

Meeting of the Virginia Board of Medicine



October 19, 2023
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 2

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.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. 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.

Board of Medicine
Thursday, October 19, 2023 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Call to Order and Roll Call for Full Board Meeting

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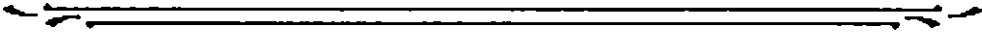
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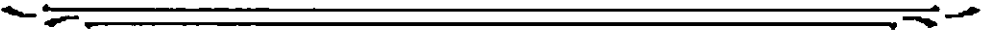
- ♦ **Board Counsel..... ----**
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New Business:

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18VAC85-11 – Ms. Barrett 79
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8. Announcements/Reminders

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



Agenda Item: Approval of Minutes of the June 22, 2023

Staff Note: Draft minutes that have been posted on Regulatory Townhall and the Board's website are presented. Review and revise if necessary.

Action: Motion to approve minutes.

~~---AMENDED DRAFT - UNAPPROVED---~~

**VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES**

June 22, 2023 Department of Health Professions Henrico, VA 23233

CALL TO ORDER: Mr. Marchese called the **Public Hearing** on Proposed Regulations for Implementation of the Occupational Therapy Licensure Compact to order at 8:30 a.m. There was no public comment. The floor closed at 8:31 a.m.

CALL TO ORDER: Mr. Marchese called the meeting of the Board of Medicine to Order at 8:32 a.m.

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

MEMBERS PRESENT: Blanton Marchese – President, Chair
Peter Apel, MD
David Archer, MD – Vice-President
John R. Clements, DPM
Alvin Edwards, MDiv, PhD – Secretary-Treasurer
Manjit Dhillon, MD
Hazem Elariny, MD
Madge Ellis, MD
Jane Hickey, JD
Williams Hutchens, MD
Oliver Kim, JD, LLM
Krishna Madiraju, MD
Jacob Miller, DO
Pradeep Pradhan, MD
Karen Ransone, MD
Jennifer Rathmann, DC
Joel Silverman, MD
Ryan Williams, 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
Danielle Sangiuliano – Administrative Assistant
James Jenkins, RN – DHP Chief Deputy Director
Erin Barrett – DHP Director of Legislative and Regulatory Affairs
Matthew Novak – DHP Policy Analyst

---AMENDED DRAFT - UNAPPROVED---

M. Brent Saunders, JD – Senior Assistant Attorney General

OTHERS PRESENT: Dana Van Laeys, NCCT
Shane Stanford, VASA
Ron Passmore, NCCT
Debbie Harris, Chester Career College
Patricia Goodson, Chester Career College
Carol Square, Chester Career College
Erica Dorline, Chester Career College
Vanessa Stannermann, AST
Thea Franke, Fortis College
Lisa Day, Surgical Technologist, VCCS
Colleen Leard, Surgical Technologist TSC
Barbara Hodgdon, Ph.D., HWDC
Jennie Wood – Discipline Staff
Tamika Hines – Discipline Staff
Roslyn Nickens – Licensing Staff
Jevon Carter – Licensing Staff
Shelby Smith – Licensing Staff
Joshlynn Jones – Licensing Staff
Keira Chambers – Licensing Staff

EMERGENCY EGRESS INSTRUCTIONS

Dr. Archer provided the emergency egress instructions for Board Room 2.

APPROVAL OF MINUTES OF FEBRUARY 23, 2023

Dr. Edwards moved to approve the minutes as presented. The motion was properly seconded by Dr. Ransone and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to approve the minutes as presented. The motion was properly seconded by Dr. Ransone and carried unanimously.

OAG Presentations Pursuant to 54.1-2408.1(A)

Sean Murphy, Assistant Attorney General, presented information to the Board regarding Giovanni G. Geronilla, M.D., License No. 0101-264599, to determine whether Dr. Geronilla's ability to practice medicine constituted a substantial danger to the health and safety of the public.

On a motion by Dr. Ransone, and duly seconded by Dr. Miller, the Board determined that Dr. Geronilla's ability to practice constituted a substantial danger to the health and safety of the public and voted to summarily suspend his license simultaneous with the institution of

---AMENDED DRAFT - UNAPPROVED---

proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

Mandy Wilson, Assistant Attorney General, presented information to the Board regarding Kelly Tyson, LST, License No. 0137-000125, in order to determine whether her ability to practice as a surgical technologist constituted a substantial danger to the health and safety of the public.

On a motion by Dr. Edwards, and duly seconded by Dr. Miller, the Board determined that Ms. Tyson's ability to practice constituted a substantial danger to the health and safety and voted to summarily suspend her license simultaneous with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

HEALTHCARE WORKFORCE DATA CENTER UPDATE

Barbara Hodgdon, Ph.D., Deputy Director for the Healthcare Workforce Data Center, provided a brief overview of the program's new dashboard. Dr. Hodgdon pointed out that the dashboard captures information such as how many behavioral health professionals are licensed or registered in Virginia, the demographics of the workforce, job satisfaction, median income, retirement intentions, etc. Dr. Hodgdon also provided the data on physicians' education debt at graduation. She advised that data included physicians who graduated 2017-2018, 2019-2020, and 2021-2022. It was determined that physicians who graduated between 2019-2020 reported the highest debt upon graduation. Dr. Hodgdon noted that the data does not include residency or other factors like interest rates, amount or frequency of payback, or refinancing.

PUBLIC COMMENT

Dana Van Laeys, NCCT – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

Shane Stanford, VASA – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

Ron Passmore, NCCT – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

Debbie Harris, Chester Career College – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

Patricia Goodson, Chester Career College – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

Carol Square, Chester Career College – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

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Erica Dorline, Chester Career College – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

Vanessa Stannermann, AST – asked the Board not to support the inclusion of NCCT as an acceptable credential for licensure.

Lisa Day, Surgical Technologist, VCCS – asked the Board not to support the inclusion of NCCT as an acceptable credential for licensure.

Colleen Leard, Surgical Technologist, TSC – spoke in favor of the Board supporting the inclusion of NCCT as an acceptable credential for licensure.

Thea Franke, Fortis College – asked the Board not to support the inclusion of NCCT as an acceptable credential for licensure.

The floor for public comment closed at 9:05 a.m.

DHP DIRECTOR'S REPORT

James Jenkins, RN, DHP Chief Deputy Director, reported in Mr. Owens' absence. Mr. Jenkins expressed how grateful the Agency was for the dedication and service by Board members to the Commonwealth by Board members. He stated that they remain focused on providing the highest level of healthcare services so that all clients may benefit. He advised that DHP was already gearing up for the 2024 General Assembly Session and has been collaborating with the Secretary's Office on budget writing. Some of the other initiatives the Agency is pursuing are healthcare workforce, Earn to Learn, financial aid programs for nursing, behavioral health professionals, clinical preceptors, etc. Mr. Jenkins said that a large component of the Governor's plan includes *Right Help, Right Now*, which is a program aimed at strengthening behavioral health services for Virginians, reducing the burden on law enforcement and growing the behavioral health workforce.

REPORTS OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Mr. Marchese reported on at the 2023 Annual Meeting of the Federation of State Medical Boards in Minneapolis in May. He, along with Dr. Dhillion, Mr. Kim, Ms. Opher, and Jay Douglas from the Board of Nursing, attended several informational sessions in which the theme was how can FSMB refocus on its mission of supporting the states. Mr. Marchese noted that the Chair-Elect of the FSMB Board of Directors, Katie Templeton, is a public member.

VICE-PRESIDENT

No report.

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SECRETARY-TREASURER

No report.

EXECUTIVE DIRECTOR

Budget

Dr. Harp informed the members that the Board is well within budget and that the FY25-FY26 budget has been submitted. Included in it is a request for two new full-time positions to replace a wage and a contract position which will be a benefit to the Board and its part-time employees seeking permanent positions.

Ad Hoc Meetings

Dr. Harp reported:

The Regulatory Advisory Panel on the Regulations for Opioids and Buprenorphine met on March 31, 2023. The regulations will be discussed later by Ms. Barrett.

The Ad Hoc on 85-10 Disclosure by Licensed Midwives for High-Risk Pregnancy Conditions met on May 18, 2023. The proposed updates to the disclosure statements will be presented to the Executive Committee on August 4th.

The Statewide Pharmacy Protocols meeting will be held August 11th; Dr. Hutchens and Dr. Madiraju will be representing the Board of Medicine.

Reciprocity

Reciprocal licensing with Maryland and the District of Columbia began on March 13th. This expedited process is quicker than the endorsement pathway. Since its inception, 200 applications have been received, and 150 have been issued.

COMMITTEE, ADVISORY BOARD, AND OTHER REPORTS

Dr. Williams moved to accept all reports since February 23, 2023, en bloc. The motion was properly seconded by Dr. Edwards and carried unanimously.

Board Counsel – Brent Saunders, JD - Senior Assistant Attorney General

Mr. Saunders, Senior AAG, provided an update on the following cases:

- Zackrison v. Board of Medicine
- Mettetal v. Board of Medicine

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Board of Health Professions

No report.

Podiatry Report

No report.

Chiropractor Report

No report.

Committee of the Joint Boards of Nursing and Medicine

No report.

Mr. Marchese called for a recess at 9:18 a.m. and the meeting reconvened at 9:30 a.m.

NEW BUSINESS

1. Current Regulatory Actions

Ms. Barrett noted that since the preparation of the report for this meeting, all the proposed regulations have moved from Department of Planning and Budget to the Secretary's Office. All remaining fast-track actions will go to the Secretary's Office and then a longer public comment period will follow. However, they will not come back to the Board for comments. Once the comment period closes, the Executive Committee will vote on the regulations.

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

2. Adoption of Fast-Track Regulatory Amendments to 18-VAC85-21

Ms. Barrett walked the members through the recommendations of the Regulatory Advisory Panel for the existing Regulations Governing Prescribing of Opioids and Buprenorphine.

After review of the Advisory Panel recommendations and discussion of Board member suggested amendments, Dr. Miller moved to adopt as fast-track the regulatory amendments to Chapter 21 as amended. The motion was properly seconded and carried unanimously.

3. Adoption of Exempt Regulatory Amendments to 18VAC85-160-51

Ms. Barrett explained that the exempt amendment extends the grandfathering provision from December 2022 to December 2023 for those who have been working to get certification through that pathway.

—AMENDED DRAFT - UNAPPROVED—

MOTION: Dr. Ransone moved to adopt the exempt regulatory amendments to 18VAC85-160-51, effective July 1, 2023.

Dr. Elariny questioned why someone with 22 years of experience must expire due to the Board changing its rules. Ms. Barrett clarified that no one would have an existing certification “expire” under new General Assembly statutory changes.

After discussion, the motion was properly seconded and carried unanimously.

4. Consideration of Exempt Regulatory Changes to 18VAC90-30 and 18VAC90-40

Ms. Barrett said the exempt regulatory changes to 18VAC90-30 and 18VAC90-40 reflect terminology changes from “nurse practitioner” to “advanced practice registered nurse.” She stated that regulatory actions taken without board discretion are to comport with the statute.

MOTION: Dr. Miller moved to amend 18VAC90-30 and 18VAC90-40 as presented by exempt action effective July 1, 2023.

At 10:40 a.m., Ms. Hickey moved that the Board convene a closed session pursuant to Section 2.2-3711.A(7) of the Code of Virginia for consultation with and the provision of legal advice by Senior Assistant Attorney General Brent Saunders in the matter of surgical technologist training programs. William Harp, M.D., Jennifer Deschenes, J.D., M.S., and Erin Barrett, JD attended because their presence in the closed meeting was deemed necessary. The motion was properly seconded and carried unanimously.

At 11:13 a.m., Ms. Hickey moved to return to open meeting. Mr. Marchese asked all those who certify, to the best of your knowledge that the Board heard, discussed or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened to say “Aye.” There were no “Nays”.

5. Consider Recommendation of Approved Surgical Technologist Training Programs for Recognition by the Board of Medicine

Mr. Marchese directed the Board member’s attention to the petition for the approval of NCCT training program.

MOTION: After a brief discussion regarding the differences between a surgical technologist and a licensed surgical first assistant, Dr. Apel moved to recognize and accept NCCT as an approved training program. The motion was properly seconded and carried unanimously.

6. Report on Implementation of the APRN Compact

Ms. Barrett briefly reviewed the correspondence from the Chair of the Senate Committee on Education and Health directing DHP to report on statutory changes needed for implementation of the APRN Compact.

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No action was required; this was for informational purposes only.

7. Report Regarding Associate Physicians

Ms. Barrett referred to the letter from the Chair of the Senate Committee on Education and Health directing DHP to report on SB1006 regarding licensure of associate physicians.

No action was required; this was for informational purposes only.

8. Acceptance of Past Advisory Board Meeting Minutes

Dr. Harp said that Board staff has identified a number of advisory board minutes that are officially still in draft form because they were not voted on by the body whose actions they chronicle. This happened for various reasons. A quorum is required to approve the minutes of previous meetings, and oftentimes there would not be a quorum for the next couple of meetings. Then they would get lost in the shuffle and not be presented several meetings later. Also, COVID had a similar impact with virtual meetings and follow-up issues. He stated that the good news is that probably all of the minutes that are in the agenda packet today were presented to the full Board at its meetings, and all were accepted. Just to be sure, Board staff would like to have the Board accept all these minutes en bloc.

MOTION: Dr. Ransone moved to accept all the minutes en block identified in the packet still in draft form. The motion was properly seconded and carried unanimously.

9. Licensing Report

Mr. Sobowale updated the Board on the total number of licensees, noting that 56% are MDs, DOs, DCs, and DPMs. Compared to the previous fiscal year, there has been an increase in applications. The average processing time is currently 65 business days with 59 being the median.

Mr. Sobowale then introduced to the Board the newest licensing specialists Jevon Carter, Shelby Smith, Joshlynn Jones, and Keira Chambers.

Mr. Sobowale also provided an update on the reciprocity agreement with Maryland and the District of Columbia, which launched on March 13, 2023. He stated that by more than a 2 to 1 ratio, Maryland and DC physicians were using this pathway to gain licensure in Virginia. Additionally, he noted that these applications have a processing time of 7-10 business days.

Dr. Clements recognized and thanked the Licensing Section for getting all the interns and residents licensed in a timely manner.

10. Discipline Report

Referring to the 3rd Quarter FY2023 discipline numbers, Ms. Deschenes commended the Board members for their work over the past several months. She told the members that extra

---AMENDED DRAFT - UNAPPROVED---

formal dates will be needed to address the backlog. She noted the two summaries at the beginning of the meeting and said that the Board averages about 12 a year, typically handled by phone conference. She then reminded the Board how critical it is for **all** members to participate in summary suspension calls to ensure the Board meets the statutory quorum requirement to conduct business.

Ms. Deschenes also encouraged the members to take advantage of having Board Counsel in the hearings; they are there for a reason. It is important to listen to and work with them when putting the Order together. Board Counsel ensure that the evidence in the case supports the findings and decisions.

Mr. Marchese pointed out that there is a statutory requirement to hear some of these cases in a timely manner and encouraged members to look at their availability.

11. 2024 Meeting Calendar

MOTION: Dr. Edwards moved to accept the 2024 calendar as presented. The motion was properly seconded by and carried unanimously.

12. Nominating Committee

Dr. Miller provided the following slate of officers recommended by the Nominating Committee for consideration:

- J. Randy Clements, DPM, - President
- Peter J. Apel, MD – Vice-President
- Karen Ransone, MD - Secretary-Treasurer

Mr. Marchese asked if there were nominations from the floor. There were none.

MOTION: Ms. Hickey moved to accept the slate of officers as presented. The motion was seconded and carried unanimously.

8. Board Members with Expiring Terms

Mr. Marchese expressed thanks to Alvin Edwards, PhD, Jane Hickey, JD, Joel Silverman, MD and Ryan Williams, MD for their work and dedication to the Board's mission. Ms. Hickey said that she has worked with many wonderful people along the way. She has been impressed with the different perspectives of Board members and admires each and every one with whom she has worked.

Closing Speech from Blanton Marchese, President

“Serving as the President of the Virginia Board of Medicine for the last two years has been one of my greatest professional honors. Our Board, as the 8th oldest medical board in the U.S., stands strong in upholding the values and advancements of medicine. You see, we’re not just a regulatory entity, but guardians of medical integrity, safeguarding public health, and

~~—AMENDED DRAFT - UNAPPROVED—~~

advocates for societal well-being.

Our centuries-long journey testifies to our resilience and commitment. Upholding our mission – ensuring high-quality medical practice, protecting Virginians, advocating for healthcare equity – has all been my distinct honor as the President. As I hand over to my successor, I'm confident the Board's honor, integrity, and commitment will persist.

In conclusion, thank you all. Serving as the President will forever be a treasured memory.”

ANNOUNCEMENTS

Dr. Harp announced that the Board is closing 97% of the cases on time.

Mr. Marchese said that the next meeting date of the Board is October 19, 2023 @ 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 11:36 a.m.

William L. Harp, MD
Executive Director

Agenda Item: Report of Officers

- Staff Note:**
- ♦ President
 - ♦ Vice-President
 - ♦ Secretary-Treasurer
 - ♦ Executive Director

Action: Informational presentation. No action required.

Agenda Item: **Executive Director's Report**

Staff Note: All items for information only

Action: None.

Virginia Department of Health Professions
Cash Balance Report

	<u>102 - Medicine</u>
Cash Balance as of June 30, 2022	\$10,703,744
YTD FY 2023 Revenue	10,494,888
Less: YTD FY 2023 Direct and Allocated Expenditures	<u>9,256,472</u>
Cash Balance as of June 30, 2023	<u><u>\$11,942,161</u></u>

Virginia Department of Health PROTESTANT
 Fiscal Year 2023 (July 1, 2022 to June 30, 2023)

Includes: (base budget, salary/benefit budget, and other budget accounts) with expenditures through June 30, 2023.

Department ID 1020
 Department Name Board of Medicine

TYPE	Account Number	Description	FY23 Budget	July	August	September	October	November	December	January	February	March	April	May	June	July-June	Grand Total Expenditures	Over/Under Budget	% of Budget Remaining
Base Budget																			
	5011250	Salaries, Overtime	2,360	1,300	1,600	1,600	900	900	600	150	150	1,150	250	4,085	844	7,939	(7,939)	0%	
	5011340	Specified Per Diem Payments	27,800	500	350	600	900	350	600	150	150	1,150	250	200	350	6,550	21,250	76%	
	5012110	Express Services	12,000	857	489	976	878	617	212	367	1,169	405	405	1,318	2,177	9,465	2,535	21%	
	5012120	Outbound Freight Services	-	-	-	26	-	-	-	-	27	15	15	76	-	143	(143)	0%	
	5012130	Messenger Services	66,802	5,720	-	11,100	4,500	7,635	4,188	5,834	6,170	3,808	6,335	3,443	4,725	63,457	3,345	5%	
	5012140	Postal Services	3,026	-	-	-	76	-	309	-	-	-	-	289	-	675	2,351	78%	
	5012150	Printing Services	35	5	82	10	10	22	16	10	1	-	5	-	-	149	(114)	-326%	
	5012190	Inbound Freight Services	7,228	305	337	-	200	2,972	-	-	-	-	-	-	-	3,814	3,414	47%	
	5012210	Organization Memberships	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012220	Publication Subscriptions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	
	5012240	Employee Training Courses, Workshops, and Conferences	4,283	-	-	-	-	-	-	-	1,200	-	-	2,372	298	3,870	413	10%	
	5012260	Employee Training Consulting Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012270	Employee Training - Transportation, Lodging, Meals, and Incidentals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	
	5012280	Employee Information Technology (IT) Training Courses, Workshops, and Conferences	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	
	5012360	X-ray and Laboratory Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012440	Management Services	1,797	-	441	-	366	411	-	-	99	212	-	97	-	1,625	172	10%	
	5012450	Personnel Management Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012460	Public Informational and Public Relations Services	-	-	-	-	-	-	-	-	-	-	-	375	-	375	(375)	0%	
	5012470	Legal Services	5,579	660	(105)	-	2,200	-	29	-	-	1,257	1,257	249	-	4,290	1,289	23%	
	5012490	Recruitment Advertising	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012510	Custodial Services	4,000	-	491	246	246	246	-	-	-	-	-	129	129	1,486	2,514	63%	
	5012520	Electrical Repair and Maintenance Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012530	Equipment Repair and Maintenance Services	1,705	34	430	253	-	-	-	-	-	2,148	1,332	-	-	4,196	(2,491)	-146%	
	5012560	Mechanical Repair and Maintenance Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012570	Plant Repair and Maintenance Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012640	Food and Dietary Services	12,698	1,669	658	126	2,967	249	702	121	850	-	699	184	2,315	10,540	2,158	17%	
	5012680	Skilled Services (Excludes HPMP)	72,776	2,400	1,059	-	7,431	10,910	-	-	6,188	-	-	140	1,800	29,928	42,848	59%	
	5012720	VITA Pass Thru Charges (New Code)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	
	5012730	Information Management Design and Development Services (provided by another State agency (not VITA) or vendor)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0%	

5011530 Short-term Disability Benefits																			4,475	(4,475)	0%
5011620 Salaries, Annual Leave Balances																			3,004	(3,004)	0%
5011660 Hybrid Retirement Plan																					
Defined Contribution Match - VRS	8,031	709	493	493	740	343	619	863	363	725	735										
Salary/Benefit Budget Total	2,411,988	265,465	183,843	181,797	181,941	295,827	97,007	192,617	275,066	95,278	#####	#####	#####	#####	#####	#####	#####	#####	2,257,820	154,168	5%
Grand Total	3,747,525	358,916	265,686	256,686	271,070	385,667	167,030	281,524	353,891	178,939	#####	#####	#####	#####	#####	#####	#####	#####	3,411,555	495,970	12%



Board of Dentistry

Public Resources ▾

Practitioner Resources ▾

Applicant Resources ▾

About the Board ▾

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News

Botulinum toxin injections in general dentistry

Published on Apr 7, 2023

[SB1539 \(https://lis.virginia.gov/cgi-bin/legp604.exe?231+sum+SB1539\)](https://lis.virginia.gov/cgi-bin/legp604.exe?231+sum+SB1539) was passed and will be effective July 1, 2023. However, the bill requires that the Board of Dentistry create regulations, prior to a General Dentist administering botulinum toxin injections cosmetically. **Therefore, a dentist cannot administer botulinum toxin injections cosmetically until the Board creates regulations.** The Board will convene a regulatory advisory panel over the next year, which may meet a few times prior to presenting to the Board for approval of final draft regulations. Please see the regulatory process in Virginia, [here](#) (<http://register.dls.virginia.gov/process.shtml>). Please note that the Regulatory Process can take a minimum of 18 months to several years to approve and the Board has no control over that part of the process. Also, this bill is **only** for botulinum toxin injections and does not include other cosmetic injectable medication or material (e.g., cosmetic fillers).

[Back to News Index \(/Boards/Dentistry/DentistryHomepageltems/News/\)](#)

2023 SESSION

CHAPTER 413

An Act to amend the Code of Virginia by adding a section numbered 54.1-2711.2, relating to practice of dentistry; botulinum toxin injections.

[S 1539]

Approved March 23, 2023

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered **54.1-2711.2** as follows:

§ 54.1-2711.2. Botulinum toxin injections.

In addition to the possession and administration of botulinum toxin injections for dental purposes, a dentist may possess and administer botulinum toxin injections for cosmetic purposes, provided that the dentist has completed training and continuing education in the administration of botulinum toxin injections for cosmetic purposes, as deemed appropriate by the Board.

2. That the Board of Dentistry, in consultation with the Board of Medicine, shall amend its regulations to establish training and continuing education requirements for dentists related to the administration of botulinum toxin injections for cosmetic purposes. The Board of Dentistry shall amend its regulations related to cosmetic certifications for oral and maxillofacial surgeons to remove from such regulations subdivision B 9 of 18VAC60-21-350.

Agenda Item: **Committee and Advisory Board Reports**

Staff Note: Please note Committee assignments and minutes of meetings since June 22, 2023.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2023-2024

EXECUTIVE COMMITTEE (8)

Randy Clements, DPM – President, Chair

Peter Apel, MD – Vice-President

William Hutchens, MD

Oliver Kim

L. Blanton Marchese

Jacob Miller, DO

Karen Ransone, MD – Secretary-Treasurer

Joel Silverman, MD

LEGISLATIVE COMMITTEE (7)

Peter Apel, MD – Vice-President, Chair

Randy Clements, DPM – President

Manjit Dhillon, MD

Pradeep Pradhan, MD

Jennifer Rathmann, DC

Joel Silverman, MD

Ryan Williams, MD

CREDENTIALS COMMITTEE (9)

Jacob Miller, DO – Chair

Peter Apel, MD

David Archer, MD

Hazem Elariny, MD

Madge Ellis, MD

William Hutchens, MD

Krishna Madiraju, MD

Pradeep Pradhan, MD

Jennifer Rathmann, DC

FINANCE COMMITTEE

J. Randy Clements, DPM – President

Peter Apel, MD – Vice-President

Karen Ransone, MD – Secretary-Treasurer

BOARD BRIEFS COMMITTEE

William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE

Jennifer Rathmann, DC

BOARD OF HEALTH PROFESSIONS

Krishna Madiraju, MD

**COMMITTEE OF THE JOINT BOARDS
OF NURSING AND MEDICINE**

Randy Clements, DPM – President

Blanton Marchese

Joel Silverman, MD

**VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES**

Friday, August 4, 2023

Department of Health Professions

Henrico, VA

- CALL TO ORDER:** Dr. Clements called the meeting of the Executive Committee to order at 8:38 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** John R. Clements, DPM – President, Chair
Jane Hickey, JD
L. Blanton Marchese
Jacob Miller, DO
Joel Silverman, MD
Ryan P. Williams, MD
- STAFF PRESENT:** Jennifer Deschenes, JD, MS – Deputy Exec. Director for Discipline
Colanitha Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Arne Owens - DHP Director
Erin Barrett - DHP Director of Legislative and Regulatory Affairs
Matt Novak – DHP Policy Analyst
Barbara Matusiak, MD - Medical Review Coordinator
Deirdre Brown - Executive Assistant
- OTHERS PRESENT:** James Rutkowski – Sr. Assist. Attorney General
Tamika Hines - Board Staff
Robert Glasgow – VAPA
Ashley Fine – HDJ
Michelle Satterlund - Macaulay Jamerson Satterlund & Sessa, P.C.
Clark Barrineau, MSV
Marinda Shindler – VMA
Kim Ketchersid – VAPA
Courtney Corboy – VAPA
Sarah Hamaker – VAPA
James Pickral - VRS

EMERGENCY EGRESS INSTRUCTIONS

Dr. Clements provided the emergency egress instructions for those in the building.

APPROVAL OF MINUTES FROM DECEMBER 2, 2022

Dr. Miller moved to approve the meeting minutes from December 2, 2022, as presented. The motion was seconded by Ms. Hickey and carried unanimously.

ADOPTION OF AGENDA

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

PUBLIC COMMENT

Robert Glaskco, from the Virginia Academy of Physician Assistants, informed the Committee that he has been practicing as a physician assistant for over 30 years, and he appreciates being able to administer prescriptions and thanked the Committee for their support.

DHP DIRECTOR'S REPORT

Mr. Owens shared with the Committee that DHP is focused on the Virginia Healthcare workforce. He stated that DHP is in the middle of a Rand Corporation study which is expected to wrap-up by the end of September 2023. The purpose of the study is to gather information on concerns, problems and gaps in care, and to make recommendations to address such issues.

After providing an update on the Right Help, Right Now Initiative, Mr. Owens stated that due to a recent study, employees at DHP are being compensated at current market rates which will assist in staff retention. Next, Mr. Owens informed the members that DHP has submitted its 2024-2026 budget, which included an authorization request for additional full-time employees.

Additionally, Mr. Owens stated that DHP is preparing for the next General Assembly session. He gave an account that in the last General Assembly session 8 bills were moved forward in which 4 were DHP bills that were passed and signed by the Governor. Mr. Owens noted that on July 27, 2023, he gathered with other Government administration officials to discuss the key points that the Governor would like to deliver successfully by the end of his 4-year term, and the focus is on keeping the workforce healthy, safe and economical for families in Virginia.

PRESIDENT'S REPORT

No report.

ACTING EXECUTIVE DIRECTOR'S REPORT

No report.

NEW BUSINESS

1. Regulatory Actions as of July 10, 2023

Ms. Barrett presented the chart for review only.

2. Withdrawal of NOIRA regarding behavior analyst training

Ms. Barrett stated to the Committee that the existing regulations currently conform to the 2023 legislation. To be in compliance with the 2023 legislation, the Committee must take action to withdraw the regulatory action.

MOTION: Dr. Miller moved to withdraw the NOIRA regarding behavior analyst and behavior analyst assistant training filed in June 2022. The motion was seconded by Dr. Williams and carried unanimously.

3. Adoption of final regulations for the implementation of the Occupational Therapy Interjurisdictional Compact

Ms. Barrett reviewed with the Committee the proposed regulations for the OT Compact in Virginia and advised that no public comments were received.

MOTION: Dr. Williams moved to adopt final regulations implementing the OT Compact. The motion was seconded by Dr. Miller and carried unanimously.

4. Amendment of Guidance Document 85-10 regarding midwife disclosures

Ms. Barrett reviewed with the Committee the changes made to Guidance Document 85-10 by an ad hoc committee of the Board, which were also approved by Advisory Board on Midwifery.

MOTION: Dr. Miller moved to accept the amendments to Guidance Document 85-10 as recommended by the ad hoc committee and Advisory Board on Midwifery. The motion was seconded by Mr. Marchese and carried unanimously.

5. Adoption of the midwifery formulary and best practice/standards of care protocol

Ms. Barrett referred the Committee to the formulary and best practice/standards of care handout. Mr. Marchese shared with the Committee that the formulary and best practice standards were reviewed and recommended by the ad hoc committee.

MOTION: Mr. Marchese moved to adopt the formulary and best practice/standards of care protocol. The motion was seconded by Dr. Williams and carried unanimously.

6. Final Regulations for licensed certified midwives

Ms. Barrett referred the Committee to the handout of public comments received on Town Hall. She stated that 47 comments were received and all were in support with no changes to the new regulations for licensed certified midwives. Ms. Barrett informed the Committee that since this profession will be jointly regulated by the Board of Nursing, the Board of Nursing will vote on the

final regulations at their September 2023 meeting.

MOTION: Dr. Williams moved to adopt final regulations regarding licensure of licensed certified midwives. The motion was seconded by Dr. Miller and carried unanimously.

7. Petition for rulemaking regarding supervision of radiologist assistants

Ms. Barrett presented the options of actions to the Committee regarding supervision of radiologist assistants. She shared with the Committee that a total of 6 public comments were received, four were in support and 2 were in opposition.

MOTION: Ms. Hickey moved to take no action on the petition because the issue presented was not defined or developed enough for the Board to understand the scope of the changes requested. The motion was seconded by Dr. Silverman and carried unanimously.

8. Petition for rulemaking regarding use of physician name on prescriptions issued by physician assistants

Ms. Barrett shared with the members that 186 public comments were received on Town Hall and all were in support of the petition. Additionally, a letter of support from the Medical Society of Virginia (MSV) was distributed to the members for consideration. MSV stated that Virginia patients would, "see improved efficiency and healthcare delivery with these changes".

MOTION: Mr. Marchese moved to accept the petition and initiate rulemaking. The motion was seconded by Dr. Williams and carried unanimously.

9. Petition for rulemaking regarding consultation and collaboration requirements for patient care team physicians or podiatrists working with physician assistants

Ms. Barrett reviewed the Petition for Rulemaking that was filed by the Virginia Academy of Physician Assistants to amend 18VAC85-50-110(1). She stated that 29 public comments were received on Town Hall with none being in opposition.

MOTION: Ms. Hickey moved to accept the petition and initiate rulemaking. The motion was seconded by Mr. Blanton and carried unanimously.

10. Adoption of revised policy on meetings held with electronic participation pursuant to statutory changes

Ms. Barrett reviewed with the Committee the proposed revised electronic participation policy that is in accordance with Virginia Code § 2.2-3708.3.

MOTION: Mr. Marchese moved to adopt the revised policy on meetings held with electronic participation as presented. The motion was seconded by Ms. Hickey and carried unanimously.

ANNOUNCEMENTS

Ms. Deschenes informed the Committee of the updated guideline for travel reimbursement.

--DRAFT UNAPPROVED--

Effective immediately, board members must submit requests for reimbursement within 30 days of travel for reimbursement approval. No exceptions after the 30-day deadline will be accepted.

The next meeting of the Executive Committee will be December 1, 2023 @ 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 9:43 a.m.

Jennifer Deschenes, JD, MS
Acting Executive Director

**VIRGINIA BOARD OF MEDICINE
AD HOC COMMITTEE ON MEDICATIONS FOR MIDWIVES**

Thursday, July 20, 2023 Department of Health Professions Henrico, VA

CALL TO ORDER: Mr. Marchese called the meeting to order at 1:09 p.m.

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

MEMBERS PRESENT: Blanton Marchese, Chair
Ildiko Baugus
Christian Chisholm, MD
Erin Hammer, CPM
Jordan Hylton, MD
Ami Keatts, MD
Kim Pekin, CPM

MEMBERS ABSENT: Rebecca Banks, CPM – unable to join remotely due to technical difficulties

STAFF PRESENT: William L. Harp, MD - Executive Director
Jennifer Deschenes, JD – Deputy Exec. Director for Discipline
Colanithia Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Erin Barrett, JD – Director for DHP Legislative and Regulatory Affairs
Matthew Novak – Policy and Economic Analyst
Deirdre Brown – Executive Assistant

OTHERS PRESENT: Marinda Shindler – Virginia Midwives Alliance
Becky Bowers-Lanier – Virginia Midwives Alliance

EMERGENCY EGRESS INSTRUCTIONS

Mr. Marchese provided the emergency egress instructions.

CHARGE OF THE AD HOC COMMITTEE

Ms. Deschenes stated the charge of the Ad Hoc Committee was to address medications for midwives as directed in SB1275. She said that the Committee needed to develop a formulary and best practices for midwives for using the medications with their patients. She emphasized that the work be done with the Board's mission to protect the public in mind. The document derived from today's meeting will be presented to the Executive Committee on August 4, 2023 for consideration, revision, and approval.

---AMENDED DRAFT UNAPPROVED---

ADOPTION OF AGENDA

Dr. Keatts moved to adopt the agenda as presented. The motion was seconded by Ms. Baugus and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DISCUSSION

Mr. Marchese reiterated the purpose of the meeting. Ms. Baugus suggested that the Committee members review the "Excerpt of NARM Job Analysis (2016)". Ms. Barrett noted that a drug formulary is a formal list of medications and that the Board of Medicine will need to adopt such a list. She indicated that the document would be in the form of a protocol, not a guidance document or regulation. The protocol can be presented to the August 4th Executive Committee for approval, as it can act on behalf of the Full Board when it is not in session. Dr. Chisholm asked how often the NARM Job Analysis was updated. Ms. Pekin said that the Job Analysis is updated every 6 to 8 years.

Mr. Marchese then referred the Committee to the "Virginia Licensed Midwives Drug Formulary" prepared by Ms. Pekin. He pointed out that with the authority to possess and administer medications comes responsibilities for proper storage and transportation. Ms. Pekin stated that the meds will most likely be stored at home and brought to the births. Dr. Harp asked Ms. Pekin if some of the medications were powders that need to be mixed. Ms. Pekin replied that there are antibiotics that need to be reconstituted. Ms. Barrett asked Ms. Pekin when an updated NARM Job Analysis will be published. Ms. Pekin said that it will be drafted in September or October this year with the final version available likely early next year.

Dr. Hylton asked Ms. Pekin if there were certain regulated temperatures for storage of the medicines, to which she replied "yes." Ms. Pekin explained that midwives follow the guidelines of the manufacturers for the storage of each medication. Dr. Chisholm stated that ampicillin, although perhaps not a first-line drug for midwives, should be kept on hand in case of shortages of other antibiotics. Dr. Chisholm shared his concerns about RhoGAM and also suggested that Narcan be added to the formulary. Dr. Keatts agreed with the addition of an opioid reversal agent.

BREAK

Mr. Marchese called for a break at 2:09 p.m. The meeting resumed at 2:24 p.m.

FURTHER DISCUSSION

Ms. Barrett asked the Committee if anyone had any objections to the "Virginia Licensed Midwives Drug Formulary" document in the agenda packet. Ms. Baugus said the list of references in the document should be removed. Ms. Barrett said she will draft a chart that includes the medications and best practices, to include indications, appropriate dose, and duration of treatment for review

---AMENDED DRAFT UNAPPROVED---

by the Executive Committee on August 4th. Mr. Marchese then asked each of the Committee members to weigh in with any other thoughts, and all said they were good with the proposed protocol as discussed. Mr. Marchese concluded by noting that the work done today will be beneficial to Virginia midwives in their work with mothers and infants.

ANNOUNCEMENTS

Mr. Marchese reminded Committee members to submit their travel reimbursement vouchers within 30 days.

ADJOURNMENT

With no additional business, the meeting adjourned at 2:34 p.m.

William L. Harp, MD
Executive Director

--UNAPPROVED DRAFT--

**NOMINATING COMMITTEE
JUNE 22, 2023 @7:45 AM
PERIMETER CENTER - HEARING ROOM 3**

Thursday, June 22, 2023 at 7:45 AM Perimeter Center 9960 Mayland Drive, Henrico

MEMBERS PRESENT: Jake Miller, DO - Chair
Jane Hickey, JD
Ryan Williams, MD

Dr. Miller called the meeting to order. Blanton Marchese offered to escort the candidates to Hearing Room 3.

INTERVIEWEES: David Archer, MD - seeking the Presidency
 Joel Silverman, MD - any capacity
 Karen Ransone, MD - any capacity
 Randy Clements, DPM - any capacity
 Peter Apel, MD - seeking the Vice-Presidency

Discussion led to the following slate:

Randy Clements, DPM – President
Peter Apel, MD – Vice-President
Karen Ransone, MD – Secretary-Treasurer

All business having been conducted, Dr. Miller adjourned the meeting.

William L. Harp, MD

Agenda Item: Other Reports

- ◆ Assistant Attorney General*
- ◆ Board of Health Professions
- ◆ Podiatry Report*
- ◆ Chiropractic Report*
- ◆ Committee of the Joint Boards of Nursing and Medicine

Staff Note: *Reports will be given orally at the meeting

Action: These reports are for information only. No action needed unless requested by presenter.

Agenda Item: **Current Legislative and Regulatory Actions/Considerations**

Staff Note: Ms. Barrett will speak to the Board of Medicine actions underway.

Action: If any action is required, guidance will be provided.

Board of Medicine
Current Regulatory Actions
As of September 28, 2023

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Date submitted	Time in office	Notes
18VAC85-160	Final	Changes consistent with a licensed profession	7/5/2022	450 days	Proposed regulations consistent with surgical assistants changing from certification to licensure
18VAC85-160	Fast-track	Reinstatement as a surgical technologist	8/30/2022	394 days	Action to allow certified surgical technologists to voluntarily request inactive status, and for surgical technologists to reinstate certification from inactive status or from suspension or revocation following disciplinary action.
18VAC85-130	Fast-track	Implementation of changes following 2022 periodic review of Chapter	5/30/2023	121 days	Implements changes following 2022 periodic review
18VAC85-140	Fast-track	Implementation of changes following 2022 periodic review of Chapter	6/2/2023	118 days	Implements changes following 2022 periodic review
18VAC85-150	Fast-track	Implementation of changes following 2022 periodic review of Chapter	6/5/2023	115 days	Implements changes following 2022 periodic review

18VAC85-170	Fast-track	Implementation of changes following 2022 periodic review of Chapter	6/5/2023	115 days	Implements changes following 2022 periodic review
18VAC85-15	Fast-Track	Implementation of Periodic Review	7/10/2023	80 days	Implements changes following 2022 periodic review
18VAC85-40	Fast-track	Implementation of changes following 2022 periodic review of Chapter	7/31/2023	59 days	Implements changes following 2022 periodic review
18VAC85-101	Fast-track	Implementation of changes following 2022 periodic review of Chapter	8/3/2023	56 days	Implements changes following 2022 periodic review
18VAC85-80	Fast-track	Implementation of changes following 2022 periodic review of Chapter	8/9/2023	50 days	Implements changes following 2022 periodic review
18VAC85-120	Fast-track	Implementation of changes following 2022 periodic review of Chapter	8/14/2023	45 days	Implements changes following 2022 periodic review
18VAC85-50	Fast-track	Implementation of changes following 2022 periodic review of Chapter	8/15/2023	44 days	Implements changes following 2022 periodic review
18VAC85-110	Fast-track	Implementation of changes following 2022 periodic review of Chapter	8/18/2023	41 days	Implements changes following 2022 periodic review
18VAC85-80	Final	Implementation of the OT Compact	8/23/2023	36 days	Replaces emergency regulations for participation in the OT Compact
18VAC85-20	Fast-track	Implementation of changes following 2022	8/30/2023	29 days	Implements changes following 2022 periodic review

		periodic review of Chapter			
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At DPB or OAG

VAC	Stage	Subject Matter	Date submitted	Time in office	Notes
18VAC85-21	Fast-track	Amendment of opioid and buprenorphine prescribing regulations	7/14/2023	OAG 76 days	Updates opioid and buprenorphine regulations based on updated CDC guidelines

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date
18VAC85-160	Exempt/ Final	Exempt changes pursuant to HB2222	10/9/2023	11/8/2023

Agenda Item: Consideration of human trafficking CE requirement

Included in your agenda packet:

- HB1426 from the 2023 General Assembly Session;
- AMA report on human trafficking;
- DCJS 2022 Annual Report on human trafficking in Virginia.

Action Needed:

- For the Board to consider:
 - Does the Board want to require 2 hours of CE in the next biennial renewal cycle regarding human trafficking?
 - If yes, which license types should this apply to?

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 418

An Act to amend the Code of Virginia by adding in Article 2 of Chapter 29 of Title 54.1 a section numbered 54.1-2928.3, relating to Board of Medicine; continuing education requirements; human trafficking.

[H 1426]

Approved March 23, 2023

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 2 of Chapter 29 of Title 54.1 a section numbered 54.1-2928.3 as follows:

§ 54.1-2928.3. Continuing learning activities.

Of the hours of continuing education required for biennial renewal of licensure, any licensee of the Board of Medicine may be required by the Board to complete up to two hours of Type 1 continuing learning activities or courses in a specific subject area. If the Board designates a subject area for continuing learning activities or courses, it shall publish such requirement no later than January 1 of the first year of the term of the license for which the specific learning activity or course is required.

2. That if the Board of Medicine designates a subject area for continuing learning activities or courses pursuant to this act, the first subject area shall be on the topic of human trafficking.



How physicians can identify, assist human trafficking victims

MAR 16, 2016

Tanya Albert Henry

Contributing News Writer

Physicians may encounter human trafficking victims more often than they realize and are in a unique position to help put these children, women and men's lives on a path to recovery. Learn the warning signs, ways to help patients you've identified as possible victims and resources available.

The problem

The U.S. Department of State estimates hundreds of thousands of people may be trafficked annually worldwide, the majority being women and children. One U.S. study on sex trafficking found that more than 85 percent of survivors had contact with a health care professional while being trafficked.

Among survivors, more than 60 percent reported going to a hospital or emergency department at some point. Survivors also reported visiting family physicians, internists and obstetrician-gynecologists in traditional physician offices, urgent care clinics, neighborhood clinics and women's health clinics.

Yet a survey of nearly 500 resident physicians showed that fewer than 10 percent suspected that they had encountered a human trafficking victim, and only 20 percent said they would know what to do if they encountered a victim.

Warning signs

Physicians who are raising awareness about human trafficking say identifying someone who is being trafficked can be complicated.

"There is not one straightforward answer," said Suzanne Harrison, MD, a family physician in Tallahassee, Fla., who has spent her career advocating for victims of violence. She is co-chair of Physicians Against the Trafficking of Humans (PATH), an anti-trafficking committee of the American Medical Women's Association.

Some red flags may be that the patient:

URL: <https://www.ama-assn.org/delivering-care/public-health/how-physicians-can-identify-assist-human-trafficking-victims>

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- Experiences repeated STDs and/or pregnancies
- Has bruises, scars, burns and cuts—especially ones that are hidden
- Appears fearful, anxious or depressed
- Pays cash and has no health insurance
- Looks malnourished
- Brings a third party who speaks for them
- Shows signs of substance addiction or withdrawal
- Lies about his or her age, or says they are visiting or passing through
- Is tattooed with what may be the mark of a pimp or trafficker

Body language also may be a tip-off, said PATH's creator and Executive Director Kanani Titchen, MD, an adolescent medicine fellow in New York City. Victims may give short answers to questions or seem confused. "Some of this can be normal, but it may be a clue to delve deeper with the patient," she said. "We need to have our eyes and ears open."

What to do once you've identified someone

Physicians shouldn't be shocked at answers from patients and shouldn't give a judgmental look, experts say. Instead, have an open manner, and remember trafficking victims often are not in control of their bodies or their lives.

"If our encounters are compassionate, we have a huge opportunity to make a difference in someone's life," said Dr. Harrison, who also is AMWA's president-elect.

A few questions to open the dialogue include:

- Are you comfortable? Are you hungry?
- Where are you living? Who are you living with?
- Do you feel safe?
- Has anyone ever hit you or forced you to do something you didn't want to do?
- Do you live, work and sleep in the same place?
- Have you ever traded anything for sex?

"Don't be afraid of offending a patient," Dr. Titchen said. "If they are not trafficked, they won't be offended. If they are trafficked, they will be glad you asked."

Find a way to separate the patient from the people who brought them in so they may be more comfortable talking, Dr. Harrison said. Physicians also need to remember that patient privacy can be a matter of life or death for many trafficking victims. And Drs. Harrison and Titchen said writing a patient a prescription for a follow-up medical visit is key. While a trafficking victim may not seek help on a first visit, they may open up at a later visit.



“This is ... about helping them connect the dots,” Dr. Titchen said. “Usually we are going to be one little stone on a long path.”

Resources

Physicians can help get information to trafficking victims by putting pamphlets and posters in waiting and exam rooms. Face-to-face, physicians can give out a 24-hour hotline number in a way that’s easy to remember, such as this one offered by the National Human Trafficking Resource Center: (888) 3737-888. If a physician is going to write something down, it is best to put a phone number on a health card or write that the number is for a health service, such as the phone number to an x-ray facility.

In addition to PATH’s tools, physicians can find resources at The Polaris Project, which also operates the textline “BeFree.” The Department of Health and Human Services’ Office on Trafficking in Persons provides tools for health care professionals, and HEAL Trafficking connects interdisciplinary health professionals to fight human trafficking.

The National Human Trafficking Resource Center has a checklist of what to look for in the health care setting when trying to identify a human trafficking victim.

The National Academy of Medicine, formerly known as the Institute of Medicine, offers a guide to help health care professionals confront sexual exploitation and trafficking of minors. And the American Academy of Pediatrics last year published a clinical report on the health care needs of victims.

The AMA recently adopted policy that calls for educating physicians about human trafficking and teaching them how to report cases of suspected human trafficking to appropriate authorities to provide a conduit to resources to address the victim’s medical, legal and social needs.



A Collaboration to Eradicate
Human Trafficking in Virginia

Sex Trafficking Response Coordinator

ANNUAL REPORT

October 2022



Virginia Department of Criminal Justice Services
www.dcjs.virginia.gov

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Introduction

During the 2019 regular session of the Virginia General Assembly, bipartisan legislation (SB 1669, Vogel; HB 2576, Krizek) amended the *Code of Virginia* to create a statewide Sex Trafficking Response Coordinator position (“the coordinator”) within the Virginia Department of Criminal Justice Services (DCJS). The purpose and responsibilities of the position are articulated in *Va. Code* § 9.1-116.5. Among other duties, the coordinator is required to produce a report summarizing relevant prior-year activities and making recommendations for addressing human trafficking in the Commonwealth, as needed, to the Governor and General Assembly of Virginia on an annual basis (§ 9.1-116.5(C)). This report is organized into the following sections:

- Summary of Recommendations
- Data on Human Trafficking in Virginia
- Strategic Direction and Coordination – § 9.1-116.5(A)(1,2)
- Services for Minor Victims of Sex Trafficking (Grant)
- Training – § 9.1-116.5(A)(5)
- Screening for Human Trafficking – § 9.1-116.5(A)(1,2,5)
- Education for Persons Convicted of Solicitation of Prostitution – § 9.1-116.5(A)(4)
- Appendix A: Data on human trafficking in Virginia, by source
- Appendix B: Trafficking Resources for Annual Report 2022 (Pursuant to § 9.1-116.5(A)(3))

Each section of this report includes relevant recommendations, if any, in accordance with *Va. Code* § 9.1-116.5(C).

Key Terms

The terms defined below appear throughout this report. The use of these terms does not imply that a given individual is defined by their experience related to human trafficking.

Client: a person who has been exploited and is actively receiving treatment from a qualified service provider

Victim: a person who is currently being exploited, whether or not the exploitation has been identified and whether or not the individual has sought or accessed treatment

Survivor: a person who has been trafficked and made significant progress toward escaping exploitation

Summary of Recommendations

- Obtain long-term funding for *Virginia's Analytics System for Trafficking (VAST)* (pages 5–6).
- Require school divisions to:
 - Train school staff prior to teaching students about human trafficking;
 - Utilize human trafficking curriculum approved by DCJS in K-12 classrooms;
 - Establish a process for students to request assistance from the school social worker or guidance counselor following these lessons; and
 - Refer suspected cases of human trafficking to the local multidisciplinary team for service provision (page 13).
- Amend *Va. Code* § 16.1-248.1 to allow a law enforcement officer to obtain a shelter care order for habitual runaways (2+ times) to initiate a coordinated treatment response (page 9).
- Increase staffing to allow DCJS to have an employee dedicated to human trafficking prevention and intervention in each of the seven Virginia State Police divisions. This would allow DCJS to directly support local needs in a variety of ways, such as assisting with building a coordinated response focused around multidisciplinary teams; providing training, technical assistance, and consistent communication from the state level to the local level; and supporting the Virginia State Police Human Trafficking Unit with their ability to serve victims of trafficking.

Data on Human Trafficking in Virginia

Overview of Trafficking Data: Sources and Trends

Data on human trafficking in Virginia is collected by multiple agencies at the federal, state, and local levels. Appendix A of this report (page 24) includes relevant data from sources such as the Virginia Department of Social Services (VDSS), the Uniform Crime Reporting system, the federal Bureau of Justice Data, and the Virginia Criminal Sentencing Commission.

Some insights about the state of human trafficking in Virginia can be readily gained by examining the data tables in Appendix A. For example:

- Tables in Appendix A indicate an overall decline in the number of arrests and sentencing events for prostitution-related offenses at both the misdemeanor and felony levels in Virginia over the past decade. This decline was especially pronounced in 2020 and 2021, suggesting that the number of proactive investigations was significantly hindered due to the COVID-19 pandemic.
- Arrest and sentencing data related to prostitution also suggests that Virginia law enforcement agencies most commonly charge the crimes of Prostitution for Money (§ 18.2-346(A)), Solicitation for Prostitution (§ 18.2-346(B)), and Maintaining or Frequenting Bawdy Place (§ 18.2-347) despite the introduction of a *Code* section targeting commercial sex trafficking in

2019 (§ 18.2-357.1). In other words, arrests and sentencing events related to prostitution appear to focus on individual buyers and sellers rather than traffickers.

- Data related to juveniles being arrested for prostitution and/or trafficking charges shows that these arrests have decreased entirely; however, most localities will refer juvenile trafficking cases to the FBI or Homeland Security Investigations (HSI), so the lack of state-maintained data about these cases should not be interpreted to mean that no juveniles in Virginia are involved in prostitution or trafficking.
- The number of reported pornography offenses involving child exploitation in Virginia has generally grown over the past decade, from 224 in 2012 to 808 in 2021 (an increase of 261%).

Virginia Analytics System for Trafficking (VAST)

As noted in the 2021 annual report, the highly decentralized nature of trafficking-related data collection presents a challenge to the ability of stakeholders at all levels, including the coordinator, to clearly understand what is happening in the trafficking landscape and create data-driven strategies and services in response. The coordinator previously recommended creating a comprehensive, unified statewide data collection system for human trafficking in order to address this challenge and ensure strategic direction, services, and decisions about the allocation of state and local resources are as informed as possible. Progress has been made in this area through the creation of a data platform called Virginia's Analytics System for Trafficking (VAST) through a public-private partnership between DCJS, other state agencies, and a Reston-based data analytics company called Qlarion. Specifically:

- Qlarion announced the creation of VAST in spring 2022, roughly midway through the pilot phase for the VAST platform, which took place between late January and early June 2022. Qlarion and the coordinator worked during the pilot phase to identify and import appropriate datasets, primarily sourced from other state agencies, to develop initial data dashboards.¹
- Identifying and importing data from pilot agencies represented a significant undertaking given cross-agency differences in variables, collection methods, and collection intervals.
- The initial dashboards within the VAST system include the National Incident-Based Reporting System (NIBRS) overview dashboard for Virginia, the Virginia Missing Children Dashboard, and the Eastern Shore Police Incident dashboard. Ongoing efforts seek to integrate historical data from VDSS (beginning in 2019) about human trafficking assessments conducted as a component of Child Protective Services investigations.
- In August 2022, the Qlarion team created an additional dashboard with data from Arlington County and the City of Alexandria.

¹ Pilot agencies for the VAST platform (in addition to DCJS) include the Virginia Department of Social Services (VDSS), Virginia Department of Juvenile Justice (DJJ), Virginia State Police (VSP), Children's Advocacy Centers of Virginia (CACVA), and the Office of Children's Services (OCS).

Additional funding is needed to maintain the existing system and continue to develop new datasets and features. Obtaining additional funding to continue the next phase of development would allow DCJS to maintain and resolve bugs within the existing 5 data platforms; increase the number of source datasets, data platforms, and automated reports that can be generated within VAST; add new users (i.e., user licenses for the VAST platform); hold monthly management team meetings and weekly team meetings; and cover the ongoing costs of maintaining VAST. The total amount of funding needed for these purposes is estimated at \$350,000.

RECOMMENDATION: Allocate \$350,000 in new funds annually for maintenance and continued development of Virginia’s Analytics System for Trafficking (VAST).

Strategic Direction and Coordination – § 9.1-116.5(A)(1,2)

Summary: Taking a lead role in the Commonwealth’s response to and efforts to prevent human trafficking, including strategic direction and coordination among state and local partners, is foremost among the coordinator’s responsibilities under Virginia law (*Va. Code* § 9.1-116.5(A)(1)). Activities related to strategic direction and coordination also further the legislative directive for the coordinator to “promote strategies for the education, training, and awareness of sex trafficking” (§ 9.1-116.5(A)(5)) by facilitating communication (both internal and external) and partnerships within the field.

The coordinator has continued to maintain relationships with existing entities working to respond to, and prevent, human trafficking across Virginia. These entities include, but are not limited to:

- Local or regional task forces (e.g., Northern Virginia Human Trafficking Task Force, Richmond Regional Human Trafficking Collaborative, Roanoke Valley Human Trafficking Task Force)
- Local multidisciplinary teams working together on trafficking-related issues (i.e., teams that typically include agencies such as the local department of social services, local and federal law enforcement, victims’ and witness services groups, Commonwealth’s attorneys, etc.)
- Private-sector organizations providing services related to human trafficking (e.g., Virginia Victims’ Assistance Network, which operates Virginia’s “Human Trafficking Infoline”)
- State agencies focusing on human trafficking and/or integral to the overall state response plan (i.e., Virginia State Police Human Trafficking Unit, Virginia Department of Social Services, Virginia Department of Juvenile Justice, Office of the Attorney General, etc.)

Statewide Advisory Groups

Commission on Human Trafficking Prevention and Survivor Support

The Virginia Anti-Human Trafficking Coordinating Committee and the Virginia Child Trafficking Workgroup were dissolved during the COVID-19 pandemic. While state offices were closed due to the pandemic, the coordinator designed the foundation of the Virginia Human Trafficking Council which would be the statewide advisory council focusing on human trafficking in Virginia.

These plans were paused when Governor Youngkin released Executive Order Number 7 to establish the Commission on Human Trafficking Prevention and Survivor Support. The coordinator serves on the Commission on Human Trafficking Prevention and Survivor Support as an ex-officio member.

The Commission is currently meeting at least once per month to create recommendations of activities that should be conducted, resources that should be developed, and legislation that may be useful to make a meaningful impact on eradicating human trafficking in Virginia. The Commissions' interim report was planned to be released on September 1, 2022.

Standards and Guidelines for Treatment Facilities Advisory Group (Juveniles)

The coordinator is responsible for overseeing the development of standards and guidelines for treatment facilities that serve human trafficking survivors (*Va. Code* § 9.1-116.5(A)(2)). The coordinator began this process by writing a foundational draft featuring topics that had been identified in 2020 and 2021 through interactions with stakeholders throughout the Commonwealth.

The coordinator then met with the Virginia Department of Social Services (VDSS) to obtain their feedback on other topics that should be included in the standards and to receive their feedback on the content of the foundational draft. It was important to begin this process with VDSS as they are one of the licensing agencies for juvenile treatment facilities.

The coordinator then established an advisory group of professionals who have experience placing trafficked youth into treatment facilities and allowed this group to review the standards. It was important to obtain feedback from a group of professionals who have placed youth into these facilities so that they could communicate challenges that they have experienced with these facilities and ensure that these challenges had been addressed in the standards and guidelines document. This group of professionals have worked through two editing cycles with this document and were finalizing their comments in August 2022.

The next stakeholder group to provide feedback on the document will be the Executive Directors and Program Managers from treatment facilities that serve trafficked youth. They will be asked to review the standards and guidelines and will be given the opportunity to discuss their concerns and to make suggestions for topics that have not been addressed in the document. They will also have the opportunity to suggest edits to what has already been written. The document will then be posted on the Regulatory Town Hall website to ensure that all parties who wish to provide feedback have the opportunity to do so.

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Juvenile Justice (DJJ) will also have the opportunity to provide feedback on the standards, as they also provide licensing to some treatment facilities in the Commonwealth.

The process of establishing several smaller advisory groups beginning at the state level, moving to professionals who place youth into treatment, and concluding with the staff from these treatment facilities was important to the coordinator. Although this process does take more time than it would if one large advisory group was used, this method ensured that these professionals felt safe and confident in conveying their concerns about the topics that should be addressed in this document. Each of these stakeholder groups have a different perspective on the same topic and that is important to recognize when designing these standards and guidelines.

Standards and Guidelines for Treatment Facilities Advisory Group (Adults)

The coordinator is responsible for overseeing the development of standards and guidelines for treatment facilities that serve human trafficking survivors (*Va. Code § 9.1-116.5(A)(2)*). The standards and guidelines document for adult trafficking survivors will begin development as the juvenile standards enter Regulatory Town Hall. Adult survivors are not required to work with law enforcement or to receive any type of assistance. As a result, there are no agencies that have licensing standards for these organizations.

The adult standards and guidelines document will be presented to a variety of stakeholders including but not limited to law enforcement, victim/witness, case managers, and medical professionals. Once approved by all necessary stakeholder groups, the document will be posted on Regulatory Town to ensure that all parties who wish to provide feedback have the opportunity to do so.

This process was expected to begin in September 2022.

Federal Grant Award: Services for Minor Victims of Sex Trafficking

The coordinator applied for and earned one of four federal grants to serve minor victims of sex trafficking (see the next section for further details on the grant). The focus of this grant is to create strategic plans to develop response protocols and services for this population in the western region of the Commonwealth, with the ultimate goal of making adopted response protocols available for implementation throughout the Commonwealth.

The federal grant award has continued throughout the past year. The State Trafficking Services Specialist was hired through this grant award and has been the essential position to ensure that subgrantees have received the support necessary to build a coordinated response and identify resources within their localities.

The subgrantees of this award include Ayuda, Blue Ridge Legal Services, Project Horizon, Straight Street, Southwest Virginia Legal Aid Society and Women's Resource Center of the New River Valley. These agencies are currently receiving federal award funding to provide services to minor victims of sex trafficking in the western region of the Commonwealth and beyond.

Blue Ridge Legal Services and Southwest Virginia Legal Aid Society are funded to provide pro bono legal consultation and services to victims and their family members in the western region. Ayuda is funded to provide pro bono legal consultation and services to undocumented victims and their family members throughout the state of Virginia.

With award funding, Project Horizon, Straight Street, and Women's Resource Center of the New River Valley each created a staff position for sex trafficking. The combined service area of these agencies includes eleven cities and counties in the western region of the Commonwealth. Consequently, these positions fill a gap in dedicated sex trafficking services for a large portion of the state. In addition to providing wraparound services for minor victims and their family members, these staff have coordinated with and provided training for local stakeholders.

Project Horizon has identified local truck stops as a venue for sex trafficking and has been creative in partnering with said truck stops to provide training to staff and awareness to truckers. After conducting these events, they reported an uptick in human trafficking tips from truck stop staff.

In collaboration with Augusta Health, Project Horizon has created a Sexual Assault Forensic Examination (SAFE) program in Rockbridge County, Virginia. Project Horizon used award funding to purchase the equipment and supplies needed for the examination space. August Health Sexual Assault Nurse Examiners (SANEs) are available 24/7 to provide forensic examinations to victims of sex trafficking and sexual assault. This project has included writing protocols and training local law enforcement and victim services partners. Before the creation of this program, victims in Rockbridge County and surrounding localities had to drive an hour or more to receive a Sexual Assault Forensic Exam (SAFE), limiting access for many victims.

Straight Street has used award funding to open and operate The Lampstand, the only dedicated residential program for minor sex trafficking victims in the Commonwealth. Residential services for victims of human trafficking has, and continues to be, an essential need in Virginia. With the opening of The Lampstand, the state has gained eight bed spaces for minor female victims. With award funding, program staff have completed trainings and certifications to better meet the needs of these minors. The Lampstand is licensed by the Virginia Department of Social Services and is now operational. In addition to a safe space to live, residents of this program receive case management, counseling, emotional support, and a variety of other services.

Women's Resource Center of the New River Valley has created the New River Valley Human Trafficking Collaborative, bringing together victim services, law enforcement, social services, healthcare providers and other professionals to focus on awareness and response to sex trafficking in their area. They have provided human trafficking training to each of their county multidisciplinary teams (MDTs) and Department of Social Services offices.

Virginia State Police Human Trafficking Unit

In 2022, the Virginia State Police developed a Human Trafficking Unit. This fills an important gap in being able to write an official statewide response plan. Prior to the creation of this unit, there was not an official mechanism to report to law enforcement that would support a consistent statewide response.

Historically, localities have reported directly to their local law enforcement agencies. Although this is a valid law enforcement reporting process, not all local law enforcement agencies have the knowledge or resources to effectively investigate trafficking cases in a victim-centered and trauma-informed manner. In some cases, investigations of valid cases have not been completed due to the lack of training and resources.

The Virginia State Police Human Trafficking Unit has been designed to be a collaborative unit that can investigate human trafficking cases in collaboration with local law enforcement agencies. When a case is reported to this unit via #77 it will be evaluated by the unit and recorded for statistical purposes; the local law enforcement agency where the offense occurred will then be contacted. The local agency may choose to investigate the case independently, request assistance from Virginia State Police, or opt to allow Virginia State Police to investigate the case. These options provide a way to work collaboratively and are particularly helpful when the case crosses county lines within the Commonwealth and/or when the local law enforcement agency may need additional resources to properly investigate.

HtVA Campaign and Virginia State Police Public Awareness Campaign

Another key focus area for strategic direction and coordination is unified, statewide messaging about human trafficking. Effective messaging about the realities of human trafficking—and the services provided to victims by the state—is one way to “promote strategies for the education, training, and awareness of sex trafficking” (§ 9.1-116.5(A)(5)), particularly where the general public is concerned. Beginning in 2020, the coordinator adopted new branding for Virginia’s response to human trafficking, with the goal of unified branding and messaging (including information about available services and resources) across websites and other forms of communication from state, regional, and local entities working to address trafficking problems.

The tagline of the HtVA logo has been updated to reflect the language of eradicating human trafficking that Governor Youngkin has adopted. The new tagline states, “A Collaboration to Eradicate Human Trafficking in Virginia”.

The newly established Human Trafficking Unit at the Virginia State Police (VSP) initiated a public awareness campaign that consists of interstate billboards and a social media presence. This campaign has been designed to be strength-based to encourage community members to report potential human trafficking situations. A reporting tip line will eventually be established; however, at the current time VSP is advertising #77 to be used for reporting. DCJS is working collaboratively with VSP on this campaign. The social media posts will direct users to the DCJS Human Trafficking webpage to assist in identifying reporting protocols and connecting with specialized services. The DCJS website displays a

banner advertisement with one of the billboard images to assure users that they have accessed the correct website.



Virginia Human Trafficking Resource Guide

In accordance with § 9.1-116.5(A)(3), the coordinator also worked to further strategic direction and coordination in 2020 by maintaining, continuously updating, and publishing a directory of programs providing treatment or specialized services to victims of human trafficking. This directory is included with this report as Appendix B (page 26) and is available on the [DCJS website](#).

Challenges and Recommendations

Obtain ongoing state funding to support Virginia's Analytics System for Trafficking (VAST).

Virginia's Analytics System for Trafficking (VAST) is a comprehensive data collection and analytics system for human trafficking. This system is a model for comprehensive human trafficking data needs. The pilot phase of the VAST system ran from January 26–June 8, 2022. The decision was made to begin the historical data import for the VAST system beginning in 2019 and moving forward. This coincides with the year that the Virginia Department of Social Services (VDSS) was required to begin their human trafficking assessments.

The VAST system allows the Commonwealth of Virginia to capture the number of human trafficking cases that are being identified and then analyze that information at a deeper level to better understand the risk factors that were identified, the relationship between the perpetrator and victim, the demographics of the perpetrator and victim, the location(s) where the offenses occurred, and more.

The benefit to the creation of the VAST system is to allow the Commonwealth of Virginia to better understand the issue beyond aggregate case numbers to better inform a variety of decisions that include, but are not limited to funding decisions, the deployment of investigative resources, the location(s) that need support in developing services, and the types of services that need to be improved or developed.

One of the very important features of this system is the ability for the appropriate agencies to receive reports on a daily basis that show all of the missing children in the Commonwealth of Virginia. The

system generates a daily report for these professionals that provides them with information on children who have been reported missing and of children who have been recovered. Historically, these professionals have only received a monthly report with this information. This allows these professionals to begin looking for these missing children quickly and effectively while being able to focus only on the active cases.

Add a section to § 16.1-248.1 to allow a law-enforcement officer to obtain a shelter care order for habitual runaways (2+ times) to initiate a coordinated treatment response.

A challenge that professionals in Virginia face when working with trafficked youth is that trafficked youth commonly run away, including running back to their alleged trafficker, before the individual can be stabilized through services. Currently, when a runaway youth is recovered by law enforcement the only option is to return the youth to their home and/or other custodial arrangement, even though the youth may have run away from a trafficking or grooming situation. There is no coordination between local agencies to interrupt this runaway cycle and properly implement services. If localities were allowed to issue shelter care orders for juveniles who are habitual runaways (2+ times), the juvenile could be placed in a non-secure juvenile shelter for no more than 72 hours to allow localities to begin coordinated services and to attempt to ascertain the root cause of the runaway behavior. This would also provide law enforcement the opportunity to further their investigation on the trafficker.

Create a certification process that requires state-developed training for victim services providers who interact with human trafficking survivors.

Currently there is no requirement for victim services providers to obtain specialized training on working with human trafficking survivors. This results in inconsistent service quality throughout the Commonwealth. In some cases, organizations may also use service providers who are not actually qualified to serve in their specific position. There have also been several cases identified throughout the Commonwealth in which the person alleging that they are a qualified service provider actually does not have the licensure that they are stating that they have. If victim services providers were able to obtain a certification for working with survivors this would support the development and delivery of consistent service quality throughout Virginia.

DCJS will establish a certification process that will initially be introduced on a voluntary basis. DCJS will maintain evaluation data and an official list of the participants that have completed the certification. A logo will be displayed next to their organization in the *Virginia Human Trafficking Resource Guide* to allow the public to identify specialized providers who have gone above and beyond to ensure that their staff is qualified to work with survivors.

Ultimately, DCJS recommends that this process be legislated and required of all victim services providers. Until the time that this is legislated the program will be offered on a voluntary basis.

Require school divisions to: Train school staff prior to teaching students about human trafficking; Utilize human trafficking curriculum that is approved by the Virginia Department of Criminal Justice Services (DCJS) in K-12 classrooms; Establish a process for students to request assistance from the school social worker or guidance counselor following these lessons; Refer suspected cases of human trafficking to the local multidisciplinary team for service provision.

There has been an increase in the number of school divisions that are implementing human trafficking curriculum in their schools. This is likely a result of the Family Life Education Standards of Learning that require students to be taught about human trafficking. There have been a variety of challenges reported to the coordinator. These challenges include:

- **School staff not being trained on human trafficking and how to respond to potential cases with students.**

Some localities are reporting that school divisions are providing human trafficking instruction to students; however, the school staff has not been trained on the issue or on reporting and response protocols. This is not best practice and can be detrimental to students.

If a student has experienced abuse on a continuum that includes sexual abuse, sexual assault, grooming, and/or trafficking (sex or labor) it is likely that they will be triggered by lessons on human trafficking. If that student is not provided with a way to discuss these incidents with a qualified mental health provider there is a likelihood that the student could resort to unhealthy and/or unsafe coping mechanisms.

Teachers, school counselors, school social workers, school nurses, and other school employees that interact with students should be trained on what human trafficking is, how to properly identify potential cases, reporting requirements, and response protocols to include the appropriate referral to a local multidisciplinary team. *Staff training should occur prior to any students being taught about human trafficking.*

- **School divisions using curriculum that is created by non-governmental organizations (NGOs) that is not evaluated for accuracy or appropriateness.**

Some school divisions are utilizing trafficking related curriculum that has been created by various non-governmental organizations. These curriculums are not always reviewed for accuracy or appropriateness. Curricula and courses that will be utilized in a school environment for school employees or students should be reviewed and approved by the Virginia Department of Criminal Justice Services (DCJS) and/or the Virginia Department of Education (VDOE). A collaborative relationship between DCJS and VDOE already exists and would support the two agencies working together to accomplish this task.

- **School divisions not establishing a process for students to request to speak to a school social worker or counselor after a human trafficking lesson.**

It is **unethical** to teach students about human trafficking without having an established process for students to receive support from a school social worker or school counselor following a lesson on human trafficking.

If a student has experienced abuse on a continuum that includes sexual abuse, sexual assault, grooming, and/or trafficking (sex or labor) it is likely that they will be triggered by lessons on human trafficking. If that student is not provided with a way to discuss these incidents with a qualified mental health provider there is a likelihood that the student could resort to unhealthy and/or unsafe coping mechanisms.

At the time of receiving a lesson on human trafficking, students must have a way to indicate that they need to speak to a school social worker or school counselor. This can be accomplished either through a printed form that they can complete quickly with their name and options to request assistance or through a QR code that can be scanned in the classroom that links to a form that is completed electronically in the classroom prior to leaving for their next class period.

Students who are requesting this assistance must meet with a school social worker or counselor within 24 hours and ideally within the same school day. This timeline is achievable by coordinating the delivery of the human trafficking lessons so that they are delivered by all teachers on the same day(s) and the school social worker and/or school counselors have scheduled to be available for the sole purpose of conducting these student follow-up meetings. This is vital to the success of the lesson delivery and for the safety of the students.

Teachers may observe students during the lesson who are triggered by the content and the teacher may feel that the student needs assistance. In those cases, the teacher should refer the student to the school social worker or school counselor even if the student responds that they do not wish to connect.

- **School divisions may not be reporting suspected cases of human trafficking appropriately.**

When school employees **suspect** that a student may be involved in human trafficking this must be reported correctly and promptly. Mandated reporting laws require school employees to report human trafficking to the Virginia Department of Social Services (VDSS) through the Child Protective Services (CPS) hotline **and** to law enforcement. It is important to report these cases at the **suspicion** level as these cases are typically not confirmed until therapeutic services and legal investigations are initiated. Human trafficking victims typically do not self-identify and early intervention is the key to successfully extricate the student from this abusive situation.

The mandated reporting protocol in the Commonwealth of Virginia is:

- Report the case via the Child Protective Services hotline at (800) 552-7096
- Report the case to the Virginia State Police Human Trafficking Unit at #77

When reporting a case to Child Protective Services (CPS) and to the Virginia State Police (VSP) it is recommended that the reporter clearly state that they believe the case is a human trafficking case.

Increase staffing under the coordinator to have one employee in each of the seven Virginia State Police division areas.

In order to ensure consistent implementation of a statewide response for human trafficking, the coordinator needs to have one field-based staff member in each of the seven Virginia State Police division areas. This will support the creation of and/or support of existing multidisciplinary teams. Multidisciplinary teams are the center of a successful human trafficking response at the local level and must be established to ensure a strong foundation. These teams do not replace regional task forces; however, a regional task force cannot successfully function long-term without a strong county level response through multidisciplinary teams. These teams are capable of functioning without additional funding resources and do so in many localities. The localities that do not have a multidisciplinary team often request assistance in doing so. The coordinator cannot support this for all of the localities statewide with current staffing resources.

These employees would also be capable of providing training to their localities, provide technical assistance for case development, resource needs, and other needs. They would deliver information from the state level consistently to the localities, identify and support specialized providers, and if state grant funds were secured for trafficking projects in the future these staff members could be the assigned grant monitors.

Services for Minor Victims of Sex Trafficking (Grant)

Summary: In September 2020, Virginia was one of only four states to be awarded a competitive grant by the federal Office for Victims of Crime, which solicited proposals for services for minor victims of sex trafficking. Virginia received approximately \$1.7 million over the period of 2021–2022 to support a wide range of services focused on minors who have been or are at risk of becoming victims of sex trafficking in the western portion of the state. Services supported by the federal OVC grant include, but are not limited to:

- Referral and case management services
- Forensic examination services coordinated with regional hospitals such that victims will no longer have to travel an hour or more to reach a hospital with forensic examination capabilities
- Dedicated residential facility for juvenile victims of human trafficking
- Therapeutic services to be provided within safe, approved “host home” environments
- Free legal services for juvenile victims and survivors of trafficking
- Specialized training for licensed behavioral health professionals, case managers, law enforcement and legal professionals

Relevant Activities for 2022 Report

The sub grantees of this award include: Ayuda, Blue Ridge Legal Services, Project Horizon, Straight Street, Southwest Virginia Legal Aid Society and Women’s Resource Center of the New River Valley. These agencies are currently receiving federal award funding to provide services to minor victims of sex trafficking in the western region of the Commonwealth and beyond.

Blue Ridge Legal Services and Southwest Virginia Legal Aid Society are funded to provide pro bono legal consultation and services to victims and their family members in the western region. Ayuda is funded to provide pro bono legal consultation and services to undocumented victims and their family members throughout the state of Virginia.

With award funding, Project Horizon, Straight Street, and Women’s Resource Center of the New River Valley each created a staff position for sex trafficking. The combined service area of these agencies includes eleven cities and counties in the western region of the Commonwealth. Consequently, these positions fill a gap in dedicated sex trafficking services for a large portion of the state. In addition to providing wraparound services for minor victims and their family members, these staff have coordinated with and provided training for local stakeholders.

Project Horizon has identified local truck stops as a venue for sex trafficking and has been creative in partnering with said truck stops to provide training to staff and awareness to truckers. After conducting these events, they reported an uptick in human trafficking tips from truck stop staff.

In collaboration with Augusta Health, Project Horizon is creating a Sexual Assault Forensic Examination (SAFE) program in Rockbridge County, Virginia. Project Horizon used award funding to purchase the equipment and supplies needed for the examination space. The policies and procedures are being finalized and training is scheduled for law enforcement and other partners in September 2022. The program will officially open by the end of September 2022. Augusta Health Sexual Assault Nurse Examiners (SANEs) are available 24/7 to provide forensic examinations to victims of sex trafficking and sexual assault. Before the creation of this program, victims in Rockbridge County and surrounding localities had to drive an hour or more to receive a Sexual Assault Forensic Exam (SAFE), limiting access for many victims.

Straight Street has used award funding to open and operate The Lampstand, the only dedicated residential program for minor sex trafficking victims in the Commonwealth. Residential services for victims of human trafficking has, and continues to be, an essential need in Virginia. With the opening of The Lampstand, the state has gained eight bed spaces for minor female victims. With award funding, program staff have completed trainings and certifications to better meet the needs of these minors. The Lampstand is licensed by the Virginia Department of Social Services and is now operational. In addition to a safe space to live, residents of this program receive case management, counseling, emotional support, and a variety of other services.

Women’s Resource Center of the New River Valley has created the New River Valley Human Trafficking Collaborative, bringing together victim services, law enforcement, social services, healthcare providers and other professionals to focus on awareness and response to sex trafficking in their area. They have provided human trafficking training to each of their county multidisciplinary teams (MDTs) and Department of Social Services offices.

Training – § 9.1-116.5(A)(5)

Summary: Increasing capacity for training related to human trafficking is a key focus area outlined in statute, directing the coordinator to “Promote strategies for the education, training, and awareness of sex trafficking and for the reduction of demand for commercial sex” (*Va. Code § 9.1-116.5(A)(5)*). Efforts to develop training capacity and increase the availability of training have centered on three distinct roles in the response to, and efforts to prevent, human trafficking: licensed behavioral health professionals, case managers, and law enforcement.

Relevant Activities for 2022 Report

Sexual Exploitation Treatment and Training Services (SETTS) Course

The coordinator identified training for licensed behavioral health professionals, case managers, and law enforcement as key priorities during the position’s first year. These priorities have continued into 2022 and have continued to be developed and refined.

Beginning in August 2020, the coordinator partnered with clinicians from Trauma & Hope, a program with the proven ability to successfully provide effective behavioral health services and support services to adolescent and adult trafficking survivors in a variety of settings, to design and deliver in-person training on human trafficking for licensed behavioral health professionals and case managers in Virginia. The training—Sexual Exploitation Treatment and Training Services (SETTS)—was tailored to meet the training needs of clinicians and case managers in Virginia. While the standard SETTS training is designed to take place over the course of five days (and is delivered to a variety of professionals in Virginia), the creators modified course content to be delivered over a period of two days to better align with the existing knowledge of practitioners already working in the field of behavioral health and case management throughout the state.

The full SETTS course is designed to take place over the course over five days and is designed to meet the needs of a variety of professionals to include case managers, licensed clinicians, law enforcement, non-profit organizations, and other human trafficking focused professionals. The five day SETTS course was delivered in 2022 through federal grant funding in three locations throughout the Commonwealth. DCJS has seen a significant increase in law enforcement attending the SETTS course after attending the Interdiction for the Protection of Children (IPC) course. This is a positive movement and the SETTS

course now offers Partial In-Service Credits (PIC) for law enforcement officers when they attend this course.

The SETTS course addresses key topics in working with both juvenile and adult survivors of human trafficking, such as:

- Actionable strategies to enhance services for survivors within community-based advocacy programs
- Self-care for professionals working with high-risk groups in order to reduce the risk of burn-out and promote sustainability
- Identifying staff needs and building capacity
- Managing intake processes, including identifying victims of trafficking and screening/assessing for service needs
- Understanding and addressing complex trauma
- Enhancing the physical, emotional, psychological, and financial health of survivors
- Case management strategies and interventions
- Specific clinical interventions and treatment approaches for clients with a history of sex trafficking
- Multidisciplinary, team-based approaches to addressing and preventing trafficking

From January 2022 to May 2022, DCJS held three of the five-day in-person SETTS trainings. These courses trained:

- 72 professionals, representing all geographic regions of the Commonwealth, from the following agencies:
 - 10 private and non-profit agencies providing mental health services, behavioral health services, and comprehensive case management to trafficking survivors;
 - 21 law enforcement officers;
 - 8 advocacy centers
 - 7 corrections professionals (Department of Corrections, probation and parole officers);
 - 5 medical and healthcare professionals;
 - 1 forensic interviewer;
 - 2 school division employees;
 - 11 trafficking specific treatment programs;
 - 1 community services agency;
 - 2 from state government (DCJS and Department of Social Services);
 - 3 county government professionals;
 - 1 trafficking specific private investigator.

These courses were implemented during the COVID-19 pandemic in accordance with state restrictions and guidelines.

Interdiction of the Protection of Children (IPC) Course

The Interdiction for the Protection of Children (IPC) course, planned and coordinated as a collaborative effort between DCJS and VSP, was paused in 2020 due to the COVID-19 pandemic and was offered for the first time in November 2021. A total of five IPC sessions took place from November 2021 through August 2022. A total of 199 sworn law enforcement officers were trained through these five sessions. An additional IPC course will be offered in November 2022 in Abingdon, Virginia (after the publication of this report) for a total of six courses being offered from November 2021 through November 2022.

The IPC course is offered in-person to sworn law enforcement throughout the Commonwealth of Virginia. Virginia State Police maintains qualified trainers to deliver this curriculum. DCJS is the agency that plans and funds the course to be delivered throughout Virginia so that local law enforcement agencies may benefit from the curriculum. Prior to this partnership, IPC was only being delivered through the Virginia State Police Basic Recruit Academy.

The course is designed for patrol officers and patrol supervisors. It is an introductory course to child sexual abuse, child exploitation, and child sex trafficking. Through this course, patrol officers and supervisors learn how to identify possible child exploitation and trafficking cases while interacting with the public through traffic stops, while responding to calls for service, and while engaged with other citizen contacts.

The course employs several professionals and agencies to deliver a complete multidisciplinary curriculum including:

- Virginia State Police (investigations block);
- Virginia State Police Legal Counsel, Office of the Attorney General, and/or Assistant Commonwealth Attorney Michael Feinmel (legal block);
- Child Protective Services (Virginia Department of Social Services);
- Deepa Patel from Trauma & Hope (trauma and therapeutic services block).

Additional human trafficking trainings by DCJS from November 2021 to August 2022 included:

- 6 Introduction to Sex Trafficking (SRO Basic);
- Human Trafficking Identification and Response for:
 - 4 Social Services (local agencies);
 - 1 School Personnel;
 - 1 County level multidisciplinary team (MDT).
- 4 Core Competencies for Local Probation and Pretrial Practices (CORE);
- DCJS 2022 Conference on Violent Crime;
- 1 Sex Trafficking Training for Foster Families;
- 1 North Springs Behavioral Health;
- 1 Commonwealth's Attorneys' Services Council Meeting;

- 2022 Virginia Highway Safety Summit;
- Trauma Response and the Criminal Justice System: A Virtual Summit on Knowledge, Healing, and Resilience 2022;

Case Study: Training into Action

In 2021, Trooper McClure initiated a traffic stop. Upon the initial approach of the vehicle, Trooper McClure recognized the vehicle was occupied by an adult female driver who appeared to be upset and scared. Trooper McClure utilized a victim-centered approach when speaking with the adult female driver and discovered that she had been brought to the United States illegally at the age of 14. Furthermore, the adult female made an outcry about being continuously sexually assaulted and forced into human trafficking for approximately two years to pay off her border crossing debt.

The adult female also provided evidence via phone through the “Snapchat” application, showing someone was not only sending Sexual Abuse Material to her, but also promoting Online Solicitation of a Minor and Organ Trafficking. Virginia State Police High Tech Crimes Division and Internet Crimes Against Children (ICAC) was contacted to further the investigation by interviewing the adult female and determining there was sufficient evidence to obtain electronic search warrants to determine the sender of all the illegal material.

The adult female was provided local resources for victims of human trafficking. The investigation is ongoing. Trooper McClure attended an introduction of the Interdiction for the Protection of Children in 2020 while in the Virginia State Police Academy.

DCJS Trauma Summit 2022

DCJS hosted the second annual trauma summit in 2022, titled Trauma Response and the Criminal Justice System: A Virtual Summit on Knowledge, Healing, and Resilience 2022. The summit was held virtually, allowing participants to attend from all over the nation. Several topics were included that focused on human trafficking. These courses included:

- Trafficking presentations included:
 - “Life is a Process Not an Event” by Megan Lundstrom (Lived Experience Expert)
 - “Identifying and Responding to Commercial Sexual Exploitation in Males” by Nathan Earl (Lived Experience Expert)
 - “Minor Male Victims of Sex Trafficking from a Residential Service Provider” by John Long
 - “Exploited and At-Risk Youth in the Nation’s Capital – Insights from the Clinic” by Dr. Katherine Deye
 - “Treating Trauma Survivors with Animal-Assisted Modalities” by Landon Dickeson
 - “The Perfect Plan: How Victor Rax Sexually Abused and Trafficked Boys in Salt Lake City” by Jane Anderson and Agent Josh Caless

Challenges and Recommendations

Continue both the Sexual Exploitation Treatment and Training Services (SETTS) course and the Interdiction for the Protection of Children (IPC) course as foundational human trafficking courses.

The Sexual Exploitation Treatment and Training Services (SETTS) course has proven to be successful in providing actionable strategies for providers to utilize when working with a sex trafficking survivor (juveniles and adults). The response that DCJS has received via course evaluations has been extremely positive with many requests for advanced courses to be offered by Deepa Patel, particularly focusing on administering Sexual Exploitation Assessments that can be used by government agencies and court systems to inform their decisions on responding to the needs of the survivors. This course maintains a waitlist.

The Interdiction for the Protection of Children (IPC) course has also received positive course evaluations from patrol officers and supervisors throughout the Commonwealth. It has proven to be useful as a foundational course to introduce the identification of child sexual abuse, child sexual exploitation, and child sex trafficking. DCJS has received multiple requests from law enforcement academies to host this course at their facilities.

Develop a virtual course for licensed clinicians who have attended the SETTS course to learn about administering a Sexual Exploitation Assessment.

There has been an interest from the licensed clinical professionals who have attended the foundational SETTS course in learning how to administer a Sexual Exploitation Assessment. This is an assessment that is conducted by licensed mental health professionals to assess an individual who has been sexually exploited and/or trafficked. It provides information on the trauma history of the individual, current safety concerns, mental health diagnosis, and recommendations for serving the individual successfully. This report can be accepted by court systems and other government agencies to inform their decisions and response plans.

Screening for Human Trafficking – § 9.1-116.5(A)(1,2,5)

Summary: Timely, accurate screening for human trafficking is essential to any response or prevention effort. Effective screening not only alerts professionals and everyday citizens to the possible existence of trafficking but also enables assessment of risk levels, without which scarce resources cannot be efficiently and effectively deployed in response to the trafficking problem(s). Despite the importance of effective screening, Virginia has historically lacked a consistent screening tool for human trafficking, which has limited the state's ability to respond. Identifying and implementing such a tool has been a key priority during these first three years of the coordinator's position. This is consistent with statutory directives to create a statewide plan for identifying and responding to victims of sex trafficking (§ 9.1-116.5(A)(1)), to coordinate the development of standards and guidelines for the treatment of victims of sex trafficking (which depends upon effective screening) (§ 9.1-116.5(A)(2)), and to promote

strategies for education, training, and awareness of sex trafficking (§ 9.1-116.5(A)(5)). This process has not been finished as there have been challenges in working with the identified vendor.

Challenges and Recommendations

Dedicate additional resources to training practitioners on the human trafficking screening advisory tool selected for statewide use.

Although the initial plan was to train a maximum of 100 practitioners on the screening advisory tool each state fiscal year, there have been challenges with the vendor and this has not been accomplished. The coordinator has identified/estimates that a total of approximately 2,400 individuals should receive this training, which would be facilitated through a train-the-trainer model featuring approximately 62 trainers statewide (1 for every 2 localities).² The additional funding allocated to DCJS for trafficking-related coordination and outreach in the FY23–24 budget (Item 406.B.) may be used for this purpose, although training related to screening is just one of the identified training needs statewide.

Due to the challenges with the identified vendor, DCJS is assessing the possibility of creating a tool that is specific to the Commonwealth of Virginia and having it validated for use.

Education for Persons Convicted of Solicitation of Prostitution – § 9.1-116.5(A)(4)

Among the responsibilities of the statewide sex trafficking response coordinator is to “oversee the development of a curriculum to be completed by persons convicted of solicitation of prostitution under § 18.2-346.01,” as specified in *Va. Code* § 9.1-116.5(A)(4).

Relevant Activities for 2022 Report

The coordinator completed an assessment of other states that currently have an existing curriculum and issued a Request for Information (RFI) to collect information from the identified programs as well as any additional curriculums that exist, but were not located in the initial research phase. Not all of the identified programs responded to the RFI; however, after the RFI closed many of them contacted the coordinator and did not have a reason as to why they didn’t participate in the RFI process. This has slowed the process down. The coordinator is working on this project in addition to several other projects. Limited staffing has slowed this process.

² This number reflects a minimum of two individuals per locality representing each of the following program or service types: Child Protective Services, juvenile probation, Community Services Boards, K-12 schools, law enforcement, local domestic or sexual violence agencies, healthcare providers (including hospitals), and groups explicitly focused on human trafficking.

Conclusion

The creation of the Statewide Sex Trafficking Response Coordinator position has resulted in substantial progress toward ensuring Virginia's response to human trafficking is coordinated, strategic, and supported by consistent training and services. This progress is expected to continue in 2023 and beyond, and would benefit from the implementation of recommendations meant to address shortcomings identified by the coordinator:

- Obtain long-term funding for *Virginia's Analytics System for Trafficking* (VAST) (page 5);
- Require school divisions to: Train school staff prior to teaching students about human trafficking; Utilize human trafficking curriculum that is approved by the Virginia Department of Education (VDOE) in K-12 classrooms; Establish a process for students to request assistance from the school social worker or guidance counselor following these lessons; Refer suspected cases of human trafficking to the local multidisciplinary team for service provision (page 5); and
- Add a section to § 16.1-248.1 to allow a law-enforcement officer to obtain a shelter care order for habitual runaways (2+ times) to initiate a coordinated treatment response (page 12).
- Increase staffing to allow DCJS to have an employee in each of the seven Virginia State Police division areas. This will allow DCJS to directly support the needs at the locality level to include assisting with building a coordinated response focused around multidisciplinary teams, training, technical assistance, providing consistent communication from the state level to the local level, and supporting the Virginia State Police Human Trafficking Unit with their victim service related needs.

Appendix A

Reported pornography offenses involving child exploitation

Calendar year	Total Offenses	Offenses involving distribution, manufacture, promotion, or transport
2012	224	32
2013	335	62
2014	310	65
2015	315	50
2016	372	31
2017	469	49
2018	519	87
2019	515	57
2020	631	84
2021	808	59
2022 thru June	293	24

Number of arrests of adults and juveniles in Virginia for assisting or promoting prostitution, for prostitution, and for human trafficking-commercial sex acts

Age	Arrest Year	Prostitution	Assisting or Promoting Prostitution	Human Trafficking, Commercial Sex Acts*	Total
Adult	2012	540	285	n/a	825
	2013	462	397	n/a	859
	2014	407	560	n/a	967
	2015	418	273	n/a	691
	2016	405	497	n/a	902
	2017	266	355	n/a	621
	2018	196	198	n/a	394
	2019	207	302	5	514
	2020	139	129	9	277
	2021	85	153	11	249
	2022 thru June	28	59	8	95
Juvenile	2012	0	1	n/a	1
	2013	3	0	n/a	3
	2014	2	1	n/a	3
	2015	2	1	n/a	3
	2016	0	3	n/a	3
	2017	4	1	n/a	5
	2018	4	0	n/a	4
	2019	1	2	1	4
	2020	0	0	0	0
	2021	0	0	0	0
	2022 thru June	0	0	0	0

*Arrests for human trafficking-commercial sex acts were first reportable in calendar year 2019.

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Number and percentage of arrests (adults and juveniles combined) for assisting or promoting prostitution, for prostitution, and for human trafficking--commercial sex acts by Virginia State Police division

Arrest Year	Multi-jurisdiction*	Division 1	Division 2	Division 3	Division 4	Division 5	Division 6	Division 7	Total
2012	1	234	22	10	5	271	66	217	826
2013	0	271	23	12	5	288	30	233	862
2014	2	334	51	19	5	186	38	335	970
2015	0	132	56	10	9	262	15	210	694
2016	0	334	31	3	30	264	9	234	905
2017	8	220	28	5	7	153	32	173	626
2018	0	114	14	6	1	178	5	80	398
2019	4	171	11	2	1	201	8	120	518
2020	0	70	7	5	0	170	4	21	277
2021	0	148	5	0	1	79	5	11	249
2022 thru June	0	57	4	1	0	17	1	15	95

Arrest Year	Multi-jurisdiction*	Division 1	Division 2	Division 3	Division 4	Division 5	Division 6	Division 7	Total
2012	0.1%	28%	3%	1%	1%	33%	8%	26%	100%
2013	0.0%	31%	3%	1%	1%	33%	3%	27%	100%
2014	0.2%	34%	5%	2%	1%	19%	4%	35%	100%
2015	0.0%	19%	8%	1%	1%	38%	2%	30%	100%
2016	0.0%	37%	3%	0%	3%	29%	1%	26%	100%
2017	1.3%	35%	4%	1%	1%	24%	5%	28%	100%
2018	0.0%	29%	4%	2%	0%	45%	1%	20%	100%
2019	0.8%	33%	2%	0%	0%	39%	2%	23%	100%
2020	0.0%	25%	3%	2%	0%	61%	1%	8%	100%
2021	0.0%	59%	2%	0%	0%	32%	2%	4%	100%
2022 thru June	0.0%	60%	4%	1%	0%	18%	1%	16%	100%

*Arrests from agencies with multi-jurisdictional authority, such as VAABC PD or Metro Washington Airports Authority PD

Arrests for human trafficking-commercial sex acts were first reportable in calendar year 2019.

Appendix B

The Virginia Human Trafficking Resource Guide

Providers marked with an asterisk as being **SETTS Trained** have completed the Sexual Exploitation Treatment and Training Services (SETTS) that is provided through DCJS for Case Managers and Licensed Clinicians.

SERVICES – Emergency Shelter & Stabilization:

(*SETTS Trained)

Provider Name	Region	Website
ACTS SAVAS Sexual Assault Victims Advocacy Service	Northern Virginia – 7	www.actspwc.org
Avalon Center for Women and Children	Tidewater – 5	https://avaloncenter.org/services#Avalon%20Youth%20Services
*CHOICES of Page County	Culpeper – 2	https://choicesofpagecounty.org
Doorways for Women and Families	Northern Virginia – 7	https://www.doorwaysva.org
Eastern Shore Coalition Against Domestic Violence	Tidewater – 5	http://www.escadv.org
Empowerhouse	Culpeper – 2	http://www.empowerhouseva.org
Family Resource Center, Inc.	Wytheville -3	http://frcinc.org
Hanover Safe Place	Richmond – 1	http://www.hanoversafeplace.com
*Haven of the Dan River Region	Roanoke Area – 6	http://www.havenofthedanriverregion.com
Help and Emergency Response, Inc. (H.E.R.)	Tidewater – 5	http://hershelter.com/home
Hope House of Scott County	Wytheville -3	http://hopehousesc.org
Loudoun Abused Women's Shelter	Northern Virginia – 7	https://www.lcsj.org
*New Directions Center	Central Virginia – 3	newdirectionscenter.org
*Project Horizon	Roanoke – 6	https://www.newdirectionscenter.org
Seton Youth Shelters	Tidewater – 5	setonyouthshelters.org
*Transitions Family Violence Services	Tidewater – 5	https://www.transitionsfvs.org

Family Services – Comprehensive:

(*SETTS Trained)

Provider Name	Region	Website
Goochland Cares	Richmond – 1	http://www.goochlandcares.org
*Northern Virginia Family Service	Northern Virginia – 7	www.nvfs.org
*Patrick Henry Family Services	Central Virginia – 3	https://www.patrickhenry.org
*People Incorporated	Multiple Regions	https://www.peopleinc.net/index.html
*Project Horizon	Roanoke – 6	http://www.projecthorizon.org
Sexual Assault Resource Agency (SARA)	Central Virginia – 3	www.saracville.org
*Straight Street	Roanoke Area – 6	https://straightstreet.org
Tahirih Justice Center – Greater DC	Northern Virginia – 7	www.tahirih.org
*Women's Resource Center of New River Valley	Roanoke – 6	https://www.wrcnr.org

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Legal Services:

Provider Name	Region	Website
Amara Legal Center	Northern Virginia – 7	https://www.amaralegal.org
Ayuda	Statewide	https://www.ayuda.com
Blue Ridge Legal Services	Multiple Regions	http://brls.org
Central Virginia Legal Aid Society	Richmond – 1	http://cvlas.org
Legal Aid Society of Roanoke Valley	Roanoke Area – 6	http://lasrv.org/index.html
Legal Services of Northern Virginia	Northern Virginia – 7	http://www.lsnv.org/what-we-do/human-trafficking
Southwest Virginia Legal Aid Society	Wytheville – 4	https://www.swvlegalaid.org
Tahiri Justice Center – Greater DC	Northern Virginia – 7	www.tahiri.org
Virginia Poverty Law Center (VPLC)	Richmond – 1	https://vplc.org

Medical Services – Forensic Exams:

(*SETTS Trained)

Provider Name	Region	Website
Augusta Regional SANE Program	Central Virginia – 3	https://www.augustahealth.com
Bon Secours Richmond Health System	Richmond – 1	https://www.bonsecours.com/locations/hospital-s-medical-centers/richmond/st-marys-hospital
Carilion Health System	Roanoke Area – 6	https://www.carilionclinic.org
Children's Advocacy Centers of Virginia	Multiple Regions	http://www.cacva.org
INOVA FACT Program	Northern Virginia – 7	https://www.inova.org/about-inova/inova-community/community-access-care/inova-fact
*Mary Washington Hospital	Culpeper – 2	https://www.marywashingtonhealthcare.com/Our-Services/Emergency-Services/Medical-Forensic-Exam-Services.aspx
Riverside Health System	Tidewater – 5	https://www.riversideonline.com/medical-services/emergency-and-trauma-care/programs-and-services/forensic-nursing
*SAFE Center of Southwest Virginia	Wytheville – 4	
UVA Health	Central Virginia – 3	https://uvahealth.com/services/forensic-exams
VCU Medical Center	Richmond – 1	https://www.vcuhealth.org/services/emergency

Multi-Lingual Services:

(*SETTS Trained)

Provider Name	Region	Website
Korean Comm Svc Ctr of Greater WA	Northern Virginia – 7	http://www.kcscgw.org
*Latinos in Va. Empowerment Ctr.	Richmond – 1	https://www.latinosenvirginia.org

Residential Treatment / Aftercare / Transitional Housing – Adults:

(*SETTS Trained)

Provider Name	Region	Website
Avalon Center for Women and Children	Tidewater – 5	https://avaloncenter.org/services#Avalon%20Youth%20Services
The Butterfly House	Tidewater – 5	https://thebutterfly.house/contact
Friends of the Guest House	Northern Virginia – 7	https://friendsofguesthouse.org
*Safe Harbor	Richmond – 1	http://safeharborshelter.com/about/general-information
*Samaritan House	Tidewater – 5	https://samaritanhouseva.org

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Residential Treatment / Aftercare – Juveniles:
(*SETTS Trained)

Provider Name	Region	Website
*The Lampstand	Roanoke Area – 6	thelampstandva.org
*Patrick Henry Family Services	Central Virginia – 3	https://www.patrickhenry.org
Youth For Tomorrow	Northern Virginia – 7	http://www.youthfortomorrow.org/Home

Scholarship Opportunities:

Provider Name	Region	Website
Sun Gate Foundation	Northern Virginia – 7	www.sun-gate.org
University of Toledo Human Trafficking and Social Justice Institute	Nationwide	https://mcusercontent.com/6ab4e22caa6c89069ce086d20/files/79697ffa-cf8a-0ae7-308a-097a3107a1a1/FREE_Flyer.pdf

Therapeutic & Case Management Services:
(*SETTS Trained)

Provider Name	Region	Website
*Central Virginia Community College SARP	Central Virginia – 3	https://centralvirginia.edu/Campus-Life/Campus-Safety-and-Police/Sexual-Misconduct/Title-IX/SARP-SART
*Choices of Page County	Culpeper – 2	https://choicesofpagecounty.org
*Clinch Valley Community Action	Wytheville – 4	https://clinchvalleycaa.org
*Connected Communities	Culpeper – 2	https://www.cciwinchester.com
*Counseling and Forensic Services	Northern Virginia – 7	https://cfsvirginia.com
Eastern Shore Coalition Against Domestic Violence	Tidewater – 5	http://www.escadv.org
*Family Preservation Services	Roanoke Area – 6	https://fpscorp.com
Multicultural Clinical Center (MCC)	Northern Virginia – 7	mcva.com
*National Counseling Group (NCG)	Wytheville – 4	https://www.ncgcommunity.com
New Directions Community Outreach Programs, Inc.	Richmond – 1	http://www.newdirections.support/services.html
*New Directions Center	Central Virginia – 3	https://www.newdirectionscenter.org
*Northern Virginia Family Service	Northern Virginia – 7	www.nvfs.org
*Patrick Henry Family Services	Central Virginia – 3	https://www.patrickhenry.org
*People Inc.	Wytheville – 4	https://www.peopleinc.net
*Project Horizon	Roanoke Area – 6	https://www.projecthorizon.org
*Reset180	Northern Virginia – 7	https://reset180.com
*Safe Harbor	Richmond – 1	http://safeharborshelter.com/about/general-information
*Salus Vita, LLC	Northern Virginia – 7	http://salusvitacounseling.com
*Samaritan House	Tidewater – 5	https://samaritanhouseva.org
*Street Ransom	Roanoke Area – 6	www.streetransom.com
*Transitions Family Violence Services	Tidewater – 5	https://www.transitionsfvs.org
*Trauma & Hope (SETTS Trainer)	Northern Virginia – 7	traumaandhope.com
*Women's Resource Center of New River Valley	Roanoke Area – 6	https://www.wrcnrv.org
*YWCA of Central Virginia	Central Virginia – 3	https://www.ywcacva.org

PREVENTION & INTERVENTION

Community Based Education & Awareness:

(*SETTS Trained)

Provider Name	Region	Website
Anti-Trafficking International (ATI)	Multiple Regions	https://www.preventht.org
Center for Improving Women's Lives	Northern Virginia – 7	https://www.improvingwomenslives.org
Central Virginia Justice Initiative	Culpeper – 2	www.centralvjusticeinitiative.com
Freekind	Tidewater – 5	https://www.freekindva.org
imPACT Virginia (Ed Program)	Richmond – 1	www.impactvirginia.org
Just ASK: Prevention Project	Northern Virginia – 7	justaskprevention.org
Prevention Project (Managed by Freekind)	Multiple Regions	https://prevention-project.org
*Reset180	Northern Virginia – 7	https://reset180.com
*Straight Street	Roanoke Area – 6	https://straightstreet.org
*Street Ransom	Roanoke Area – 6	www.streetransom.com
*Trauma & Hope (SETTS Trainer)	Northern Virginia – 7	traumaandhope.com

Mentoring Programs:

(*SETTS Trained)

Provider Name	Region	Website
Seton Youth Shelters	Tidewater – 5	setonyouthshelters.org
*Straight Street	Roanoke Area – 6	https://straightstreet.org

School-Based Trafficking Programs:

(*SETTS Trained)

Provider Name	Region	Website
Fairfax County Public Schools	Northern Virginia – 7	https://www.fcps.edu/node/24745
*Prince William County Public Schools	Northern Virginia – 7	https://www.pwcs.edu/departments/student_services/school_social_workers/human_trafficking_prevention

Agenda Item: Consideration of fast-track regulatory changes to 18VAC85-130-80

Included in your agenda packet:

- Changes to 18VAC85-130-80(A)(4) to clarify that disclosures should state that the licensed midwife is prohibited from prescribing controlled substances;
- SB1275.

Action Needed:

- Motion to amend 18VAC85-130-80 as presented by fast-track action.

Project 7683 - Fast-Track

Board of Medicine

General disclosure requirement amendment consistent with statutory changes

18VAC85-130-80. General disclosure requirements.

A licensed midwife shall provide written disclosures to any client seeking midwifery care. The licensed midwife shall review each disclosure item and obtain the client's signature as evidence that the disclosures have been received and explained. Such disclosures shall include:

1. A description of the licensed midwife's qualifications, experience, and training;
2. A written protocol for medical emergencies, including hospital transport, particular to each client;
3. A statement as to whether the licensed midwife has hospital privileges;
4. A statement that a licensed midwife is prohibited from prescribing, ~~possessing or administering~~ controlled substances;
5. A description of the midwife's model of care;
6. A copy of the regulations governing the practice of midwifery;
7. A statement as to whether the licensed midwife carries malpractice or liability insurance coverage and, if so, the extent of that coverage;
8. An explanation of the Virginia Birth-Related Neurological Injury Compensation Fund and a statement that licensed midwives are currently not covered by the fund; and
9. A description of the right to file a complaint with the Board of Medicine and with NARM and the procedures and contact information for filing such complaint.

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 674

An Act to amend and reenact §§ 54.1-2957.9 and 54.1-3408 of the Code of Virginia, relating to midwifery; administration of medication.

[S 1275]

Approved March 26, 2023

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2957.9 and 54.1-3408 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2957.9. Regulation of the practice of midwifery.

The Board shall adopt regulations governing the practice of midwifery, upon consultation with the Advisory Board on Midwifery. The regulations shall (i) address the requirements for licensure to practice midwifery, including the establishment of standards of care, (ii) be consistent with the North American Registry of Midwives' current job description for the profession and the National Association of Certified Professional Midwives' standards of practice, except that prescriptive authority ~~and the possession and administration of controlled substances~~ shall be prohibited, (iii) ensure independent practice, (iv) require midwives to disclose to their patients, when appropriate, options for consultation and referral to a physician and evidence-based information on health risks associated with birth of a child outside of a hospital or birthing center, as defined in § 54.1-2957.03, including risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation, (v) provide for an appropriate license fee, and (vi) include requirements for licensure renewal and continuing education. Such regulations shall not (a) require any agreement, written or otherwise, with another health care professional or (b) require the assessment of a woman who is seeking midwifery services by another health care professional. *A licensed midwife may obtain, possess, and administer drugs and devices that are used within the licensed midwife's scope of practice as determined by the North American Registry of Midwives Job Analysis. The Board of Medicine shall develop and publish best practice and standards of care guidance for all such drugs. The formulary shall not include any drug, as defined in § 54.1-3401, in Schedule I through V of the Drug Control Act. A licensed midwife may obtain medications and devices to treat conditions within the licensed midwife's scope of practice from entities including a pharmacy, as defined in § 54.1-3300, or a manufacturer, medical equipment supplier, outsourcing facility, warehouse, or wholesale distributor, as these terms are defined in § 54.1-3401. An entity that provides a medication to a licensed midwife in accordance with this section, and who relies in good faith upon the license information provided by the licensed midwife, is not subject to liability for providing the medication.*

Completing all Alliance for Innovation on Maternal Health patient safety bundles advanced by the Virginia Neonatal Perinatal Collaborative shall be required of any licensed midwife who obtains, possesses, and administers drugs and devices within the scope of his practice.

License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice. *A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.*

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause drugs or devices to be administered by:

1. A nurse, physician assistant, or intern under his direction and supervision;
2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;
3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol; or
4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled

substances used in inhalation or respiratory therapy.

C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.

D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may possess and administer epinephrine in emergency cases of anaphylactic shock.

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or standing protocol that shall be issued by the local health director within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of an organization providing outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is employed, provided that such person is trained in the administration of epinephrine.

Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may possess and administer epinephrine, provided such person is authorized and trained in the administration of epinephrine.

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for administration in treatment of emergency medical conditions.

E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course

of his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use in emergency situations; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently implemented standards of the Occupational Safety and Health Administration and the Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles underlying tuberculin screening.

The Health Commissioner or his designee may authorize registered nurses, acting as agents of the Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies established by the Department of Health.

H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer 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. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a public institution of higher education or a private institution of higher education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Pursuant to a written order issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services to assist with the administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee or person providing services has been trained in the administration of insulin and glucagon.

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the course of his professional practice, a dentist may authorize a dental hygienist under his general supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly

applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry.

In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia.

K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered professional nurses certified as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess and administer preventive medications for victims of sexual assault as recommended by the Centers for Disease Control and Prevention.

L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an individual receiving services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

In addition, this section shall not prevent a person who has successfully completed a training program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been evaluated by a registered nurse as having demonstrated competency in administration of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from a program licensed by the Department of Behavioral Health and Developmental Services to such person via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living facility licensed by the Department of Social Services. A registered medication aide shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

N. In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

O. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public

health emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health and for the limited purpose of administering vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed individuals to a person in his private residence.

R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions.

S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care technicians who are certified by an organization approved by the Board of Health Professions or persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a licensed physician, nurse practitioner, or physician assistant and under the immediate and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee is identified as a "trainee" while working in a renal dialysis facility.

The dialysis care technician or dialysis patient care technician administering the medications shall have demonstrated competency as evidenced by holding current valid certification from an organization approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration.

V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health when the prescriber is not physically present.

X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a health care provider providing services in a hospital emergency department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and parole officers or as juvenile correctional officers, employees of regional jails, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters who have completed a training program may also possess and administer naloxone or other opioid

antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, an employee or other person acting on behalf of a public place who has completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

Notwithstanding any other law or regulation to the contrary, an employee or other person acting on behalf of a public place may possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose if he has completed a training program on the administration of such naloxone and administers naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

For the purposes of this subsection, "public place" means any enclosed area that is used or held out for use by the public, whether owned or operated by a public or private interest.

Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal may dispense naloxone to a person who has received instruction on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. If the person acting on behalf of an organization dispenses naloxone in an injectable formulation with a hypodermic needle or syringe, he shall first obtain authorization from the Department of Behavioral Health and Developmental Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled substance registration from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the issuance of such controlled substance registration. The dispensing may occur at a site other than that of the controlled substance registration provided the entity possessing the controlled substances registration maintains records in accordance with regulations of the Board of Pharmacy. No person who dispenses naloxone on behalf of an organization pursuant to this subsection shall charge a fee for the dispensing of naloxone that is greater than the cost to the organization of obtaining the naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Agenda Item: Initiation of periodic review of public participation guidelines contained in 18VAC85-11

Included in your agenda packet:

- 18VAC85-11

Staff Note: Agencies are required to conduct periodic reviews of regulatory chapters every 4 years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board is still required to conduct a periodic review.

Action Needed:

- Motion to initiate periodic review of 18VAC85-11.

Commonwealth of Virginia



PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-11-10 et seq.

**Statutory Authority: §§ 54.1-2400 and 2.2-4007
of the *Code of Virginia***

Revised Date: December 16, 2016

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Part I Purpose and Definitions

18VAC85-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Medicine. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC85-11-20. Definitions.

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

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Medicine, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II

Notification of Interested Persons

18VAC85-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC85-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC85-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).
2. A notice of the comment period on a proposed, a repropoed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.
3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

**Part III
Public Participation Procedures**

18VAC85-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.
3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

18VAC85-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;
2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and
3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC85-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC85-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or
3. The agency determines that resolution of a controversy is unlikely.

18VAC85-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC85-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;
2. The Governor directs the agency to hold a public hearing; or
3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC85-11-110. Periodic review of regulations.

A. The agency shall conduct a periodic review of its regulations consistent with:

1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and

2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.

B. A periodic review may be conducted separately or in conjunction with other regulatory actions.

C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

Agenda Item: Consideration of fast-track regulatory changes to 18VAC90-30-240

Included in your agenda packet:

- Changes to 18VAC90-30-240 to allow agency subordinates to hear credentials cases concerning advanced practice registered nurses;

- HB1622

Staff Note: This action normally would have been included as an exempt action, but was missed. Due to statutory deadlines for exempt actions, this will now be a fast-track regulatory action. This action was adopted by the Board of Nursing on September 12, 2023.

Action Needed:

- Motion to amend 18VAC90-30-240 as presented by fast-track action.

Project 7663 - Fast-Track

Board of Nursing

Amendment to APRN regulations to allow agency subordinates to hear credentials cases

18VAC90-30-240. Delegation of proceedings.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the Committee of the Joint Boards of Nursing and Medicine (committee) may delegate an informal fact-finding proceeding to an agency subordinate ~~upon determination that probable cause exists that a nurse practitioner may be subject to a disciplinary action.~~

B. Criteria for delegation. Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the chair of the committee.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the committee to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The Executive Director of the Board of Nursing shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The committee may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 191

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

[H 1622]

Approved March 22, 2023

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.
2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.
3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.
4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.
5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.
6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system, which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.).
7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license, permit, or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.
8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.). Each health regulatory board shall appoint one such designee.
9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration, permit, or multistate licensure privilege in lieu of disciplinary action.
10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019; ~~upon receipt of information that a practitioner may be subject to a disciplinary action.~~ The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered, or licensed practitioner; a facility holding a license, certification, registration, or permit; or a person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner or facility. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner or facility. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner or facility has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered, or licensed practitioner, a facility holding a license, certification, registration, or permit, or a person holding a multistate licensure privilege to practice nursing who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

Agenda Item: **Licensing Report**

Staff Note: Mr. Sobowale will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: Discipline Report

Staff Note: Ms. Deschenes will provide information on discipline matters.

Action: Consent orders may be presented for consideration.

Next Meeting Date of the Full Board is

February 15-17, 2023



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

November 18, 2023