	36.44%
5011430	Wages, Overtime	495.98	-	(495.98)	0.00%
	Total Wages	39,528.03	107,100.00	67,571.97	36.91%
5011530	Short-trm Disability Benefits	769.19	-	(769.19)	0.00%
	Total Disability Benefits	769.19	-	(769.19)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	1,637.77	-	(1,637.77)	0.00%
5011660	Defined Contribution Match - Hy	2,438.83	-	(2,438.83)	0.00%
	Total Terminatn Personal Svce Costs	4,076.60	-	(4,076.60)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	1,060,944.30	2,225,433.00	1,164,488.70	47.67%
5012000	Contractual Svs				

5012100	Communication Services				
5012110	Express Services	-	5,997.00	5,997.00	0.00%
5012120	Outbound Freight Services	4,595.82	-	(4,595.82)	0.00%
5012140	Postal Services	32,300.31	66,802.00	34,501.69	48.35%
5012150	Printing Services	-	3,026.00	3,026.00	0.00%
5012160	Telecommunications Svcs (VITA)	5,203.55	10,500.00	5,296.45	49.56%
5012170	Telecomm. Svcs (Non-State)	585.00	1,200.00	615.00	48.75%
5012190	Inbound Freight Services	29.25	35.00	5.75	83.57%
	Total Communication Services	42,713.93	87,560.00	44,846.07	48.78%
5012200	Employee Development Services				
5012210	Organization Memberships	3,070.00	7,228.00	4,158.00	42.47%
5012240	Employee Training/Workshop/Conf	225.00	4,283.00	4,058.00	5.25%
	Total Employee Development Services	3,295.00	11,511.00	8,216.00	28.62%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	2,298.00	2,298.00	0.00%
	Total Health Services	-	2,298.00	2,298.00	0.00%
5012400	Mgmt and Informational Svcs				
5012420	Fiscal Services	19,520.25	132,000.00	112,479.75	14.79%
5012440	Management Services	1,278.65	1,797.00	518.35	71.15%
5012460	Public Infrmtl & Relatn Svcs	442.34	-	(442.34)	0.00%
5012470	Legal Services	2,299.00	5,579.00	3,280.00	41.21%
5012490	Recruitment Services	100.10	-	(100.10)	0.00%
	Total Mgmt and Informational Svcs	23,640.34	139,376.00	115,735.66	16.96%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	1,466.89	-	(1,466.89)	0.00%
5012530	Equipment Repair & Maint Srvc	299.70	1,705.00	1,405.30	17.58%
	Total Repair and Maintenance Svcs	1,766.59	1,705.00	(61.59)	103.61%
5012600	Support Services				
5012630	Clerical Services	39,570.95	160,729.00	121,158.05	24.62%
5012640	Food & Dietary Services	6,788.84	12,698.00	5,909.16	53.46%
5012660	Manual Labor Services	5,775.14	24,912.00	19,136.86	23.18%
5012670	Production Services	45,363.98	153,625.00	108,261.02	29.53%
5012680	Skilled Services	211,968.87	531,779.00	319,810.13	39.86%
	Total Support Services	309,467.78	883,743.00	574,275.22	35.02%
5012700	Technical Services				
5012760	C.Operating Svs (By VITA)	5.10	-	(5.10)	0.00%
5012780	VITA InT Int Cost Goods&Svs	-	4,280.00	4,280.00	0.00%
	Total Technical Services	5.10	4,280.00	4,274.90	0.12%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	6,594.00	25,626.00	19,032.00	25.73%
5012830	Travel, Public Carriers	-	4,170.00	4,170.00	0.00%
5012850	Travel, Subsistence & Lodging	4,191.19	21,524.00	17,332.81	19.47%
5012880	Trvl, Meal Reimb- Not Rprtble	1,570.25	7,407.00	5,836.75	21.20%
	Total Transportation Services	12,355.44	58,727.00	46,371.56	21.04%
	Total Contractual Svs	393,244.18	1,189,200.00	795,955.82	33.07%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	11,162.29	14,609.00	3,446.71	76.41%
5013130	Stationery and Forms	-	3,614.00	3,614.00	0.00%
	Total Administrative Supplies	11,162.29	18,223.00	7,060.71	61.25%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%

	Total Manufctrng and Merch Supplies	-	94.00	94.00	0.00%
5013400	Medical and Laboratory Supp.				
5013420	Medical and Dental Supplies	11.79	-	(11.79)	0.00%
	Total Medical and Laboratory Supp.	11.79	-	(11.79)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	528.00	528.00	0.00%
5013630	Food Service Supplies	-	1,129.00	1,129.00	0.00%
	Total Residential Supplies	-	1,657.00	1,657.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	41.64	166.00	124.36	25.08%
	Total Specific Use Supplies	41.64	166.00	124.36	25.08%
	Total Supplies And Materials	11,215.72	20,140.00	8,924.28	55.69%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	392.75	485.00	92.25	80.98%
	Total Insurance-Fixed Assets	392.75	485.00	92.25	80.98%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	3,843.54	7,200.00	3,356.46	53.38%
5015350	Building Rentals	184.70	-	(184.70)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	76,974.41	148,083.00	71,108.59	51.98%
	Total Operating Lease Payments	81,002.65	155,383.00	74,380.35	52.13%
5015400	Service Charges				
5015470	Private Vendor Service Charges:	42.48	-	(42.48)	0.00%
	Total Service Charges	42.48	-	(42.48)	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	2,460.07	1,828.00	(632.07)	134.58%
5015540	Surety Bonds	83.18	108.00	24.82	77.02%
	Total Insurance-Operations	2,543.25	1,936.00	(607.25)	131.37%
	Total Continuous Charges	83,981.13	157,804.00	73,822.87	53.22%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	373.27	-	(373.27)	0.00%
5022180	Computer Software Purchases	149,424.53	148,425.00	(999.53)	100.67%
	Total Computer Hrdware & Sftware	149,797.80	148,425.00	(1,372.80)	100.92%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	829.00	829.00	0.00%
	Total Educational & Cultural Equip	-	829.00	829.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%
5022620	Office Furniture	763.00	-	(763.00)	0.00%
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	763.00	1,392.00	629.00	54.81%
	Total Equipment	150,560.80	150,646.00	85.20	99.94%
	Total Expenditures	1,699,946.13	3,743,223.00	2,043,276.87	45.41%
	Allocated Expenditures				
30100	Data Center	494,435.70	963,267.85	468,832.16	51.33%
30200	Human Resources	23,255.81	241,764.68	218,508.87	9.62%
30300	Finance	223,059.36	432,626.10	209,566.73	51.56%

30400	Director's Office	75,454.29	164,954.02	89,499.73	45.74%
30500	Enforcement	1,417,246.34	2,700,432.70	1,283,186.37	52.48%
30600	Administrative Proceedings	508,830.94	1,168,434.93	659,603.99	43.55%
30700	Impaired Practitioners	6,490.65	23,702.29	17,211.65	27.38%
30800	Attorney General	173,389.38	347,356.38	173,967.00	49.92%
30900	Board of Health Professions	14,868.68	11,203.80	(3,664.88)	132.71%
31100	Maintenance and Repairs	-	10,290.50	10,290.50	0.00%
31300	Emp. Recognition Program	3,593.81	18,318.42	14,724.61	19.62%
31400	Conference Center	1,894.51	25,919.65	24,025.13	7.31%
31500	Pgm Devlpmnt & Implmntn	21,398.13	73,256.44	51,858.30	29.21%
31600	Healthcare Work Force	39,342.21	116,449.77	77,107.56	33.78%
	Total Allocated Expenditures	<u>3,003,259.79</u>	<u>6,297,977.52</u>	<u>3,294,717.73</u>	<u>47.69%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>(2,730,115.48)</u>	<u>(662,853.52)</u>	<u>2,067,261.96</u>	<u>411.87%</u>

Report of the 2022 General Assembly
Bills that have passed or are still pending
(Duplicates of identical bills deleted)

HB 45 Health carriers; licensed athletic trainers.

Chief patron: Ware

Summary as passed:

Health carriers; licensed athletic trainers. Requires health insurers and health service plan providers whose policies or contracts cover services that may be legally performed by a licensed athletic trainer to provide equal coverage for such services when rendered by a licensed athletic trainer when such services are performed in an office setting. As introduced, this bill was a recommendation of the Health Insurance Reform Commission. This bill is identical to SB 525.

HB 145 Physician assistants; practice.

Chief patron: Head

Summary as passed House:

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

HB 191 Health Workforce Development; creates position of Special Advisor to the Governor. PENDING

Chief patron: Hodges

Summary as passed House:

Health workforce development; Special Advisor to the Governor for Health Workforce Development; Virginia Health Workforce Development Fund. Creates the position of Special

Advisor to the Governor for Health Workforce Development (the Special Advisor) in the Office of the Governor and creates the Virginia Health Workforce Development Fund to (i) provide incentives for the removal of barriers to educating and training health workforce professionals that include increasing eligible faculty, clinical placements, and residencies; (ii) incentivize the production of health workforce credentials, degrees, and licensures based on a rigorous analysis of the need by the Office of Education and Labor Market Alignment; (iii) address regulatory barriers to entering into and staying in health professions; and (iv) provide education and training for health and health science professionals to align education and training initiatives with existing and evolving health workforce needs.

The bill also requires the Special Advisor to review and evaluate the structure and organization of the Virginia Health Workforce Development Authority (the Authority) and make recommendations regarding the long-term administrative structure and funding of the Authority to the Governor and the General Assembly by November 1, 2022.

The bill has an expiration date of July 1, 2026.

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

Chief patron: Hodges

Summary as introduced:

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

HB 213 Optometrists; allowed to perform laser surgery if certified by Board of Optometry.

Chief patron: Robinson

Summary as passed House:

Optometrists; laser surgery. Allows an optometrist who has received a certification to perform laser surgery from the Board of Optometry (the Board) to perform certain types of laser surgery of the eye and directs the Board to issue a certification to perform laser surgery to any optometrist who submits evidence satisfactory to the Board that he (i) is certified by the Board to

prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents pursuant to Code requirements and (ii) has satisfactorily completed such didactic and clinical training programs provided by an accredited school or college of optometry that includes training in the use of lasers for the medically appropriate and recognized treatment of the human eye as the Board may require.

The bill also requires the Board to adopt regulations (a) establishing criteria for certification of an optometrist to perform permitted laser surgeries and (b) requiring optometrists to register annually with the Board and to report information regarding any disciplinary action, malpractice judgment, or malpractice settlement against the provider and any evidence that indicates the provider may be unable to engage safely in the practice of his profession. The bill also requires optometrists certified to perform laser surgery to report certain information regarding the number any types of laser surgeries performed and the conditions treated, as well as any adverse treatment outcomes associated with the performance of such laser surgeries to the Board, and requires the Board to report such information to the Governor and the Secretary of Health and Human Resources annually. This bill is identical to SB 375.

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

Chief patron: Head

Summary as passed House:

Public health emergency; out-of-state licenses; deemed licensure. Allows a practitioner of a profession regulated by the Board of Medicine who is licensed in another state or the District of Columbia and who is in good standing with the applicable regulatory agency in that state or the District of Columbia to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship and the practitioner has performed an in-person examination of the patient within the previous 12 months. The bill also provides that when the Board of Health has issued an emergency order, the Boards of Medicine and Nursing may waive (a) the requirement for submission of a fee for renewal or reinstatement of a license to practice medicine or osteopathic medicine or as a physician assistant or nurse practitioner and (b) the requirement for submission of evidence that a practitioner whose license was allowed to lapse for failure to meet professional activity requirements has satisfied such requirements and is prepared to resume

practice in a competent manner for any person who held a valid, unrestricted, active license within the four-year period immediately prior to the application for renewal or reinstatement of such license. This bill is identical to SB 369.

HB 285 Clinical nurse specialist; practice agreements.

Chief patron: Adams, D.M.

Summary as introduced:

Clinical nurse specialist; practice agreements. Provides that a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist who does not prescribe controlled substances or devices may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement, provided that he (i) 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, (ii) consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill also provides that a nurse practitioner licensed by the Boards in the category of clinical nurse specialist who prescribes controlled substances or devices shall practice in consultation with a licensed physician in accordance with a practice agreement between the nurse practitioner and the licensed physician.

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

Chief patron: Adams, D.M.

Summary as passed House:

Nurse practitioners; declaration of death and cause of death. Authorizes autonomous nurse practitioners, defined in the bill, to declare death and determine cause of death; allows nurse practitioners who are not autonomous nurse practitioners to pronounce the death of a patient in certain circumstances; and eliminates the requirement for a valid Do Not Resuscitate Order for the deceased patient for declaration of death by a registered nurse, physician assistant, or nurse practitioner who is not an autonomous nurse practitioner.

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

Chief patron: Bennett-Parker

Summary as introduced:

Virginia Freedom of Information Act; meetings conducted through electronic meetings.

Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

HB 537 Telemedicine; out-of-state providers, behavioral health services provided by practitioner.

Chief patron: Batten

Summary as passed House:

Telemedicine; out of state providers; behavioral health services. Allows certain practitioners of professions regulated by the Boards of Medicine, Counseling, Psychology, and Social Work who provide behavioral health services and who are licensed in another state, the District of Columbia, or a United States territory or possession and in good standing with the applicable regulatory agency to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. The bill provides that a practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

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

Chief patron: Hayes

Summary as introduced:

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

HB 598 Registered surgical technologist; criteria for registration.

Chief patron: Hayes

Summary as introduced:

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

HB 745 Respiratory therapists; practice pending licensure.

Chief patron: Bell

Summary as introduced:

Respiratory therapists; practice pending licensure. Provides that a person who has graduated from an accredited respiratory therapy education program may practice with the title "Respiratory Therapist, License Applicant" or "RT-Applicant" until he has received a failing score

on any examination required by the Board of Medicine for licensure or six months from the date of graduation, whichever occurs sooner.

HB 896 Nurse practitioner; patient care team provider.

Chief patron: Adams, D.M.

Summary as passed House:

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

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

Chief patron: Adams, D.M.

Summary as introduced:

Nurse practitioners; practice without a practice agreement; repeal sunset. Repeals the sunset provision on the bill passed in 2021 that reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement.

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

Chief patron: Orrock

Summary as passed House:

Pharmacists; initiation of treatment with and dispensing and administration of vaccines. Provides that a pharmacist may initiate treatment with, dispense, or administer to persons five years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health vaccines authorized by the U.S. Food and Drug Administration, and provides that the pharmacist may cause such vaccines to be administered by a pharmacy technician or pharmacy intern under the direct supervision of the pharmacist. The bill also requires the Department of Medical

Assistance Services and accident and sickness insurance providers to provide reimbursement for such service in an amount that is no less than the reimbursement amount for such service by a health care provider licensed by the Board of Medicine. The bill also requires the Board of Pharmacy, together with the Board of Medicine and the Department of Health, to establish a statewide protocol for the initiation of treatment with and dispensing and administering of drugs in accordance with the provisions of the bill and directs the Board of Pharmacy to establish a work group to provide recommendations regarding development of the protocols and to adopt regulations to implement the provisions of the bill within 280 days. The provisions of the bill authorizing administration of certain vaccinations by pharmacists, pharmacy technicians and pharmacy interns shall become effective upon the expiration of the federal public health emergency related to COVID-19.

HB 1359 Health care; consent to disclosure of records.

Chief patron: Byron

Summary as passed:

Health care; consent to services and disclosure of records. Provides that an authorization for the disclosure of health records shall remain in effect until (i) the authorization is revoked in writing to the health care entity maintaining the health record subject to the authorization, (ii) any expiration date set forth in the authorization, or (iii) the health care entity maintaining the health record becomes aware of any expiration event described in the authorization, whichever occurs first, and that a revocation shall not be effective to the extent that the health care entity maintaining the health record released health records prior to the delivery of such revocation.

The bill also provides that authorization for the release of health records shall include authorization for the person named in the authorization to assist the person who is the subject of the health record in accessing health care services, including scheduling appointments for the person who is the subject of the health record and attending appointments together with the person who is the subject of the health record.

The bill also provides that every health care provider shall make health records of a patient available to any person designated by a patient in an authorization to release medical records and that a health care provider shall allow a spouse, parent, adult child, adult sibling, or other person identified by a person to make an appointment for medical services on behalf of another person, regardless of whether the other person has executed an authorization to release medical records.

SB 169 Practical nurses, licensed; authority to pronounce death for a patient in hospice, etc.

Chief patron: Peake

Summary as passed Senate:

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

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

Chief patron: Favola

Summary as passed:

Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency. Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Board of Medicine to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause and is identical to HB 1187.

EMERGENCY

SB 408 Sentencing documents; transmission to the DHP and DBHDS.

Chief patron: Dunnavant

Summary as passed:

Transmission of sentencing documents to the Department of Health Professions and Department of Behavioral Health and Developmental Services. Provides that after the pronouncement of sentence, if the court is aware that the defendant is registered, certified, or licensed by a health regulatory board or holds a multistate licensure privilege, or is licensed by the Department of Behavioral Health and Developmental Services, and the defendant has been convicted of a felony, crime involving moral turpitude, or crime that occurred during the course of practice for which such practitioner or person is licensed, the court shall order the clerk of the court to transmit certified copies of sentencing documents to the Director of the Department of Health Professions or to the Commissioner of Behavioral Health and Developmental Services.

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

Chief patron: Kiggans

Summary as passed:

Nurse practitioners; patient care team physician supervision capacity increased. Allows a physician to serve as a patient care team physician on a patient care team with up to 10 nurse practitioners licensed in the category of psychiatric-mental health nurse practitioner. The bill retains, in all other cases, the existing provision that a physician may serve as a patient care team physician on a patient care team with no more than six nurse practitioners.

SB 480 Administrative Process Act; final orders, electronic retention.

Chief patron: McClellan

Summary as introduced:

Administrative Process Act; final orders; electronic retention. Clarifies that signed originals of final agency case decisions may be retained in an electronic medium. This bill is a recommendation of the Administrative Law Advisory Committee and the Virginia Code Commission.

SB 511 Opioid treatment program pharmacy; medication dispensing, registered/licensed practical nurses.

Chief patron: Suetterlein

Summary as passed Senate:

Opioid treatment program pharmacy; medication dispensing; registered nurses and licensed practical nurses. Allows registered nurses and licensed practical nurses practicing at an opioid treatment program pharmacy to perform the duties of a pharmacy technician, provided that all take-home medication doses are verified for accuracy by a pharmacist prior to dispensing.

Agenda Items: Approval of final regulations for implementation of the Occupational Therapy Interjurisdictional Compact

Included in your agenda package are:

Proposed permanent regulations for implementation of the OT Compact to replace emergency regulations.

Action needed:

- Motion for adoption of proposed regulations.



Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations for Licensure of Occupational Therapists [\[18 VAC 85 - 80\]](#)

Action: Implementation of the OT Compact

Emergency/NOIRA Stage

Action 5797 / Stage 9367

[Edit Stage](#) [Go to RIS Project](#) [Request Emergency Extension](#)

Documents		
Emergency Text	8/9/2021 8:45 am	Sync Text with RIS
Agency Background Document	8/9/2021	Upload / Replace
Attorney General Certification	8/10/2021	
Governor's Review Memo	12/21/2021	
Registrar Transmittal	12/22/2021	

Status	
Public Hearing	Will be held at the proposed stage
Emergency Authority	2.2-4011(B)
Exempt from APA	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
Attorney General Review	Submitted to OAG: 8/9/2021 Review Completed: 8/10/2021 Result: Certified
DPB Review	Submitted on 8/10/2021 Policy Analyst: Jeannine Rose Review Completed: 8/24/2021
Secretary Review	Secretary of Health and Human Resources Review Completed: 11/5/2021
Governor's Review	Review Completed: 12/21/2021 Result: Approved
Virginia Registrar	Submitted on 12/22/2021 The Virginia Register of Regulations Publication Date: 1/17/2022 Volume: 38 Issue: 11
Comment Period	Ended 2/16/2022 0 comments
Effective Date	1/1/2022
Expiration Date	6/30/2023

Contact Information	
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This person is the primary contact for this board.

This stage was created by [Elaine J. Yeatts](#) on 08/09/2021 at 8:44am

This stage was last edited by [Elaine J. Yeatts](#) on 08/09/2021 at 8:45am

Project 6878 - Emergency/NOIRA**Board Of Medicine****Implementation of the OT Compact****18VAC85-80-10. Definitions.**

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

"Board"

"Occupational therapy assistant"

"Practice of occupational therapy"

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

"ACOTE" means the Accreditation Council for Occupational Therapy Education.

"Active practice" means a minimum of 160 hours of professional practice as an occupational therapist or an occupational therapy assistant within the 24-month period immediately preceding renewal or application for licensure, if previously licensed or certified in another jurisdiction. The active practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Advisory board" means the Advisory Board of Occupational Therapy.

"Compact" means the Occupational Therapy Interjurisdictional Licensure Compact.

"Compact privilege" means the same as the definition of the term in § 54.1-2956.7:1 of the Code of Virginia.

"Contact hour" means 60 minutes of time spent in continued learning activity.

"NBCOT" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"National examination" means the examination prescribed by NBCOT for certification as an occupational therapist or an occupational therapy assistant and approved for licensure in Virginia.

"Occupational therapy personnel" means appropriately trained individuals who provide occupational therapy services under the supervision of a licensed occupational therapist.

"Practitioner" means an occupational therapist or occupational therapy assistant licensed in Virginia or an occupational therapist or occupational therapy assistant practicing in Virginia with a compact privilege.

18VAC85-80-26. Fees.

A. The following fees have been established by the board:

1. The initial fee for the occupational therapist license shall be \$130; for the occupational therapy assistant, it shall be \$70.
2. The fee for reinstatement of the occupational therapist license that has been lapsed for two years or more shall be \$180; for the occupational therapy assistant, it shall be \$90.
3. The fee for active license renewal for an occupational therapist shall be \$135; for an occupational therapy assistant, it shall be \$70. The fees for inactive license renewal shall be \$70 for an occupational therapist and \$35 for an occupational therapy assistant. Renewals shall be due in the birth month of the licensee in each even-numbered year. For 2020, the fee for renewal of an active license as an occupational therapist shall be \$108; for an occupational therapy assistant, it shall be \$54. For renewal of an inactive license in 2020, the fees shall be \$54 for an occupational therapist and \$28 for an occupational therapy assistant.
4. The additional fee for processing a late renewal application within one renewal cycle shall be \$50 for an occupational therapist and \$30 for an occupational therapy assistant.

5. The fee for a letter of good standing or verification to another jurisdiction for a license shall be \$10.

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

7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.

8. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.

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.

10. The fee for issuance of a compact privilege or the biennial renewal of such privilege shall be \$75 for an occupational therapist and \$40 for an occupational therapy assistant.

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC85-80-70. Biennial renewal of licensure.

A. An occupational therapist or an occupational therapy assistant shall renew his license biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18VAC85-80-26;
2. Indicating that he has been engaged in the active practice of occupational therapy as defined in 18VAC85-80-10; and
3. Attesting to completion of continued competency requirements as prescribed in 18VAC85-80-71.

B. An occupational therapist or an occupational therapy assistant whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay an additional fee as prescribed in 18VAC85-80-26.

C. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Occupational Therapy Compact Commission in effect at the time of the renewal.

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, ~~a practitioner~~ a licensee shall complete at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities, which shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components:

- a. Virginia Occupational Therapy Association;
- b. American Occupational Therapy Association;
- c. National Board for Certification in Occupational Therapy;
- d. Local, state, or federal government agency;
- e. Regionally accredited college or university;
- f. Health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation; or
- g. An American Medical Association Category 1 Continuing Medical Education program.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation, or other such experiences that promote continued learning. Up to two of the Type 2 continuing education hours may be satisfied through delivery of occupational therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services as documented by the health department or free clinic.

B. ~~A practitioner~~ A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The ~~practitioner~~ licensee shall retain in ~~his~~ the licensee's records all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a representative random audit of its active licensees to determine compliance. The ~~practitioners~~ licensees selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Virginia Board of Medicine

Policy on USMLE Step Attempts

This document captures the position of the Board on the number of attempts that will be allowed for the Step Exams of the USMLE.

Effective July 1, 2021, the USMLE program reduced the Attempt Limit from 6 attempts to 4 attempts, including incomplete attempts, per Step. The policy change has been in effect for USMLE Step applications submitted on or after July 1, 2021. This policy change applies to all Step exams. The sole exception to the 4 attempt rule is sponsorship by a state board for 1 additional attempt at the Step for which the examinee has failed 4 or more times.

At its discretion, the Board may support a one-time 5th attempt at a USMLE Step exam. Such approval will be limited to those individuals that: 1) have submitted a complete application to the Board of Medicine; 2) have previously passed all 3 Steps of the USMLE; 3) qualify for licensure in all ways except that the Step exam sequence took more than 10 years; and 4) a passing score on a Step exam would bring the individual's exam sequence into compliance with Board of Medicine regulation 18VAC85-20-140(E).

<https://law.lis.virginia.gov/admincode/title18/agency85/chapter20/section140/>

Further information on eligibility for USMLE Step exams can be accessed at:

<https://www.usmle.org/bulletin-information/eligibility>

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<https://law.lis.virginia.gov/admincode/title18/agency85/chapter20/section140/>

Further information on eligibility for USMLE Step exams can be accessed at:

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~~The following is the response to an inquiry of NBME regarding its policy for the number of attempts allowed for each Step Exam of the USMLE.~~

~~"The USMLE Program announced in August 2011 that it was introducing a limit on the total number of times an examinee can take the same Step or Step Component. Effective January 1, 2013, an examinee is ineligible to take a Step or Step Component if the examinee has made six or more prior attempts to pass that Step or Step Component, including incomplete attempts. All attempts at a Step or Step Component are counted toward the limit, regardless of when the exams were taken. The sole exception to this policy allows a state medical board to request an additional administration in unique and specific cases in which the board feels strongly about doing so on behalf of an individual with a nexus to the state who would be eligible for licensure in that state if he/she passed USMLE. You may ask a state medical board (such as that in the state where you reside or have some other compelling connection), which is fully aware of your complete testing history, to petition the USMLE program to grant you an additional attempt."~~

~~At its February 21, 2013 meeting, the Board of Medicine indicated its concurrence with the~~

~~recommendation to limit attempts at Step 3 to six, and directed staff to indicate to those that inquired that it was Board policy not to authorize extra attempts at Step 3.~~

~~At its October 24, 2013 meeting, the Board reviewed the NBME policy statement above and indicated its concurrence, to include all four exams in the Step sequence. Staff is directed to inform those who inquire that it is policy of the Board of Medicine that additional attempts past six are not be authorized for any Step Exam.~~

Next Meeting Date of the Executive Committee is

August 5, 2022



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 **within 30 days after completion of their trip**”. (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30 day deadline, please provide a justification for the late submission and be aware that it may not be approved.

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

May 8, 2022