
Call to Order – Joseph Walsh, Ph.D, LCSW, Committee Chair

- Welcome and Introductions/Roll Call
- Mission of the Board

Approval of Minutes

- Regulatory Committee Meeting – March 12, 2020*

Public Comment

The Committee will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Unfinished Business

- Consideration of reducing the requirements for registering an addition or change in supervised practice, supervisor, clinical social work services or location as outlined in 18VAC140-20-50 (A)(1)*
- Consideration of adding a definition of supervisory contract to the Regulations Governing the Practice of Social Work*
- Consideration of amending the Guidance Document on Technology-Assisted Therapy to specify that the Face-to-Face provisions apply to supervisees.*
- Consideration any changes needed to the Regulations that would prevent the need for a Waiver request in future emergencies.
- Consideration of any waiver of experience requirements for spouse of active duty military or veteran.
- Review of entities approved to provide Continued Education.

New Business

- Review of Endorsement Requirements and potential Reciprocity agreements for each license type
- Study on Mental Health Needs of Minors

Next Meeting – December 3, 2020

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The Board will approve the official agenda and packet at the meeting. One printed copy of the agenda and packet will be available for the public to view at the meeting pursuant to Virginia Code Section 2.2-3707(F).



Virginia Department of
Health Professions
Board of Social Work

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**THE VIRGINIA BOARD OF SOCIAL WORK
REGULATORY COMMITTEE MEETING MINUTES**

Thursday, March 12, 2020

The Regulatory Committee of the Virginia Board of Social Work ("Committee") convened a meeting at 1:00 p.m. on Thursday, March 12, 2020 at the Department of Health Professions, 9960 Mayland Drive, Henrico Virginia, in Board Room 4.

PRESIDING OFFICER: Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

COMMITTEE MEMBERS PRESENT: Michael Hayter, L.C.S.W., C.S.A.C.
Gloria Manns, L.C.S.W.
Dolores Paulson, L.C.S.W., Ph.D.
John Salay, L.C.S.W.

COMMITTEE MEMBERS ABSENT: Maria Eugenia del Villar, L.C.S.W.

BOARD STAFF PRESENT: Latasha Austin, Licensing Manager
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Charlotte Lenart, Deputy Executive Director- Licensing

OTHERS PRESENT: Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE: Sue Klaus, Department of Medical Assistance Services (DMAS)
Joseph G. Lynch, L.C.S.W., Virginia Society for Clinical Social Work
Nick Tomlinson
Alexandra Weinstein

CALL TO ORDER:
Dr. Walsh called the meeting to order at 1:01 p.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM:
Dr. Walsh requested a roll call. Ms. Austin announced that five members of the Committee were present; therefore, a quorum was established.

MISSION STATEMENT:
Dr. Walsh read the mission statement of the Department of Health Professions, which is also the mission statement of the Committee and Board.

EMERGENCY EGRESS:
Dr. Walsh announced the Emergency Egress procedures.

ADOPTIONS OF AGENDA:
Upon a motion by Mr. Hayter, which was properly seconded by Ms. Manns, the Committee unanimously adopted the agenda as received.

APPROVAL OF MINUTES:
Upon a motion by Dr. Paulson, which was properly seconded by Mr. Salay, the meeting minutes from the Regulatory Committee Meeting held on December 5, 2019 were approved as written. The motion passed unanimously.

PUBLIC COMMENT:
There was no public comment.

LEGISLATION & REGULATORY REPORT:

Ms. Yeatts briefly reviewed the Chart of Regulatory Actions and 2020 General Assembly Reports provided in the meeting packet with the Committee. Ms. Yeatts informed the Committee that she would be providing a full detail report at the Board Meeting being held tomorrow, March 13, 2020.

Ms. Yeatts also informed the Committee that the provision in 18VAC140-20-51(B)(3) requiring documentation of supervised experience for LBSWs was inadvertently left in the regulation. The requirement for supervised experience for LBSW licensure that was previously specified in section 18VAC140-20-60 was deleted as of March 5, 2020. Documentation of supervised experience is not required as of March 5, 2020.

Motion: A motion was made by Dr. Paulson, which was properly seconded by Mr. Salay, to recommend to the Full Board by Fast Track Action to amend section 18VAC140-20-51 of the Regulations Governing the Practice of Social Work by deleting subsection (B)(3) that states the following:

For licensure as a LBSW, submit documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant, whose former supervisor is deceased or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.

The motion passed unanimously.

UNFINISHED BUSINESS:

- *Supervisor Registry Update*

The Committee revisited discussion regarding a supervisor registry. Ms. Lenart informed the Committee that after consultation with Board Counsel, the Board of Social Work would be able to post a Supervisor Registry if the supervisor signs documentation agreeing to be on the Registry and if the Registry only posts public information. Ms. Lenart informed the Committee of the issues that would occur. Current regulations state that the supervision training must occur 5 years immediately preceding the registration of supervision application. It should be noted that the regulations do not state that training needs to occur every 5 years, but needs to be completed 5 years prior to a supervisee submitting an application for registration of supervision. While the database system used is set up to capture the approval date and expiration date of a supervisor, if the supervisor has multiple training the expiration date would need to be five years from the date of the oldest training certificate:

For example: A supervisor took four trainings to meet the 14-hour requirement. (In August 2015 they completed 7 hours; January 2016 they completed 2 hours; March 2016 they completed 3 hours; April 2017 they completed 2 hours) In this example, the expiration date of the supervision training would be August 2020. Board staff would have to continually update the list as they took additional hours to meet the requirements.

Ms. Lenart also informed the Committee that while the registry would be beneficial to the supervisors, supervisee and applicants it would require Board staff to consistently update the registry, which would require additional time and resources on already limited staff. In addition, the supervisor would need to complete a supervisor application, provide attestation to 2 years of post-licensure clinical social work experience, copy of their supervisor-training certificate (s) and authorization to post their name on a registry. The registry would simply be an excel spreadsheet until such time the Department of Health Professions could develop a more intuitive system to search for a supervisor.

Ms. Lenart discussed with the Committee as an alternative, the Board could amend the regulations in such a way that requires that a supervisor complete initial training. After such initial training, the supervisor would then be required to completed supervision training each renewal. It was discussed that this alternative would cause an increase in licensees that would have to be audited following renewal.

Motion: A motion was made by Mr. Salay, which was properly seconded by Dr. Paulson, to recommend staff create a supervisor registry. The motion passed unanimously.

- *Expanding upon the Board's Standards of Practice*

At the last meeting, the Committee discussed the Board's Standards of Practice and the need for clarification and expansion to what could be considered boundary issues and violations. Dr. Walsh and Dr. Paulson brought forth to the Committee the following suggested additions to 18VAC140-20-150 (D) of the Regulations Governing the Practice of Social Work:

#6. Not engage in physical contact (such as cradling, caressing, kissing, and groping) with a client when there is a possibility of psychological harm to the client. Social Workers who engage in physical contact are responsible for setting clear and culturally sensitive boundaries.

#7. Not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; request for sexual favors; and other verbal written, electronic, or physical contact of a sexual nature.

Motion: Upon a motion by Dr. Paulson, which was properly seconded by Dr. Walsh, to recommend to the Full Board to add #6 to the Standards of Practice in the Regulations but deleting possibility of psychological harm... and adding likelihood of psychological harm... The motion passed unanimously.

Motion: Upon a motion by Mr. Salay, which was properly seconded by Dr. Paulson, to recommend to the Full Board to add #7 to the Standards of Practice in the Regulations. The motion passed unanimously.

Motion: Upon a motion by Dr. Paulson, which was properly seconded by Dr. Walsh, to recommend to the Full Board to add #8 to the Standards of Practice in the Regulations. Five members of the Committee opposed the motion. The motion failed and the recommendation will not move forward to the Full Board.

- *LMSW Discussion*

Ms. Hoyle discussed with the Committee whether the definition for a Master's Social Worker should be revised. Pursuant to Chapter 37 of Title 54.1 of the Code the Virginia, the current definition is as follows:

"Master's social worker" means a person who engages in the practice of social work and provides non-clinical, generalist services, including staff supervision and management.

Motion: Upon a motion by Mr. Salay, which was properly seconded by Dr. Walsh, to recommend to the Full Board that the definition for Master's Social Worker be changed removing non-clinical from the definition and use the Association of Social Work Boards Model Social Work Practice Act as a guideline for a new definition. The motion passed with four members in favor of the motion and one in opposed of the motion.

Ms. Yeatts suggested to the Committee to wait until the Senate Joint Resolution No. 49 for a study for the need for additional micro-level, mezzo-level and macro-level social workers and increased compensation of such social workers in the Commonwealth be completed first before processing with this recommendation.

NEW BUSINESS:

- *Guidance Document 140-9: Content for Training on Supervision for Clinical Social Work*

The Committee discussed the content of the supervision training supervisors are receiving to meet the requirement to be a Board approved supervisor. Committee members were concerned that the information being provided in the trainings are outdated and are not referring to the current Virginia Laws and Regulations Governing the Practice in Social Work. The Committee further discussed developing its own supervision training and offerings online or through a webinar. It was also suggested that some type of question and answer section be developed to include in the training related to current Laws and Regulations Governing the Practice of Social Work. Mr. Salay agreed to work on putting together content for training. After discussion, it was suggested that Parallel Process and Theories of Supervision be added to Guidance Document 140-9 under Context of Supervision.

Motion: A motion was made by Dr. Paulson, which was properly seconded by Dr. Walsh, to adopt Guidance Document 140-9 with the additions of adding Parallel Process and Theories of Supervision to the document under Context of Supervision.

- *Review of Endorsement Requirements for Each License Type*

Ms. Hoyle revisited Senate Bill No. 53 provided in the meeting agenda packet with the Committee directing the Board of Social Work to pursue the establishment of a reciprocal agreement with other jurisdictions. Virginia currently does not have reciprocity with any other jurisdictions, but offers licensure by endorsement. Ms. Hoyle reviewed with the Committee the current endorsement requirements for LBSWs, LMSWs and LCSWs. Ms. Hoyle also discussed the state comparisons for licensure. A chart was provided in the meeting agenda packet for review. Ms. Hoyle discussed with the Committee what the reciprocal agreement could potentially look like and discussed issues with current endorsement provisions that could be burdensome to LBSWs and LMSWs. Suggested changes would be provided later in the meeting.

Dr. Walsh left the meeting at 4:00pm and Dr. Paulson presided over the remainder of the meeting as chair in his absence.

- *Pathways to reduce the Add/Change requirements for supervision and make them more efficient*

Ms. Lenart discussed with the Committee changes staff have made to the Add/Change process to make it more efficient. Changes included eliminating non-essential data collected during the online application process, eliminating the request for their worksite address on the application and only requesting it on the supervision form, eliminating some of the practicum information requested, separating the initial and add/change instruction pages so that an applicant only needs to review the instructions for that specific application, and all the supplemental forms are now fillable PDF documents.

In order to streamline and make the add/change application process more efficient, Ms. Lenart also suggested that the Board would need to identify if the change in the following areas require a new application and/or fee:

- Addition or change to supervised practice
- Addition or change in supervisor
- Addition or change to clinical social work services
- Addition or change in location

Currently, any change in supervision would require an application and fee pursuant to 18VAC140-20-50(A)(1) of the current regulations, which state the following:

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

Ms. Lenart also posed the question to the Committee if they needed to know the worksite if where the supervisee is working? If so, she suggested a one page form could possibly be used that would be signed by both the supervisee and supervisor. She also advised the Committee that this process would not require a fee from the applicant, but would still require staff time to input changes, update the system and notify the applicant and supervisor. She also notes that the Board of Counseling does not require an application for an add/change of worksite, but does require the supervisor and resident to have a current supervisory contract in place that spells out the responsibilities for each before the resident can start counting hours toward licensure.

Dr. Paulson suggested adding to the responsibilities of a supervisee that while providing clinical social work services they have to remain under Board approved supervision until licensed in Virginia as a LCSW. It was also suggested that supervisory contract be defined in the Regulations and a sample contract be made available.

Motion: A motion was made by Mr. Salay, which was properly seconded by Mr. Hayter, to recommend to the Full Board to amend 18VAC140-20-50(A)(1) by eliminating supervised practice, clinical social work services or location.

Ms. Lenart also posed the question to the Committee if a supervisee could use virtual telehealth platforms to screen, assess and intervene with clients while they are under Board approved supervision, as the Guidance document on technology-assisted therapy does not address this question. It was suggested that this be discussed at the next Regulatory Committee

Meeting along with Face-to-Face for supervisees and the Guidance document only address Face-to-face for licensees.

- *Loopholes within the Supervision Timeline*

Ms. Lenart and Ms. Austin discussed with the Committee the loopholes within the supervision timeline. They reviewed with the Committee that pursuant to current laws and regulations, in order to provide clinical social work services in a non-exempt setting, an individual must hold an active LCSW license in Virginia or be under Board approved supervision. The supervised experience expires after 4 years unless they request a 12 month extension. They informed the Committee that the current issues with this are that once a supervisee has been approved to sit for the exam, are they still required to meet all the supervised experience requirements, such as meeting once a week with their supervisor? Also, once a supervisee has been approved to sit for the examination, they are given two years to sit and pass the exam. During this time they are still required to be under Board approved supervision in order to provided clinical social work services.

Ms. Lenart and Ms. Austin suggested that the Board needs to decide how staff should address extensions in supervision for those approved to sit for the exam, as the process to stay under supervision is very confusing for the public and Board staff. Supervisees are not aware they need to be granted and extension or apply for add add/change or initial supervision after they are approved to sit for the exam.

- ❖ Should they automatically be aligned with the approval deadline to pass the exam?
- ❖ Should the supervisee be required to submit a request for an extension in supervision? What if the supervisor or worksite is different from what was approved?
- ❖ Should the supervisee be required to submit a new online application and supplemental documentation? Should it be an initial application or add/change?
- ❖ What if they let their supervision approval expire? For instance, they submit an application for LCSW by Examination after they approval for supervision has expired?

Board staff are suggesting the Board consider the following changes:

- ❖ Allow the supervisee the option of taking the exam during their supervised experience so that they can immediately be considered for an LCSW once they pass the exam and complete their supervised experience and apply for licensure; or
- ❖ Change the regulations to state that the supervisee must complete all the supervised experience and pass the exam within X years. The applicant would not submit an application to sit for the exam but would submit an application for licensure once they meet the minimum requirements; or
- ❖ Increase the supervised experience approval time from 4 years to 6 years to allow applicants time to finish their supervised experience, submit their application to sit for the exam and pass the exam; or
- ❖ Give every applicant an extension to match their exam expiration date. This would require the Board asking the applicant where they are working and under whose supervision in order to update the database system.

- *Regulation Changes to Consider*

Board staff posed to the Committee to recommend the Board consider the following Regulation changes:

1. Consider eliminating 18VAC140-20-51(B)(3) which states:

For licensure as a LBSW, submit documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-60 along with documentation of the supervisor's out-of-state license where applicable. An applicant, whose former supervisor is deceased or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation, or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision.

This recommendation was already addressed in Ms. Yeatts Regulatory report.

2. Consider amending 18VAC140-20-45(A)(6) which states:

Verification of:

- a. *Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;*
- b. *Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60*

months; or

c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.

These endorsement requirements are burdensome for LBSWs and LMSWs as supervised experience is not required for these license types in Virginia. Consider amending this section to make this requirement specifically **only** for LCSWs.

Motion: A motion was made by Mr. Salay, which was properly seconded by Ms. Manns, to recommend to the Full Board to delete 18VAC140-20-45(A)(6) as a requirement for endorsement by Fast Track Action.

3. Consider amending the evidence of competency to practice section of 18VAC140-20-110(C) and (D) which states: C. In addition to requirements set forth in subsection B of this section, an applicant for reinstatement whose license has been lapsed for 10 or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;

2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reinstatement of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

D. An LBSW, LMSW, or clinical social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years. An applicant for reactivation who has been inactive for 10 or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;

2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or

3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding reactivation of licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-to-face direct client contact and nine hours of face-to-face supervision.

The competency to practice for reinstatement and inactive to active licensure are burdensome for LBSWs and LMSWs as supervised experience is not required for these license types in Virginia. Consider amending this section to make this requirement specifically **only** for LCSWs.

Motion: A motion was made by Mr. Salay, which was properly seconded by Mr. Hayter, to recommend to the Full Board to delete all of 18VAC140-20-110(C) and delete (D)(1),(2)(3) as a requirement by Fast Track Action.

NEXT MEETING:

Dr. Paulson announced that the next Regulatory Committee Meeting would occur on June 4, 2020 at 1:00pm.

ADJOURNMENT:

Dr. Paulson adjourned the March 12, 2020 Regulatory Committee meeting at 4:50p.m.

Joseph Walsh, L.C.S.W., Ph.D., Committee Chair

Jaime Hoyle, Executive Director

DRAFT

18VAC140-20-50. Experience requirements for a licensed clinical social worker.

A. Supervised experience. Supervised post-master's degree experience without prior written board approval will not be accepted toward licensure, except supervision obtained in another United States jurisdiction may be accepted if it met the requirements of that jurisdiction.

1. Registration. An individual who proposes to obtain supervised post-master's degree experience in Virginia shall, prior to the onset of such supervision, or whenever there is an addition or change of supervised practice, supervisor, clinical social work services or location:

a. Register on a form provided by the board and completed by the supervisor and the supervised individual; and

b. Pay the registration of supervision fee set forth in 18VAC140-20-30.

2. Hours. The applicant shall have completed a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of clinical social work services and in ancillary services that support such delivery. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of at least 100 hours. No more than 50 of the 100 hours may be obtained in group supervision, nor shall there be more than six persons being supervised in a group unless approved in advance by the board. The board may consider alternatives to face-to-face supervision if the applicant can demonstrate an undue burden due to hardship, disability or geography.

a. Supervised experience shall be acquired in no less than two nor more than four consecutive years.

b. Supervisees shall obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of clinical social work services. The remaining hours may be spent in ancillary services supporting the delivery of clinical social work services.

3. An individual who does not complete the supervision requirement after four consecutive years of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within four consecutive years.

B. Requirements for supervisors.

1. The supervisor shall hold an active, unrestricted license as a licensed clinical social worker in the jurisdiction in which the clinical services are being rendered with at least two

years of post-licensure clinical social work experience. The board may consider supervisors with commensurate qualifications if the applicant can demonstrate an undue burden due to geography or disability or if supervision was obtained in another United States jurisdiction.

2. The supervisor shall have received professional training in supervision, consisting of a three credit-hour graduate course in supervision or at least 14 hours of continuing education offered by a provider approved under 18VAC140-20-105. The graduate course or hours of continuing education in supervision shall be obtained by a supervisor within five years immediately preceding registration of supervision.

3. The supervisor shall not provide supervision for a family member or provide supervision for anyone with whom he has a dual relationship.

4. The board may consider supervisors from jurisdictions outside of Virginia who provided clinical social work supervision if they have commensurate qualifications but were either (i) not licensed because their jurisdiction did not require licensure or (ii) were not designated as clinical social workers because the jurisdiction did not require such designation.

C. Responsibilities of supervisors. The supervisor shall:

1. Be responsible for the social work activities of the supervisee as set forth in this subsection once the supervisory arrangement is accepted;

2. Review and approve the diagnostic assessment and treatment plan of a representative sample of the clients assigned to the applicant during the course of supervision. The sample should be representative of the variables of gender, age, diagnosis, length of treatment and treatment method within the client population seen by the applicant. It is the applicant's responsibility to assure the representativeness of the sample that is presented to the supervisor;

3. Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients;

4. Provide supervision only for those activities for which the supervisor is qualified by education, training and experience;

5. Evaluate the supervisee's knowledge and document minimal competencies in the areas of an identified theory base, application of a differential diagnosis, establishing and monitoring a treatment plan, development and appropriate use of the professional relationship, assessing the client for risk of imminent danger, understanding the

requirements of law for reporting any harm or risk of harm to self or others, and implementing a professional and ethical relationship with clients;

6. Be available to the applicant on a regularly scheduled basis for supervision;

7. Maintain documentation, for five years post-supervision, of which clients were the subject of supervision; and

8. Ensure that the board is notified of any change in supervision or if supervision has ended or been terminated by the supervisor.

D. Responsibilities of supervisees.

1. Supervisees may not directly bill for services rendered or in any way represent themselves as independent, autonomous practitioners, or licensed clinical social workers.

2. During the supervised experience, supervisees shall use their names and the initials of their degree, and the title "Supervisee in Social Work" in all written communications.

3. Clients shall be informed in writing of the supervisee's status and the supervisor's name, professional address, and phone number.

4. Supervisees shall not supervise the provision of clinical social work services provided by another person.

Proposed Counseling Regulations for the Resident License streamlined the requirements for add/change of registration. When an applicant initially applies for a resident license, but in Social Work's case, to begin residency, the applicant must provide the board the following:

1. Verification of a supervisory contract,
2. The name and licensure number of the clinical supervisor and location for the supervised practice, and
3. An attestation that the applicant will be providing (clinical social work services).

The Board of Counseling raised the initial registration fee, but eliminated the need for applying for any add/change of supervision. They must have a supervisory contract for every supervisor. Because they have a resident license, they require attestation of a supervisory contract at renewal. Since Social Work residents are not licensees and do not need to renew, the Board may need to consider adding the option to audit or request a copy of the supervisory contract at any time or require the applicant submit all supervisory contracts at the time they apply for the clinical examination.

Example of Supervisory Definition and Supervisory Contract based on changes made at the Board of Counseling:

- Proposed Counseling Regulations define “Supervisory Contract” as: “an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board”

VIRGINIA BOARD OF SOCIAL WORK

Guidance on Technology-Assisted Therapy and the Use of Social Media

BACKGROUND

Social workers are currently engaged in a variety of online contact methods with clients. The use of social media, telecommunication therapy and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Some social workers often use electronic media both personally and professionally.

Social media and technology-assisted therapy can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with clients and family members, and educating and informing consumers and health care professionals.

Social workers are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the practitioner to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in health care practice. The Internet provides an alternative media for practitioners to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the practitioner disclosing too much information and violating client privacy and confidentiality.

This document is intended to provide guidance to practitioners using electronic therapy or media in a manner that maintains client privacy and confidentiality. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. *Therefore, the standards of practice set forth in section 18VAC140-20-150 of the regulations and in the Code of Virginia apply regardless of the method of delivery.*

RECOMMENDATIONS BY THE BOARD

The Board of Social Work recommends the following when a licensee uses technology-assisted services as the delivery method:

- *A Social worker providing services to a client located in Virginia through technology-assisted therapy must be licensed by the Virginia Board of Social Work.*
- *The service is deemed to take place where the client is located. Therefore, the social worker should make every effort to verify the client's geographic location.*
- *Social workers shall strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of technology-assisted social work practice, and the ways in which such practice can be safely and appropriately conducted.*

- *The social worker must take steps to ensure* client confidentiality and the security of client information in accordance with state and federal law.
- The social worker *should seek training or otherwise demonstrate* expertise in the use of technology-assisted devices, especially in the matter of protecting confidentiality and the security of client information.
- *When working with a client who is not in Virginia*, social workers are advised to check the regulations of the state board in which the client is located. It is important to be mindful that states generally prohibit social work services to a client in the state by an individual who is unlicensed by that state.
- Social workers must follow the same standards of practice for technology-assisted social work practice as they do in a traditional social work setting.

ETHICS AND VALUES

Social workers providing technology-assisted therapy shall act ethically, ensure professional competence, protect client confidentiality, and uphold the values of the profession.

TECHNICAL COMPETENCIES

Social workers shall be responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies.

CONFIDENTIALITY AND PRIVACY

Social workers shall protect client privacy when using technology in their practice and document all services, taking special safeguards to protect client information in the electronic record.

During the initial session, social workers should provide clients with information on the use of technology in service delivery. Social workers should assure that the client has received notice of privacy practices and should obtain any authorization for information disclosure and consent for treatment or services, as documented in the client record. Social workers should be aware of privacy risks involved when using wireless devices and other future technological innovations and take proper steps to protect client privacy.

Social workers should adhere to the privacy and security standards of applicable federal and state laws when performing services with the use of technology.

Social workers should give special attention to documenting services performed via the Internet and other technologies. They should be familiar with applicable laws that may dictate documentation standards in addition to licensure boards, third-party payers, and accreditation bodies. All practice activities should be documented and maintained in a safe, secure file with safeguards for electronic records.

BOARD OF SOCIAL WORK IMPLICATIONS

Instances of inappropriate use of social/electronic media or technology-assisted therapy may be reported to the Board, and it may investigate such reports, including reports of inappropriate disclosures on social media by a social worker, on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of client records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the social worker may face disciplinary action by the Board, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure, certification, or registration.

GUIDING PRINCIPLES

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Social workers and students have an obligation to understand the nature, benefits, and consequences of participating in social networking or providing technology-assisted therapy of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner's career, but also the profession.

HOW TO AVOID PROBLEMS USING SOCIAL MEDIA

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, social workers can avoid inadvertently disclosing confidential or private information about clients.

The following guidelines are intended to minimize the risks of using social media:

- Recognize the ethical and legal obligations to maintain client privacy and confidentiality at all times.
- Client-identifying information transmitted electronically should be done in accordance with established policies and state and federal law.
- Do not share, post, or otherwise disseminate any information, including images, about a client or information gained in the practitioner-client relationship with anyone unless permitted or required by applicable law.
- Do not identify clients by name or post or publish information that may lead to the identification of a client. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to clients in a disparaging manner, or otherwise degrade or embarrass the client, even if the client is not identified.

- Do not take photos or videos of clients on personal devices, including cell phones. Follow employer policies for taking photographs or video of clients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with clients in the online environment. Use caution when having online social contact with clients or former clients. Online contact with clients or former clients blurs the distinction between a professional and personal relationship. The fact that a client may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the client.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy in accordance with state and federal laws.

RECOMMENDED REFERENCE

The Board recommends any social worker considering the use of technology-assisted practice read and become familiar with the most recent resource document adopted by the National Association of Social Workers, the Association of Social Work Boards, the Council of Social Work Education and the Clinical Social Work Association, entitled *Technology Standards in Social Work Practice*.

CONCLUSION

Social/ electronic media and technology-assisted therapy possess tremendous potential for strengthening professional relationships and providing valuable information to health care consumers. Social workers need to be aware of the potential ramifications of disclosing client-related information via social media or through technology-assisted therapy. Social workers should be mindful of relevant state and federal laws, professional standards regarding confidentiality, and the application of those standards. Social workers should also ensure the standards of practice set forth in 18 VAC 140-20-150 are met when performing technology-assisted therapy.

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 28

An Act to amend and reenact § 54.1-119 of the Code of Virginia, relating to professions and occupations; expediting the issuance of credentials to spouses of military service members.

[H 967]

Approved March 2, 2020

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-119 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-119. Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc.

A. Notwithstanding any other law to the contrary and unless an applicant is found by the board to have engaged in any act that would constitute grounds for disciplinary action, a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board named in this title shall expedite the issuance of a license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth to an applicant whose application has been deemed complete by the board and (i) who holds the same or similar license, permit, certificate, or other document required for the practice of any business, profession, or occupation issued by another jurisdiction; (ii) whose spouse is the subject of a military transfer to the Commonwealth (a) on federal active duty orders pursuant to Title 10 of the United States Code or (b) a veteran, as that term is defined in § 2.2-2000.1, who has left active-duty service within one year of the submission of an application to a board; and (iii) who accompanies the applicant's spouse to Virginia the Commonwealth or an adjoining state or the District of Columbia, if, in the opinion of the board, the requirements for the issuance of the license, permit, certificate, or other document in such other jurisdiction are substantially equivalent to those required in the Commonwealth. A board may waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such a waiver.

B. If a board is unable to (i) complete the review of the documentation provided by the applicant or (ii) make a final determination regarding substantial equivalency within 20 days of the receipt of a completed application, the board shall issue a temporary license, permit, or certificate, provided the applicant otherwise meets the qualifications set out in subsection A. Any temporary license, permit, or certification issued pursuant to this subsection shall be limited for a period not to exceed 12 months and shall authorize the applicant to engage in the profession or occupation while the board completes its review of the documentation provided by the applicant or the applicant completes any specific requirements that may be required in Virginia that were not required in the jurisdiction in which the applicant holds the license, permit, or certificate.

C. The provisions of this section shall apply regardless of whether a regulatory board has entered into a reciprocal agreement with the other jurisdiction pursuant to subsection B of § 54.1-103.

D. Any regulatory board may require the applicant to provide documentation it deems necessary to make a determination of substantial equivalency.

18VAC140-20-40. Requirements for licensure by examination as a clinical social worker.

Every applicant for examination for licensure as a licensed clinical social worker shall:

1. Meet the education requirements prescribed in 18VAC140-20-49 and experience requirements prescribed in 18VAC140-20-50.
2. Submit a completed application to the board office within two years of completion of supervised experience to include:
 - a. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirements of 18VAC140-20-50 along with documentation of the supervisor's out-of-state license where applicable. Applicants whose former supervisor is deceased, or whose whereabouts is unknown, shall submit to the board a notarized affidavit from the present chief executive officer of the agency, corporation or partnership in which the applicant was supervised. The affidavit shall specify dates of employment, job responsibilities, supervisor's name and last known address, and the total number of hours spent by the applicant with the supervisor in face-to-face supervision;
 - b. The application fee prescribed in 18VAC140-20-30;
 - c. Official transcript or documentation submitted from the appropriate institutions of higher education that verifies successful completion of educational requirements set forth in 18VAC140-20-49;
 - d. Documentation of any other health or mental health licensure or certification, if applicable; and
 - e. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
3. Provide evidence of passage of the examination prescribed in 18VAC140-20-70.

18VAC140-20-45. Requirements for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.
2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.

3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.

4. Documentation of any other health or mental health licensure or certification, if applicable.

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

6. Verification of:

a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;

b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or

c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.

7. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

18VAC140-20-105. Continued competency requirements for renewal of an active license.

A. Licensed clinical social workers shall be required to have completed a minimum of 30 contact hours of continuing education and LBSWs and LMSWs shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years. Courses or activities shall be directly related to the practice of social work or another behavioral health field. A minimum of six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia. Up to two continuing education hours required for renewal may be satisfied through delivery of social work 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 services, as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

1. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

2. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters upon written request from the licensee prior to the renewal date.

B. Hours may be obtained from a combination of board-approved activities in the following two categories:

1. Category I. Formally Organized Learning Activities. A minimum of 20 hours for licensed clinical social workers or 10 hours for licensed social workers shall be documented in this category, which shall include one or more of the following:

a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.

b. Continuing education programs offered by universities or colleges accredited by the Council on Social Work Education.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The Child Welfare League of America and its state and local affiliates.

(2) The National Association of Social Workers and its state and local affiliates.

(3) The Association of Black Social Workers and its state and local affiliates.

(4) The Family Service Association of America and its state and local affiliates.

(5) The Clinical Social Work Association and its state and local affiliates.

(6) The Association of Social Work Boards.

(7) Any state social work board.

2. Category II. Individual Professional Activities. A maximum of 10 of the required 30 hours for licensed clinical social workers or a maximum of five of the required 15 hours for licensed social workers may be earned in this category, which shall include one or more of the following:

a. Participation in an Association of Social Work Boards item writing workshop. (Activity will count for a maximum of two hours.)

b. Publication of a professional social work-related book or initial preparation or presentation of a social work-related course. (Activity will count for a maximum of 10 hours.)

c. Publication of a professional social work-related article or chapter of a book, or initial preparation or presentation of a social work-related in-service training, seminar or workshop. (Activity will count for a maximum of five hours.)

d. Provision of a continuing education program sponsored or approved by an organization listed under Category I. (Activity will count for a maximum of two hours and will only be accepted one time for any specific program.)

e. Field instruction of graduate students in a Council on Social Work Education-accredited school. (Activity will count for a maximum of two hours.)

f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision B 1 d of this section or as a member of a state social work licensing board. (Activity will count for a maximum of two hours.)

g. Attendance at formal staffings at federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals. (Activity will count for a maximum of five hours.)

h. Individual or group study including listening to audio tapes, viewing video tapes, or reading professional books or articles. (Activity will count for a maximum of five hours.)

2020 SESSION**SB 53 Social workers; licensure by endorsement.**Introduced by: [William M. Stanley, Jr.](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)**SUMMARY AS PASSED SENATE:** (all summaries)

Board of Social Work; reciprocal licensing agreements. Directs the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. The bill provides that reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.

FULL TEXT[11/18/19 Senate: Prefiled and ordered printed; offered 01/08/20 20100386D](#) pdf | [impact statement](#)[02/06/20 Senate: Committee substitute printed 20107751D-S1](#) pdf | [impact statement](#)[03/05/20 Senate: Bill text as passed Senate and House \(SB53ER\)](#) pdf | [impact statement](#)[04/02/20 Governor: Acts of Assembly Chapter text \(CHAP0617\)](#) pdf**HISTORY**[11/18/19 Senate: Prefiled and ordered printed; offered 01/08/20 20100386D](#)[11/18/19 Senate: Referred to Committee on Rehabilitation and Social Services](#)[01/17/20 Senate: Rereferred from Rehabilitation and Social Services \(11-Y 0-N\)](#)[01/17/20 Senate: Rereferred to Education and Health](#)[01/22/20 Senate: Assigned Education sub: Health Professions](#)[02/06/20 Senate: Reported from Education and Health with substitute \(13-Y 0-N\)](#)[02/06/20 Senate: Committee substitute printed 20107751D-S1](#)[02/07/20 Senate: Constitutional reading dispensed \(37-Y 0-N\)](#)[02/10/20 Senate: Read second time](#)[02/10/20 Senate: Reading of substitute waived](#)[02/10/20 Senate: Committee substitute agreed to 20107751D-S1](#)[02/10/20 Senate: Engrossed by Senate - committee substitute SB53S1](#)[02/10/20 Senate: Constitutional reading dispensed \(39-Y 0-N\)](#)[02/10/20 Senate: Passed Senate \(39-Y 0-N\)](#)[02/13/20 House: Placed on Calendar](#)[02/13/20 House: Read first time](#)[02/13/20 House: Referred to Committee on Health, Welfare and Institutions](#)[02/13/20 House: Assigned HWI sub: Health Professions](#)[02/21/20 House: Subcommittee recommends reporting \(6-Y 0-N\)](#)[02/25/20 House: Reported from Health, Welfare and Institutions \(22-Y 0-N\)](#)[02/27/20 House: Read second time](#)[02/28/20 House: Read third time](#)[02/28/20 House: Passed House BLOCK VOTE \(100-Y 0-N\)](#)

02/28/20 House: VOTE: Block Vote Passage (100-Y 0-N)

03/05/20 Senate: Enrolled

03/05/20 Senate: Bill text as passed Senate and House (SB53ER)

03/06/20 House: Signed by Speaker

03/07/20 Senate: Signed by President

03/12/20 Senate: Enrolled Bill Communicated to Governor on March 12, 2020

03/12/20 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2020

04/02/20 Governor: Approved by Governor-Chapter 617 (effective 7/1/20)

04/02/20 Governor: Acts of Assembly Chapter text (CHAP0617)

VIRGINIA ACTS OF ASSEMBLY -- 2020 SESSION

CHAPTER 617

An Act to direct the Board of Social Work to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of social workers.

[S 53]

Approved April 2, 2020

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Social Work shall pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. Reciprocal agreements shall require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.*

2020 SESSION

SB 431 Provision of mental health services to a minor; access to health records.

Introduced by: [Scott A. Surovell](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

SUMMARY AS INTRODUCED:

Provision of mental health services to a minor; access to health records. Prohibits a health care provider from refusing to provide mental health services to a minor on the basis that the parents of such minor refuse to agree to limit their access to such minor's health care records or request that such health care provider testify in a court proceeding regarding the treatment of the minor.

FULL TEXT

[01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D](#) [pdf](#) | [impact statement](#)

HISTORY

[01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20100739D](#)

[01/07/20 Senate: Referred to Committee on Education and Health](#)

[01/16/20 Senate: Assigned Education sub: Health Professions](#)

[01/23/20 Senate: Passed by indefinitely in Education and Health with letter \(15-Y 0-N\)](#)

[04/08/20 Senate: Letter sent to the Department of Health Professions](#)

20100739D

SENATE BILL NO. 431

Offered January 8, 2020

Prefiled January 7, 2020

A *BILL to amend and reenact §§ 20-124.6 and 54.1-2915 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617, relating to provision of mental health services to a minor; access to health records.*

Patron—Surovell

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 20-124.6 and 54.1-2915 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 35 of Title 54.1 a section numbered 54.1-3506.2 and by adding in Chapter 36 of Title 54.1 a section numbered 54.1-3617 as follows:

§ 20-124.6. Access to minor's records.

A. Notwithstanding any other provision of law, neither parent, regardless of whether such parent has custody, shall be denied access to the academic or health records of that parent's minor child unless otherwise ordered by the court for good cause shown or pursuant to subsection B.

B. In the case of health records, access may also be denied if the minor's treating physician or the minor's treating clinical psychologist has made a part of the minor's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the requesting parent of such health records would be reasonably likely to cause substantial harm to the minor or another person. If a health care entity denies a parental request for access to, or copies of, a minor's health record, the health care entity denying the request shall comply with the provisions of subsection F of § 32.1-127.1:03. The minor or his parent, either or both, shall have the right to have the denial reviewed as specified in subsection F of § 32.1-127.1:03 to determine whether to make the minor's health record available to the requesting parent.

C. *No health care provider shall refuse to provide mental health services to a minor solely on the basis that a parent of such minor does not consent to having his access to the health records of such minor limited or denied for any reason other than those provided in subsections A and B.*

D. For the purposes of this section, the meaning of the term "health record" or the plural thereof and the term "health care entity" shall be as "health care entity," "health care provider," and "health record" mean the same as those terms are defined in subsection B of § 32.1-127.1:03.

§ 54.1-2915. Unprofessional conduct; grounds for refusal or disciplinary action.

A. The Board may refuse to issue a certificate or license to any applicant; reprimand any person; place any person on probation for such time as it may designate; impose a monetary penalty or terms as it may designate on any person; suspend any license for a stated period of time or indefinitely; or revoke any license for any of the following acts of unprofessional conduct:

1. False statements or representations or fraud or deceit in obtaining admission to the practice, or fraud or deceit in the practice of any branch of the healing arts;

2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

3. Intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients;

4. Mental or physical incapacity or incompetence to practice his profession with safety to his patients and the public;

5. Restriction of a license to practice a branch of the healing arts in another state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, or for an entity of the federal government;

6. Undertaking in any manner or by any means whatsoever to procure or perform or aid or abet in procuring or performing a criminal abortion;

7. Engaging in the practice of any of the healing arts under a false or assumed name, or impersonating another practitioner of a like, similar, or different name;

8. Prescribing or dispensing any controlled substance with intent or knowledge that it will be used otherwise than medicinally, or for accepted therapeutic purposes, or with intent to evade any law with respect to the sale, use, or disposition of such drug;

9. Violating provisions of this chapter on division of fees or practicing any branch of the healing arts

INTRODUCED

SB431

59 in violation of the provisions of this chapter;

60 10. Knowingly and willfully committing an act that is a felony under the laws of the Commonwealth
61 or the United States, or any act that is a misdemeanor under such laws and involves moral turpitude;

62 11. Aiding or abetting, having professional connection with, or lending his name to any person
63 known to him to be practicing illegally any of the healing arts;

64 12. Conducting his practice in a manner contrary to the standards of ethics of his branch of the
65 healing arts;

66 13. Conducting his practice in such a manner as to be a danger to the health and welfare of his
67 patients or to the public;

68 14. Inability to practice with reasonable skill or safety because of illness or substance abuse;

69 15. Publishing in any manner an advertisement relating to his professional practice that contains a
70 claim of superiority or violates Board regulations governing advertising;

71 16. Performing any act likely to deceive, defraud, or harm the public;

72 17. Violating any provision of statute or regulation, state or federal, relating to the manufacture,
73 distribution, dispensing, or administration of drugs;

74 18. Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100
75 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the Board;

76 19. Engaging in sexual contact with a patient concurrent with and by virtue of the practitioner and
77 patient relationship or otherwise engaging at any time during the course of the practitioner and patient
78 relationship in conduct of a sexual nature that a reasonable patient would consider lewd and offensive;

79 20. Conviction in any state, territory, or country of any felony or of any crime involving moral
80 turpitude;

81 21. Adjudication of legal incompetence or incapacity in any state if such adjudication is in effect and
82 the person has not been declared restored to competence or capacity;

83 22. Performing the services of a medical examiner as defined in 49 C.F.R. § 390.5 if, at the time
84 such services are performed, the person performing such services is not listed on the National Registry
85 of Certified Medical Examiners as provided in 49 C.F.R. § 390.109 or fails to meet the requirements for
86 continuing to be listed on the National Registry of Certified Medical Examiners as provided in 49
87 C.F.R. § 390.111; ~~or~~

88 23. Failing or refusing to complete and file electronically using the Electronic Death Registration
89 System any medical certification in accordance with the requirements of subsection C of § 32.1-263.
90 However, failure to complete and file a medical certification electronically using the Electronic Death
91 Registration System in accordance with the requirements of subsection C of § 32.1-263 shall not
92 constitute unprofessional conduct if such failure was the result of a temporary technological or electrical
93 failure or other temporary extenuating circumstance that prevented the electronic completion and filing
94 of the medical certification using the Electronic Death Registration System; *or*

95 24. *Conditioning the delivery of mental health services to a minor on the agreement of the minor's*
96 *parent or guardian to refrain from requesting or subpoenaing medical records or court testimony.*

97 B. The commission or conviction of an offense in another state, territory, or country, which if
98 committed in Virginia would be a felony, shall be treated as a felony conviction or commission under
99 this section regardless of its designation in the other state, territory, or country.

100 C. The Board shall refuse to issue a certificate or license to any applicant if the candidate or
101 applicant has had his certificate or license to practice a branch of the healing arts revoked or suspended,
102 and has not had his certificate or license to so practice reinstated, in another state, the District of
103 Columbia, a United States possession or territory, or a foreign jurisdiction.

104 **§ 54.1-3506.2. Conditioning of mental health treatment for minors prohibited.**

105 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
106 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
107 *subpoenaing medical records or court testimony.*

108 **§ 54.1-3617. Conditioning of mental health treatment for minors prohibited.**

109 *No practitioner licensed pursuant to this chapter shall condition the delivery of mental health*
110 *treatment to a minor on the agreement of the minor's parent or guardian to refrain from requesting or*
111 *subpoenaing medical records or court testimony.*