



Virginia Board of Social Work
Quarterly Board Meeting Minutes
Friday, January 14, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

- PRESIDING OFFICER:** Dolores Paulson, PhD, LCSW, Chair

- BOARD MEMBERS PRESENT:** Eboni Bugg, MSW, LCSW
 Jamie Clancey, MSW, LCSW
 Maria Eugenia del Villar, MSW, LCSW
 Michael Hayter, MSW, LCSW, CSAC
 Gloria Manns, MSW, LCSW
 Teresa Reynolds, MSW, LCSW

- BOARD MEMBERS ABSENT:** Canek Aguirre, Citizen Member
 Angelia Allen, Citizen Member

- BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager
 Jaime Hoyle, JD, Executive Director
 Jennifer Lang, Deputy Executive Director- Discipline
 Sharniece Vaughan, Licensing Specialist

- DHP STAFF PRESENT:** Barbara Allison-Bryan, MD, Chief Deputy Director, Department of Health Professions
 Erin Barrett, Senior Policy Analyst, Department of Health Professions
 Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
 Matt Treacy- Conferencing & Video Specialist, Department of Health Professions
(left meeting at 10:22am)

- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General

- PRESENTATION SPEAKERS:** Yetty Shobo, PhD, Deputy Director, DHP Healthcare Workforce Data Center *(left meeting at 10:54am)*

- PUBLIC ATTENDEES:** Sue Roland

- CALL TO ORDER:** Dr. Paulson called the board meeting to order at 10:06 a.m.

- ROLL CALL/ESTABLISHMENT OF A QUORUM:** Dr. Paulson requested a roll call. Ms. Austin announced that seven members of the Board were present at roll call; therefore, a quorum was established.

- MISSION STATEMENT:** Ms. Hoyle read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.

- ADOPTION OF AGENDA:** The Board adopted the agenda with the removal of the presentation by Debbie Oswalt from the Virginia Health Care Foundation.

- PUBLIC HEARING:** The Board conducted a Public Hearing to receive public comment on the Board's proposed regulatory change to amend its regulations to reduce the number of continuing education (CE) hours necessary to continue being approved as a supervisor. The regulation will retain the requirement for 14 hours of CE for the initial registration of supervision; thereafter, a supervisor will only have to obtain

seven hours of CE relating to provision of supervision every five years. The current requirement is 14 hours of CE every five years to continue as an approved supervisor.

The National Association of Social Workers (NASW), Virginia Chapter, provided written public comment in advance on the proposed regulatory change for supervisor training. A copy was provided to everyone at the meeting. The NASW Virginia Chapter expressed their concerns why they are opposed to the reduction in continuing education hours necessary to continue being an approved supervisor. *(See Attachment 1)*

The Public Hearing ending at 10:13am.

PUBLIC COMMENT:

No additional public comment was provided related to the agenda items.

APPROVAL OF MINUTES:

The Board approved the meeting minutes from the Board Meeting held on July 23, 2021 with the addition of comments from Ms. Manns and Dr. Brown regarding the practice of LMSWs and the recommendation for a survey to be conduct at renewal for LMSWs.

AGENCY REPORT:

Dr. Allison-Bryan informed the Board that Dr. Brown was currently attending the legislative session and was there to give his expertise during the transition of governors.

Dr. Allison-Bryan informed the Board that Ms. Yeatts would be retiring in 90 days and that Erin Barrett has been hired as the new Senior Policy Analyst for the agency to take her place. Dr. Allison-Bryan added that Ms. Barrett is no stranger to DHP, as she use to be Board Counsel for the Boards of Medicine, Longer Term Care and Funeral.

Dr. Allison-Bryan also informed the Board that the new Secretary of Health and Human Resource is John Littel, who is an attorney and not a physician as past secretaries have been. Dr. Allison-Bryan added that Governor Youngkin has not named his agency heads, so she and Dr. Brown will continue to serve until a decision has been made.

Dr. Allison-Bryan also provided a COVID- 19 update for the Board. She indicated that while COVID cases are the highest they have ever been at a 36% positive test rate, Virginia ranks as one of the highest vaccinated state in the south with the lowest per cap death rate at .11

PRESENTATIONS:

Dr. Shobo conducted a PowerPoint presentation for the Board on Virginia's Licensed Clinical Social Worker Workforce. A draft of the full report was provided in the agenda packet. The survey findings concluded that there are significant increases in total licenses and workforce, a younger age distribution, racial diversity is low but increasing, the median income increased; debt is stable, and that there was little effect of the pandemic on the labor marker.

BOARD CHAIR REPORT:

Dr. Paulson welcomed new board member Eboni Bugg. She informed the Board that she was not able to be a part of the ASWB Annual meeting in November. She informed the Board that Ms. Manns would chair the Nominating Committee.

Dr. Paulson thanked Gloria and Dr. Brown for requesting a survey to learn what an LMSW actually does. Dr. Paulson indicated that she would like to have the LMSWs surveyed during renewal by the Healthcare Workforce Data Center. She requested

The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member, or the staff disciplinary review coordinator in consultation with board staff, who may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.

Motion: Ms. Clancey made a motion, which Ms. Manns properly seconded, to adopt the proposed changes to the bylaws as presented in the agenda package with the added change that the board member must have a LCSW license. The motion passed unanimously.

7. Senate Document No. 9 - Report on Social Work

Dr. Allison- Bryan discussed with the Board the report that was prepared by the Department in partnership with a Capstone team from the VCU Wilder School of Public Administration on the need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation of such social workers in the Commonwealth of Virginia. A complete copy of the report and summary of recommendations was provided in the agenda packet.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle gave a recap of the ASWB Annual Meeting held in November 2021. She also provided information on the ASWB New Board Member Training and that any member interested in attending should let her know. Ms. Hoyle also reported on the satisfaction survey results for the Board.

DISCIPLINE REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Social Work from July 8, 2021- November 17, 2021. A copy of the report given was included in the agenda packet. Ms. Lang added that CE audits are currently in process and that an update would be provided at the next meeting. Ms. Lang also informed the Board that Ms. Reynolds has agreed to be on the Special Conference Committee for the Board.

BOARD OFFICE REPORT:

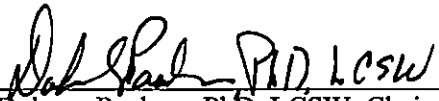
Ms. Austin provided the Board office report in Ms. Lenart's absence. Ms. Austin reported on the licensure statistics for the Board from September 2021- December 2021. A copy of the report given was included in the agenda packet.

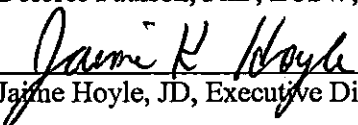
NEXT MEETING DATES:

Dr. Paulson announced that the Regulatory Committee would hold its next meeting on Thursday, March 3, 2022 and the Board would hold its next meeting on Friday, March 4, 2022.

ADJOURNMENT:

Dr. Paulson adjourned the January 14, 2022 Board meeting at 12:11 p.m.


Dolores Paulson, PhD, LCSW, Chair


Jaime Hoyle, JD, Executive Director

that Dr. Brown be reminded of the survey request.

LEGISLATION & REGULATORY ACTIONS:

1. Chart of Regulatory Actions

Ms. Yeatts discussed the chart of regulatory actions. A copy of the current actions was provided in the agenda packet. Any public comments given will be brought before the Board at the March meeting.

2. Draft Legislative Proposal

Ms. Yeatts passed out a copy of the Report of 2022 General Assembly to everyone at the meeting and reviewed it with the Board. (*See Attachment 2*)

3. Adoption of Policy on Electronic Participation

Ms. Yeatts reviewed a draft of the policy for meetings held with electronic participation with the Board. Ms. Yeatts pointed out in the policy that there has to be a quorum of the Board or Committee physically present at the central location of the meeting. A member wishing to participate electronically due to one of the reasons indicated in the policy must notify the chair and the executive director and it must be recorded in the meeting minutes. A complete copy of the draft policy was provided in the agenda packet.

Motion: Ms. Clancey made a motion, which Ms. Reynolds properly seconded, to adopt the policy as presented in the agenda package. The motion passed unanimously.

4. Action on Proposed Regulations for Licensure of Music Therapist

Ms. Yeatts reviewed with the Board the proposed regulations for Licensure of Music Therapist and the minutes from the Advisory Board on Music Therapy held on October 8, 2021 with the Advisory Board's suggested changes.

Motion: Ms. del Villar made a motion, which Ms. Clancey properly seconded, to adopt the proposed regulations for licensure of Music Therapist as presented in the agenda package. The motion passed unanimously.

5. Petitions for Rulemaking

Ms. Yeatts reviewed and discussed with the Board two petitions for rule making that were submitted to the Board. Copies of both petitions were provided in the agenda packet. There were no public comments provided on either petition.

- a. Hendrickson- Deletion of passage of exam for licensure by endorsement

Motion: Ms. Clancey made a motion, which Ms. Reynolds properly seconded, to accept the request to initiate rulemaking. The motion passed unanimously.

- b. Rodriguez- Allowance of long years of practice to count as supervised experience

Motion: Mr. Hayter made a motion, which Ms. Bugg properly seconded, to not initiate rulemaking. The motion passed unanimously.

6. Consideration of Social Work Bylaw Change

The Board reviewed and discussed adding the below delegation of authority to the Executive Director to the Social Work Bylaws:

4860 Cox Road, Suite 200 Glen Allen, VA 22060
(P) 804.204.1939 (F) 804.510.0381 naswva@naswva.com | www.naswva.org



January 13, 2022

To: Virginia Board of Social Work

From: NASW Virginia Chapter

RE: Public Comments on proposed Regulatory Change for Supervisor Training

On behalf of the National Association of Social Workers -Virginia (NASWVA), thank you for the opportunity to supply public comments of the following proposed change to the Regulations:

Reduction in CE hours for continuation of approval to be supervisor: the board proposing an amendment to reduce the number of continuing education (CE) hours necessary to continue being approved as a supervisor. The regulation will keep the requirement for 14 hours of CE for the initial registration of supervision; thereafter, a supervisor must only obtain seven hours of CE relating to provision of supervision every five years. The current requirement is 14 hours of CE every five years to continue as an approved supervisor.

NASW Virginia Comments:

As presented, this regulatory change would not achieve the primary goal of ensuring a high-quality workforce as related to best practices, standards, and lifelong learning. The primary goal of Supervision, according to the NASW and ASWB standards for Supervision, is to support and aid in ensuring that there is a professional relationship between a supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice takes place. This must occur in a structured environment. There are many components to Supervision that require diverse competencies, including administration, supportive functions, practice competencies, and continuing education and lifelong learning for the Supervisor.

In addition, as we have learned, there are direct links between a supervisor and a Supervisee regarding professional and disciplinary matters. The association is sensitive to the requirements to maintain certain roles and responsibilities, and the hours mandated, but reducing the number of hours of continuing learning and education of a supervisor can harm our future generations and, thus, impact the clients served by our professionals.

As said in a vast amount of literature, supervision is a crucial part of reflective practice and an integral part of social work. Against a backdrop of rapid societal and organizational changes, professionals are

increasingly looking for innovative solutions and practice information applicable to their work with clients. It is still crucial that our supervisors maintain a high standard of learning so our next generation of professionals are prepared for the ever-changing aspects of social work and the society in which the field operates. They must be effective leaders since they and their supervisees directly and deeply affect clients in the Commonwealth.

According to the NASW/ASWB Standards of Supervision, Qualifications for Independent Practice Licensure Supervision for a supervisor who supports guiding social workers through the licensure process, the qualifications for supervision are

- A license to practice in the area in which supervision is going to be supplied
- Specified coursework in supervision and/or a specified minimum number of continuing education hours
- A minimum of three years of post-licensure experience in a supervisory role
- Life-long Learning and Professional Responsibility
- Promote continuing education specific to the practice setting
 - 2. Encourage and model:
 - ✓ a. self-awareness
 - ✓ b. professional development
 - ✓ c. professional contributions
 - ✓ d. professional engagement
 - ✓ e. professional consultation
- Remain current in knowledge base of changing professional practice, laws, and regulations
- For ongoing currency, continuing education courses in supervision that are updated every five years, and approved by the licensing board

As such, from the literature, it is also clear that supervision is a central element to effective social work practice. High-quality, structured, regular supervision--coupled with a trained Supervisor--are key to effective supervision of Supervisees, resulting in fewer disciplinary and practice issues in the future.

In closing, NASW Virginia remains opposed to this change in regulation to reduce the number of hours that a supervisor is required to not only stay current in their own practice, but also ensure best practices and standards are maintained for the incoming workforce. Helmed by supervisors properly educated in contemporary, traditional, and emerging social work practices, laws, regulations, and evidence-based research, the entire social work workforce will remain fully knowledgeable and skilled to provide necessary services to the citizens of Virginia.

If any regulatory changes are to be considered, the chapter requests that a requirement for more frequent refresher training be researched and considered, so that the board can continue to protect citizens from possible harm and be assured that our state's social workers maintain a high quality of standards and best practices

In addition, with the future initiative of ASWB, NASW, and CSWE to support the establishment of chapter compacts in the next few years, it will be more important than ever for Virginia to ensure and secure a well-trained social work workforce through strict education and ethical criteria when offering license reciprocity.”

In a review and comparison of training requirements with Virginia, it is noted that Virginia’s training requirements and refresher requirements are on the lower end of mandated training.

The association urges you, our esteemed Board members, to reconsider this regulatory change. Lifelong learning is of utmost importance for all professionals, including but not limited to those who are teaching/mentoring and supporting our next generation of professionals. To reduce the hours of training for Supervisors is to diminish the role and responsibilities of a professional, and the impact on a new worker could potentially be harmful, not supportive and helpful.

Thank you for your consideration of these comments.

Respectfully Submitted,

Debra A Riggs

Debra A. Riggs, CAE
Executive Director
NASW Virginia/Metro DC Chapters

Report of 2022 General Assembly

HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.

Chief patron: Davis

Summary as introduced:

Healthcare Regulatory Sandbox Program; established: Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

HB 234 Nursing homes; assisted living facilities, etc.; SHHR to study consolidating oversight/regulation.

Chief patron: Orrock

Summary as introduced:

Secretary of Health and Human Resources; study consolidating oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency; report: Directs the Secretary of Health and Human Resources to study the feasibility of consolidating oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency to improve efficiency and effectiveness of regulation and oversight, provide better transparency for members of the public navigating the process of receiving services from such facilities, and better protect the health and safety of the public and to develop recommendations for consolidation of such oversight and regulation and to report his findings and recommendations to the Governor and

the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations and the House Committees on Appropriations and Health, Welfare and Institutions by October 1, 2022.

HB 242 Professional counselors, licensed; added to list of providers who can disclose or recommend records.

Chief patron: Adams, D.M.

Summary as introduced:

Practice of licensed professional counselors. Adds licensed professional counselors to the list of eligible providers who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

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

Chief patron: Head

Summary as introduced:

Public health emergency; out-of-state licensees; deemed licensure. Provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, a practitioner of a profession regulated by the Board of Medicine who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession shall not be prevented or prohibited from engaging in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship.

The bill also provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, individuals licensed or certified to practice medicine, osteopathic medicine, or podiatry or as a physician assistant, respiratory therapist, advanced practice registered nurse, registered nurse, licensed practical

nurse, or nurse aide by another state, the District of Columbia, or a United States territory or possession shall be deemed to be licensed or certified to practice in the Commonwealth for a period of 30 days when certain criteria are met:

HB 353 Unaccompanied homeless youth; consent to medical care.

Chief patron: Willett

Summary as introduced:

Unaccompanied homeless youth; consent to medical care. Provides that except for the purposes of sterilization or abortion, a minor who is 14 years of age or older and who is an unaccompanied homeless youth shall be deemed an adult for the purpose of consenting to surgical or medical examination or treatment, including dental examination and treatment, for himself or his minor child. The bill describes evidence sufficient to determine that a minor is an unaccompanied homeless youth and provides that no health care provider shall be liable for any civil or criminal action for providing surgical or medical treatment to an unaccompanied homeless youth or his minor child without first obtaining the consent of his parent or guardian provided in accordance with the law, with the exception of liability for negligence in the diagnosis or treatment of such unaccompanied homeless youth.

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

Chief patron: Bennett-Parker

Summary as introduced:

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

HB 537 Telemedicine; out of state providers; behavioral health services.

Chief patron: Batten

Summary as introduced:

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

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

Chief patron: Hayes

Summary as introduced:

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

HB 580 Covenants not to compete; health care professionals; civil penalty.

Chief patron: VanValkenburg

Summary as introduced:

Covenants not to compete; health care professionals; civil penalty. Adds health care professionals as a category of employee with whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines health care professional as any physician, nurse, nurse practitioner, physician's assistant, pharmacist, social worker, dietitian, physical and occupational therapist, and medical technologist authorized to provide health care services in the Commonwealth. The bill provides that any employer that violates the prohibition against covenants not to compete with an employee health care professional is subject to a civil penalty of \$10,000 for each violation.

HB 916 Health care providers; health records of minors; available via secure website.

Chief patron: Robinson

Summary as introduced:

Health care providers; health records of minors; available via secure website. Provides that every hospital and health care provider that makes patients' health records available to such patients through a secure website shall make all health records of a patient who is a minor available to such patient's parent through such secure website.

HB 939 Commissioner of Health; administration and dispensing of necessary drugs and devices.

Chief patron: Robinson

Summary as introduced:

Commissioner of Health; administration and dispensing of necessary drugs and devices during public health emergency. Allows the Commissioner of Health to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so in accordance with protocols established by the Commissioner when the Board of Health has made an emergency order 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. Current law limits the Commissioner's ability to make such authorizations to circumstances when the Governor has declared a disaster or a state of emergency or 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.

HB 981 Certain health professions; licensure by endorsement.

Chief patron: Scott, P.A.

Summary as introduced:

Certain health professions; licensure by endorsement. Requires the Boards of Dentistry, Medicine, and Nursing to grant an application by endorsement to any applicant who is licensed, certified, or registered in another state, the District of Columbia, or a United States territory or possession upon submission of evidence satisfactory to such board. Currently, the Boards of

Dentistry, Medicine, and Nursing are authorized but not required to grant a license, certification, or registration by endorsement for applicants wishing to practice regulated professions.

HB 1095 Health care; decision making; end of life; penalties.

Chief patron: Kory

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

SB 148 Public health emergencies; expands immunity for health care providers.

Chief patron: Norment

Summary as introduced:

Public health emergencies; immunity for health care providers. Expands immunity provided to health care providers responding to a disaster to include actions or omissions taken by the provider as directed by any order of public health in response to such disaster when a local emergency, state of emergency, or public health emergency has been declared.

SB 257 Licensure of professional counselors; Counseling Compact.

Chief patron: Hashmi

Summary as introduced:

Licensure of professional counselors; Counseling Compact. Authorizes Virginia to become a signatory to the Counseling Compact. The Compact permits eligible licensed professional counselors to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2023, and directs the Board of Counseling to adopt emergency regulations to implement the provisions of the bill. The Compact takes effect when it is enacted by a tenth member state.

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

Chief patron: Favola

Summary as introduced:

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

EMERGENCY

SB 350 Health records; patient's right to disclosure.

Chief patron: Surovell

Summary as introduced:

Health records; patient's right to disclosure. Requires a health care entity to include in its disclosure of an individual's health records any changes made to the health records and an

audit trail for such records if the individual requests that such information be included in the health records disclosure.

SB 369 Telemedicine services; practitioners licensed by Board of Medicine.

Chief patron: Stuart

Summary as introduced:

Telemedicine services; practitioners licensed by Board of Medicine. Allows a practitioner of a profession regulated by the Board of Medicine who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship.

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

Chief patron: McClellan

Summary as introduced:

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