Virginia Department of Health Professions
Board of Medicine

Welcome to the Executive Committee Meeting

The Virginia Board of Medicine will hold an electronic meeting of the **Executive Committee** on **December 4, 2020 at 8:30 a.m.**. This meeting will be supported by Cisco WebEx Meetings application.

For the best WebEx experience, you may wish to download the Cisco WebEx Meeting application on your mobile device, tablet or laptop in advance of the meeting. Please note that WebEx will make an audio recording of the meeting for posting.

This electronic meeting is deemed warranted under Amendment 28 to HB29 based on that requiring in-person attendance by the Committee members is impracticable or unsafe to assemble in a single location.

Comment will be received during the meeting from those persons who have submitted an email to **william.harp@dhp.virginia.gov** no later than 8:30 a.m. on December 3, 2020 indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the chairman.

Whether you are a member of the Committee or a member of the public, you can join the meeting in the following ways.

- **JOIN by WEBEX**

https://covaconf.webex.com/covaconf/j.php?MTID=m977667f10b0c576b407555e64313eaff
Meeting number (access code): 178 740 0018

- **JOIN BY PHONE**

+1-517-466-2023 US Toll
+1-866-692-4530 US Toll Free
Meeting number (access code): 178 740 0018

TECHNICAL DIFFICULTIES: Should you experience technical difficulties, you may call the following number: (804) 339-0627 for assistance. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

The Board of Medicine and the Freedom of Information Act Council are interested in your evaluation of the electronic experience of this meeting. You can provide comment via the following form **HERE**.

- VIRTUAL - Executive Committee Meeting

Virginia Board of Medicine
December 4, 2020
8:30 a.m.

VIRTUAL MEETING OF THE
Executive Committee
Friday, December 4, 2020 @ 8:30 a.m.

Page

Call to Order of the Executive Committee—Lori Conklin, MD, President, Chair

Emergency Egress Procedures

Roll Call

Approval of Minutes from the August 7, 2020 meeting **..... 1**

Adoption of Agenda

Public Comment on Agenda Items

DHP Director's Report – David Brown, DC

President's Report – Lori Conklin, MD

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

- Cash Balance 6
- Enforcement and APD Expenditures..... 11
- New Board of Health Professions Appointment……---

NEW BUSINESS:

1. Regulatory Actions – Ms. Yeatts
   - Chart of Regulatory Actions as of November 15, 2020 13
   - Adoption of Final Regulations for Physician Assistants..... 14
   - Regulatory Action – Waiver of requirement for electronic prescribing..... 27
   - Guidance Document – Repeal of 85-3 regarding FORM B's 33
   - Adoption of Notice of Periodic Review for 18VAC110-40, Regulations Governing Collaborative Practice Agreements 36

2. Recommendation from the Board of Medicine to BHP to re-study licensure of Anesthesia Assistants..... 38

3. Approval of the recommendation from the Ad Hoc Committee on Opioid CE..... 47

Announcements

Next scheduled meeting: April 9, 2021

---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, August 7, 2020 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Tuck called the in-person meeting of the Executive Committee to order at 8:31 AM in Board Room 4 of the Perimeter Center Conference Complex.

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

MEMBERS PRESENT:
Ray Tuck, DC - President
Blanton Marchese - Secretary-Treasurer
David Archer, MD
Alvin Edwards, MDiv, PhD
Karen Ransone, MD
Kenneth Walker, MD

MEMBERS ABSENT:
Syed Salman Ali, MD
Lori Conklin, MD - Vice-President

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

OTHERS PRESENT: W. Scott Johnson, JD – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

Mr. Marchese provided the emergency egress instructions.

APPROVAL OF MINUTES OF DECEMBER 6, 2019

Dr. Edwards moved to approve the meeting minutes from December 6, 2019 as presented. The motion was seconded and carried unanimously.

---DRAFT UNAPPROVED---

ADOPTION OF AGENDA

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

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Brown presented an overview of the measures taken by DHP to ensure the safety of staff, Board members, and the public during the COVID-19 pandemic, including social distancing guidelines and the wearing of masks. He thanked the Board members, specifically acknowledging Dr. Walker and Mr. Marchese for their work on review of cases. He also thanked Mr. Sobowale for the efficiencies gained through the changes made to the Board's licensing processes. Dr. Brown also noted that each board is looking at what lessons have been learned, what amended processes should become permanent, and what if any waivers need to be adopted. He also stated that teleworking will remain an option for many DHP employees.

PRESIDENT'S REPORT

Dr. Tuck thanked Dr. Harp and staff for keeping him informed and ensuring the continuity of the Board's business

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp provided a brief report on the Board of Medicine staff's hybrid work schedules, the changes in processes to lessen the time from application to licensure, the Board's financial balance as of June 30, 2020, and the approval of the 2021-2022 budget.

Dr. Harp reported on the joint effort with the Board of Pharmacy and Ms. Deschenes in rewriting part of the Pharmacy laws for easier reference about prescribing and use of drugs and devices. He also mentioned that Dr. Miller and Dr. Stokes are participating with the Board of Pharmacy on the HB1506 Work Group to establish protocols for pharmacists to initiate dispensing and treatment with certain drugs and devices. He said Dr. Stokes and Dr. Miller did a fantastic job representing the Board of Medicine. Dr. Harp acknowledged Dr. Ransone's participation as part of a collaborative effort with the behavioral boards to study and report on SB431 – Provision of mental health services to a minor; access to health records.

Dr. Harp then spoke to the status of the Supreme Court list for malpractice panels and the expiring terms of several Board members. He indicated that the new Director of Appointments in the Office of the Secretary of the Commonwealth, Shawn Soares, is working very efficiently.

NEW BUSINESS

Chart of Regulatory Actions

Ms. Yeatts provided a brief overview of the Board's regulatory actions as of July 15, 2020. She pointed out that 18VAC85-20 Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic – Conversion therapy and 18VAC85-50 Regulations Governing the Practice of Physician Assistants – Practice with patient care team physician have been approved by Governor Northam. She anticipates that, after a minor revision of 18 VAC85-40 Regulations Governing the Practice of Respiratory Therapists - CE credit for specialty examination, all these regulations will be ready for adoption at the October Board meeting.

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

Report of the 2020 General Assembly

Ms. Yeatts summarized the Report of the 2020 General Assembly and pointed out that HB 1040 Naturopathic doctors; Board of Medicine to license and regulate, did not pass. However, the Board of Health Professions has been charged with conducting a study of the profession to see if it meets the criteria for regulation.

Adoption of Amendment to Regulations for Surgical Assistants/Surgical Technologists

Ms. Yeatts presented HB1084 from the 2020 Session and the draft regulatory amendments necessary to conform 18VAC85-160-10 et seq. to the Code. She pointed out that the standard sections on unprofessional conduct, fees, etc., will be added for consistency with the other professions licensed by the Board.

Ms. Yeatts also noted that only surgical assistants will be licensed; surgical technologists will remain registered.

MOTION: Dr. Edwards moved to adopt the amended regulation as an exempt action. The motion was seconded and carried unanimously.

Waiver of Requirement for Electronic Prescribing

Ms. Yeatts stated that this action is to replace emergency regulations currently in effect with permanent regulations for nurse practitioners. A Notice of Intended Regulatory Action was published on January 6, 2020; no comment was received on the NOIRA. Ms. Yeatts pointed out that the Board of Nursing adopted these amendments at its July meeting.

MOTION: Dr. Edwards moved to adopt the proposed amendments as presented. The motion was seconded and carried unanimously.

---DRAFT UNAPPROVED---

Petition for Rulemaking

Ms. Yeatts presented the petition from the Virginia Society of Radiologic Technologists (VSRT) to amend 18VAC85-101-150,151 & 152 on renewal, reinstatement, or reactivation to require the individual to hold current ARRT and/or NMTCB credentials and be in good standing for biennial renewal, reinstatement, or reactivation of a license.

At the suggestion of Ms. Yeatts, the members agreed to defer action and allow the Advisory Board on Radiologic Technology the opportunity to review the proposal and forward a recommendation to the Full Board.

USMLE Step 2 Clinical Skills (CS)

After a historical review of examination requirements, Dr. Harp reported that the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) have notified the Board of Medicine that administration of Step 2 CS of the USMLE is being suspended for the next 12-18 months. Dr. Harp explained that the suspension also affects the ability of international medical graduates to become certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

One question posed by Dr. Harp to the members was: does an individual that failed Step 2 CS prior to the suspension of the examination, but has passed all Clinical Knowledge (CK) Steps 1, 2 & 3, qualify for a license?

Ms. Barrett advised that unless that person were to go back and retake the test and pass, they are considered to have failed and are therefore ineligible. She stated that the Board should avoid making special accommodations.

After a brief discussion, Mr. Marchese moved to authorize Board staff to accept evidence of passing scores in USMLE Steps 1, 2 & 3 CK until the reinstatement of Step 2 CS. The motion was seconded and carried unanimously.

Waiver Request of Opioid E-Prescribing

Dr. Harp reminded the Committee that the 2017 General Assembly passed law that required the electronic transmission of prescriptions containing an opioid beginning July 1, 2020. It also gave the Board the authority to grant a 1-year waiver for demonstrated reasons. After briefly reviewing the Code, the Waiver Request form, and the 3 email responses to waiver requestors, Dr. Harp asked for guidance on the threshold for not granting waivers. .

After discussion, the members agreed that with there being a waiver end date of July 1, 2021, there could be some leniency in granting waivers this year. For those licensees who do not provide a feasible explanation, Ms. Barrett suggested that amending the Additional Information Needed letter to say "not granted" would serve as adequate notification.

---DRAFT UNAPPROVED---

Reciprocity with Contiguous States

Dr. Harp noted that the 2020 General Assembly passed HB1701 and SB757 that require the Department, and therefore, the Board of Medicine to pursue reciprocal agreements for the licensure of MDs, DOs, PAs and NPs with Virginia's contiguous states. Dr. Harp also gave an account of his communication efforts with Executive Directors of boards of medicine in those jurisdictions. He noted that two states seem to be willing to pursue reciprocal licensing but ask that other parameters be included such as a criminal background check and 5 years of practice, which go beyond HB1701 and SB757. Dr. Harp said he is still gathering information and will be providing a report to the Legislature committees by November 1, 2020.

ANNOUNCEMENTS

Dr. Matusiak reminded the Board members that there were cases for probably cause review after the meeting adjourns.

The next meeting of the Executive Committee will be December 4, 2020 at 8:30 AM.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:13 AM.

Ray Tuck, Jr., DC
President, Chair

William L. Harp, MD
Executive Director

Colanthia M. Opher
Recording Secretary

Virginia Department of Health Professions
Cash Balance
As of October 31, 2020

	102- Medicine
Board Cash Balance as June 30, 2020	$ 9,298,608
YTD FY21 Revenue	4,413,012
Less: YTD FY21 Direct and Allocated Expenditures	3,214,487
Board Cash Balance as October 31, 2020	$ 10,497,133

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	470,599.00	1,414,774.00	944,175.00	33.26%
4002402	Examination Fee	2,216.00	-	(2,216.00)	0.00%
4002406	License & Renewal Fee	3,928,337.00	6,273,362.00	2,345,025.00	62.62%
4002407	Dup. License Certificate Fee	2,895.00	3,375.00	480.00	85.78%
4002409	Board Endorsement - Out	300.00	49,820.00	49,520.00	0.60%
4002421	Monetary Penalty & Late Fees	8,540.00	94,179.00	85,639.00	9.07%
4002432	Misc. Fee (Bad Check Fee)	50.00	175.00	125.00	28.57%
	Total Fee Revenue	4,412,937.00	7,835,685.00	3,422,748.00	56.32%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	75.00	-	(75.00)	0.00%
	Total Sales of Prop. & Commodities	75.00	-	(75.00)	0.00%
	Total Revenue	4,413,012.00	7,835,685.00	3,422,673.00	56.32%
5011110	Employer Retirement Contrib.	68,953.17	189,919.65	120,966.48	36.31%
5011120	Fed Old-Age Ins- Sal St Emp	32,501.39	93,721.45	61,220.06	34.68%
5011140	Group Insurance	6,587.54	17,599.75	11,012.21	37.43%
5011150	Medical/Hospitalization Ins.	83,455.83	222,548.88	139,093.05	37.50%
5011160	Retiree Medical/Hospitalizatn	5,547.20	14,710.24	9,163.04	37.71%
5011170	Long term Disability Ins	2,712.22	8,011.82	5,299.60	33.85%
	Total Employee Benefits	199,757.35	546,511.79	346,754.44	36.55%
5011200	Salaries				
5011230	Salaries, Classified	482,271.07	1,313,413.93	831,142.86	36.72%
5011250	Salaries, Overtime	2,621.34	-	(2,621.34)	0.00%
	Total Salaries	484,892.41	1,313,413.93	828,521.52	36.92%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,050.00	-	(1,050.00)	0.00%
5011380	Deferred Compnstn Match Pmts	2,046.60	8,817.60	6,771.00	23.21%
	Total Special Payments	3,096.60	8,817.60	5,721.00	35.12%
5011400	Wages				
5011410	Wages, General	17,791.40	102,000.00	84,208.60	17.44%
	Total Wages	17,791.40	102,000.00	84,208.60	17.44%
5011530	Short-trm Disability Benefits	10,629.05	-	(10,629.05)	0.00%
	Total Disability Benefits	10,629.05	-	(10,629.05)	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	1,797.93	-	(1,797.93)	0.00%
	Total Terminatn Personal Svce Costs	1,797.93	-	(1,797.93)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	717,964.74	1,970,743.32	1,252,778.58	36.43%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	5,997.00	5,997.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012120	Outbound Freight Services	1,060.36	-	(1,060.36)	0.00%
5012140	Postal Services	32,990.44	66,802.00	33,811.56	49.39%
5012150	Printing Services	-	3,026.00	3,026.00	0.00%
5012160	Telecommunications Svcs (VITA)	3,549.18	10,500.00	6,950.82	33.80%
5012170	Telecomm. Svcs (Non-State)	405.00	-	(405.00)	0.00%
5012190	Inbound Freight Services	59.88	35.00	(24.88)	171.09%
	Total Communication Services	38,064.86	86,360.00	48,295.14	44.08%
5012200	Employee Development Services				
5012210	Organization Memberships	3,474.00	7,228.00	3,754.00	48.06%
5012240	Employee Trainng/Workshop/Conf	1,734.00	4,283.00	2,549.00	40.49%
	Total Employee Development Services	5,208.00	11,511.00	6,303.00	45.24%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	2,298.00	2,298.00	0.00%
	Total Health Services	-	2,298.00	2,298.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	71,726.36	119,963.00	48,236.64	59.79%
5012440	Management Services	761.28	1,797.00	1,035.72	42.36%
5012460	Public Infrmtnl & Relatn Svcs	14.00	-	(14.00)	0.00%
5012470	Legal Services	250.00	5,579.00	5,329.00	4.48%
	Total Mgmnt and Informational Svcs	72,751.64	127,339.00	54,587.36	57.13%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	547.12	-	(547.12)	0.00%
5012530	Equipment Repair & Maint Srvc	9,631.05	1,705.00	(7,926.05)	564.87%
	Total Repair and Maintenance Svcs	10,178.17	1,705.00	(8,473.17)	596.96%
5012600	Support Services				
5012630	Clerical Services	26,826.53	160,729.00	133,902.47	16.69%
5012640	Food & Dietary Services	787.49	12,698.00	11,910.51	6.20%
5012660	Manual Labor Services	6,214.07	24,912.00	18,697.93	24.94%
5012670	Production Services	33,978.73	153,625.00	119,646.27	22.12%
5012680	Skilled Services	130,065.64	531,779.00	401,713.36	24.46%
	Total Support Services	197,872.46	883,743.00	685,870.54	22.39%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,467.25	25,626.00	22,158.75	13.53%
5012830	Travel, Public Carriers	439.49	4,170.00	3,730.51	10.54%
5012850	Travel, Subsistence & Lodging	1,000.93	21,524.00	20,523.07	4.65%
5012880	Trvl, Meal Reimb- Not Rprtble	963.00	7,407.00	6,444.00	13.00%
	Total Transportation Services	5,870.67	58,727.00	52,856.33	10.00%
	Total Contractual Svs	329,945.80	1,171,683.00	841,737.20	28.16%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	72.08	-	(72.08)	0.00%
5013120	Office Supplies	5,306.47	14,609.00	9,302.53	36.32%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013130	Stationery and Forms	-	3,614.00	3,614.00	0.00%
	Total Administrative Supplies	5,378.55	18,223.00	12,844.45	29.52%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	94.00	94.00	0.00%
	Total Manufctrng and Merch Supplies	-	94.00	94.00	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	42.85	-	(42.85)	0.00%
5013520	Custodial Repair & Maint Matrl	5.91	-	(5.91)	0.00%
	Total Repair and Maint. Supplies	48.76	-	(48.76)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	528.00	528.00	0.00%
5013630	Food Service Supplies	-	1,129.00	1,129.00	0.00%
	Total Residential Supplies	-	1,657.00	1,657.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	30.58	166.00	135.42	18.42%
	Total Specific Use Supplies	30.58	166.00	135.42	18.42%
	Total Supplies And Materials	5,457.89	20,140.00	14,682.11	27.10%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	485.00	485.00	0.00%
	Total Insurance-Fixed Assets	-	485.00	485.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	1,853.03	7,200.00	5,346.97	25.74%
5015350	Building Rentals	151.50	-	(151.50)	0.00%
5015360	Land Rentals	-	100.00	100.00	0.00%
5015390	Building Rentals - Non State	51,205.88	144,636.00	93,430.12	35.40%
	Total Operating Lease Payments	53,210.41	151,936.00	98,725.59	35.02%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,828.00	1,828.00	0.00%
5015540	Surety Bonds	-	108.00	108.00	0.00%
	Total Insurance-Operations	-	1,936.00	1,936.00	0.00%
	Total Continuous Charges	53,210.41	154,357.00	101,146.59	34.47%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	7,093.75	-	(7,093.75)	0.00%
	Total Computer Hrdware & Sftware	7,093.75	-	(7,093.75)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	829.00	829.00	0.00%
	Total Educational & Cultural Equip	-	829.00	829.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	125.00	125.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10200 - Medicine

For the Period Beginning July 1, 2020 and Ending October 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022620	Office Furniture	514.45	-	(514.45)	0.00%
5022640	Office Machines	-	1,250.00	1,250.00	0.00%
5022680	Office Equipment Improvements	-	17.00	17.00	0.00%
	Total Office Equipment	514.45	1,392.00	877.55	36.96%
	Total Equipment	7,608.20	2,221.00	(5,387.20)	342.56%
	Total Expenditures	1,114,187.04	3,319,144.32	2,204,957.28	33.57%
	Allocated Expenditures				
30100	Data Center	275,331.74	1,126,420.08	851,088.34	24.44%
30200	Human Resources	73,524.25	84,716.18	11,191.93	86.79%
30300	Finance	166,182.70	435,541.62	269,358.93	38.16%
30400	Director's Office	51,344.62	156,493.78	105,149.17	32.81%
30500	Enforcement	866,935.83	2,522,862.12	1,655,926.29	34.36%
30600	Administrative Proceedings	406,525.38	1,278,297.24	871,771.86	31.80%
30700	Impaired Practitioners	27,640.82	48,292.08	20,651.26	57.24%
30800	Attorney General	168,601.81	350,592.62	181,990.82	48.09%
30900	Board of Health Professions	42,609.70	117,795.98	75,186.28	36.17%
31100	Maintenance and Repairs	1,746.68	10,911.33	9,164.65	16.01%
31300	Emp. Recognition Program	25.78	5,693.26	5,667.48	0.45%
31400	Conference Center	627.02	1,580.92	953.90	39.66%
31500	Pgm Devlpmnt & Implmentn	19,204.13	70,163.01	50,958.88	27.37%
	Total Allocated Expenditures	2,100,300.45	6,209,360.23	4,109,059.77	33.82%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 1,198,524.51	$ (1,692,819.55)	$ (2,891,344.05)	70.80%

Virginia Department of Health Professions
Input of Case Hours by Department
For Use in Allocation of Department 305- ***Enforcement*** Costs
For the Fiscal Year Ended June 30, 2021

	Fiscal Month No.	1	2	3	4	Annual
	Month Name	July	August	September	October	Total
Dept. No.	Dept. Name					
101	Nursing	2,209.60	2,027.40	1,779.20	1,834.43	7,850.63
102	Medicine	2,054.13	2,068.45	1,801.20	1,980.75	7,904.53
103	Dentistry	752.62	644.13	592.59	722.84	2,712.18
104	Funeral Directors and Emba	118.80	197.70	122.25	148.75	587.50
105	Optometry	54.25	57.75	25.50	11.75	149.25
106	Veterinary Medicine	282.85	293.35	276.20	392.40	1,244.80
107	Pharmacy	941.10	744.25	784.50	939.75	3,409.60
108	Psychology	150.10	114.80	149.75	126.25	540.90
109	Professional Counselors	336.80	335.95	326.05	350.25	1,349.05
110	Social Work	114.25	148.75	87.25	50.00	400.25
112	Cerified Nurse Aids (State	654.58	637.75	591.50	545.25	2,429.08
114	Long-Term Care Administrators	130.00	81.75	143.75	95.00	450.50
115	Audiology and Speech Lang	7.50	-	3.75	10.00	21.25
116	Physical Therapy	25.75	30.25	76.00	39.25	171.25
118	Va. Pharm Processor Pgm	22.75	62.25	-		85.00
	Total	7,855.08	7,444.53	6,759.49	7,246.67	29,305.770

Virginia Department of Health Professions
Input of Case Hours by Department
For Use in Allocation of Department 306- ***Administrative Proceedings*** Costs
For the Fiscal Year Ended June 30, 2021

	Fiscal Month No.	1	2	3	4
	Month Name	July	August	September	October
Dept. No.	Dept. Name				
101	Nursing	279.25	536.47	644.89	646.53
102	Medicine	988.98	895.65	858.77	765.37
103	Dentistry	361.91	297.78	331.22	262.26
104	Funeral Directors and Emba	35.75	38.00	21.25	29.75
105	Optometry	-	-	5.75	21.00
106	Veterinary Medicine	4.75	118.75	29.50	38.71
107	Pharmacy	131.75	169.25	199.75	127.25
108	Psychology	7.50	-	11.75	4.84
109	Professional Counselors	81.00	74.50	17.50	86.00
110	Social Work	97.50	6.00	73.00	49.75
112	Cerified Nurse Aids (State	27.50	59.68	54.00	128.92
114	Long-Term Care Administrators	5.00	16.25	33.00	43.50
115	Audiology and Speech Lang	0.50	5.75	11.00	6.00
116	Physical Therapy	60.25	20.00	12.00	7.25
118	Va. Pharm Processor Pgm	-	-	-	-
	Total	2,081.64	2,238.08	2,303.38	2,217.13

Agenda Item:
Regulatory Actions - Chart of Regulatory Actions
As of November 15, 2020

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412] Proposed - *DPB Review in progress* [Stage 9121]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Waiver for e-prescribing of an opioid [Action 5355] Proposed - *Register Date: 9/14/20* *Comment closed: 11/13* *Exec. Comm. to adopt final: 12/4*
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Practice with patient care team physician [Action 5357] Proposed - *Register Date: 8/31/20* *Comment closed: 10/30* *Exec. Comm. to adopt final: 12/4*
[18 VAC 85 - 160]	Regulations Governing the Licensure of Surgical Assistants and Registration of Surgical Technologists	Amendments for surgical assistants consistent with a licensed profession [Action 5639] NOIRA - *At Secretary's Office for 12 days*

Agenda Item: Adoption of Final Regulation for Physician Assistants

Included in agenda package:

Copy of Notice on proposed regulations in Townhall

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

Staff note:

Proposed amendments are identical to the emergency regulations that became effective on 10/1/19. There were no comments on the Notice of Intended Regulatory Action or the proposed regulations to replace emergency regulations.

Board action:

Motion to adopt the proposed regulations that replace emergency regulations for practice of physician assistants with a patient care team physician

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations Governing the Practice of Physician Assistants [18 VAC 85 - 50]

Action: Practice with patient care team physician

Proposed Stage

Action 5357 / Stage 8839

Edit Stage | Withdraw Stage | Go to RIS Project

Documents

Proposed Text	2/6/2020 8:49 am	Sync Text with RIS
Agency Background Document	12/12/2019 (modified 2/6/2020)	Upload / Replace
Attorney General Certification	12/31/2019	
DPB Economic Impact Analysis	2/13/2020	
Agency Response to EIA	2/25/2020	Upload / Replace
Governor's Review Memo	8/6/2020	
Registrar Transmittal	8/6/2020	

Status

Changes to Text	The proposed text for this stage is identical to the emergency regulation.
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 12/12/2019 Review Completed: 12/31/2019 Result: Certified
DPB Review	Submitted on 12/31/2019 Economist: Oscar Ozfidan Policy Analyst: Jeannine Rose Review Completed: 2/13/2020 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/29/2020
Governor's Review	Review Completed: 8/6/2020 Result: Approved
Virginia Registrar	Submitted on 8/6/2020 The Virginia Register of Regulations Publication Date: 8/31/2020 Volume: 37 Issue: 1
Public Hearings	10/08/2020 1:05 PM

Comment Period	Ended 10/30/2020 0 comments

Contact Information	
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This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 12/12/2019
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Project 6083 - Proposed

Board Of Medicine

Practice with patient care team physician

18VAC85-50-10. Definitions.

Part I

General Provisions

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

"Board."

"Collaboration."

"Consultation."

"Patient care team physician."

"Patient care team podiatrist."

"Physician assistant."

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

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

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

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

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

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

18VAC85-50-35. Fees.

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

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

2. The biennial fee for renewal of an active license shall be $135 and for renewal of an inactive license shall be $70, payable in each odd-numbered year in the birth month of the licensee. For 2021, the fee for renewal of an active license shall be $108, and the fee for renewal of an inactive license shall be $54.

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

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

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

~~6.~~ 5. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

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

~~8.~~ 7. The handling fee for a returned check or a dishonored credit card or debit card shall be $50.

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

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

18VAC85-50-40. General requirements.

Part II

Requirements for Practice as a Physician's Assistant

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

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

18VAC85-50-57. Discontinuation of employment.

If for any reason the physician assistant discontinues working ~~in the employment and under the supervision of a licensed practitioner~~ with a patient care team physician or podiatrist, a new

practice agreement shall be entered into in order for the physician assistant either to be reemployed by the same practitioner or to accept new employment with another ~~supervising physician~~ patient care team physician or podiatrist.

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

Part IV

Practice Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Be responsible for all invasive procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

1. No physician assistant may render care to a patient unless the physician or podiatrist responsible for that patient has signed the practice agreement to act as ~~supervising~~ patient care team physician or podiatrist for that physician assistant.

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

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

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

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

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

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

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

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

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

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

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

18VAC85-50-160. Disclosure.

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

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

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

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

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

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

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

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

4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy; and

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

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

Agenda Item: Regulatory Action – Waiver of requirement for electronic prescribing

Staff note:

This action is to replace emergency regulations, which went into effect on 9/18/19, with permanent regulations. Proposed regulations were published on 9/14/20; there were two comments on the proposed.

Included in agenda package:

Copy of Notice on Regulatory Townhall

Copy of minutes of public hearing on 11/4/20

Copy of two comments on Townhall

Copy of proposed amendments (Note: there is one difference between the proposed regulation and the final regulation in brackets. In subsection A, there is an added reference to the exemptions from electronic prescribing in the Code.)

Board action:

To adopt the final regulations for waivers as amended

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VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations Governing Prescribing of Opioids and Buprenorphine [18 VAC 85 - 21]

Action: Waiver for e-prescribing of an opioid

Proposed Stage

Action 5355 / Stage 8840

Edit Stage | Withdraw Stage | Go to RIS Project

Documents

Proposed Text	9/9/2020 2:44 pm	Sync Text with RIS
Agency Background Document	12/12/2019	Upload / Replace
Attorney General Certification	12/31/2019	
DPB Economic Impact Analysis	2/14/2020	
Agency Response to EIA	2/25/2020	Upload / Replace
Governor's Review Memo	8/12/2020	
Registrar Transmittal	8/12/2020	

Status

Changes to Text	The proposed text for this stage is identical to the emergency regulation.
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 12/12/2019 Review Completed: 12/31/2019 Result: Certified
DPB Review	Submitted on 12/31/2019 Economist: Jini Rao Policy Analyst: Jeannine Rose Review Completed: 2/14/2020 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/31/2020
Governor's Review	Review Completed: 8/12/2020 Result: Approved
Virginia Registrar	Submitted on 8/12/2020 The Virginia Register of Regulations Publication Date: 9/14/2020 **Volume: 37 Issue: 2**
Public Hearings	**10/22/2020 8:35 PM** canceled

	11/04/2020 10:00 AM
Comment Period	**Ended 11/13/2020** **2 comments**

Contact Information	
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This person is the primary contact for this board.
This stage was created by Elaine J. Yeatts on 12/12/2019
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---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
PUBLIC COMMENT ON PROPOSED REGULATIONS MINUTES - VIRTUAL

November 4, 2020 **Department of Health Professions** **Henrico, VA 23233**

PARTICIPANTS

Elaine Yeatts, Sr. Policy Analyst, DHP

William L. Harp, MD, Executive Director, Board of Medicine

Colanthia Morton Opher, Deputy Executive Director of Administration

Tom Coccia, member of the public

SUMMARY

Elaine Yeatts, Sr. Policy Analyst, DHP called the meeting to order at 10:02 a.m. Ms. Yeatts announced that the purpose of the meeting was to receive comments on proposed regulations to replace emergency regulations for a waiver of electronic prescribing. Ms. Yeatts also informed the participants that written comments on the proposed amendments should be directed to her, at Elaine.Yeatts@dhp.virginia.gov or by directly posting to the Virginia Regulatory Townhall. She noted that the comment period will close on November 13, 2020, and that the Board will consider all comments before adoption of final regulations at its Executive Committee meeting scheduled for December 4, 2020. Ms. Yeatts then opened the floor for comments and acknowledged the public member in attendance. He advised that he was tracking this topic nationally and was present for observance only. Ms. Yeatts, hearing no additional requests to offer comments, adjourned the meeting at 10:05 a.m.

Elaine Yeatts
Chair

William L. Harp, MD
Executive Director

Colanthia Morton Opher
Recording Secretary

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Medicine

Chapter **Regulations Governing Prescribing of Opioids and Buprenorphine [18 VAC 85 - 21]**

Action	**Waiver for e-prescribing of an opioid**
Stage	**Proposed**
Comment Period	Ends 11/13/2020

2 comments

All comments for this forum

Back to List of Comments

Commenter: Regan Price, Virginia Tech Graduate School 9/20/20 5:56 pm

In favor of the proposed rule.

As a student and an advocate for mental health and substance abuse treatment, I find the proposed rule to be useful in the fight against opioid abuse. Substance abuse is a multi-faceted and complex issue that requires both mental health treatment and emotional support, as well as denial or limited access to a controlled substance. The proposed rule to restrict prescriptions to only e-prescriptions (except in limited circumstances) will help to limit unmonitored access to controlled substances, and hopefully, therefore, mitigate their abuse as patients will no longer be able to obtain paper prescription pads and write themselves prescriptions. As I mentioned, limiting access to substances only treats part of the problem, but I agree that this proposed rule change is a useful addition to the Virginia Code and will hopefully keep Virginians a bit more safe from opioid abuse.

CommentID: **85161**

Commenter: Victoria McNiff, Virginia Tech MPA Program 11/9/20 12:55 pm

Regulatory Action [18 VAC 85-21]

There is an opioid crisis in the United States and I support regulatory actions changing how providers prescribe medications to increase safety and decrease medication fraud. However, after reviewing the adopted legislation and researching the benefits and limitations of this regulatory action, I am curious how it will impact the providers that will receive a waiver? After one year (and a provider's circumstances have not changed), will providers who received waivers have extensions? Is there state funding to support the transition or is this an unfunded mandate? If extensions for waivers are not provided, this can limit opioid prescriptions and decrease the risk for greater access to opioids altogether. In Virginia and at the local level, we need to protect our residents and better manage controlled substances to limit exposure to opioids and other addictive substances.

CommentID: **87415**

Project 6085 - Proposed

Board Of Medicine

Waiver for e-prescribing of an opioid

18VAC85-21-21. Electronic prescribing.

A. Beginning July 1, 2020, a prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia [, unless the prescription qualifies for an exemption as set forth in subsection C of that section] .

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

Agenda Item: **Guidance document – Repeal of 85-3**

Staff note:

To facilitate and expedite licensure during the COVID pandemic, the Board discontinued the use of Form B to collect employment history

Action:

To repeal guidance document 85-3 as included in the agenda package

Guidance document: 85-3 Adopted: December 1, 2017

Board of Medicine

Guidance on Completing Form B Employment Verifications

A completed Form B Activity Questionnaire or a letter of recommendation must be received from all locations of service, places of practice or professional employment, observerships, professional research positions or professional volunteer service listed for the 2 years immediately preceding application.

Directions.

Complete the "Employment Activity" section of the application beginning with your professional school graduation. Leave no date gaps in the chronology. You should list all employers and locations of service. For example, if you work for a locums tenens agency or you are a traveler, name the employer and list all of the locations and dates where you provided service. It is helpful to request your placement company to send a list of all locations of service to the Board of Medicine for a minimum of the 2 years previous to the date of application.

A Form B Employment verification MUST be received for each location where professional services were provided for the 2 years previous to the date of the application. Form B's should be completed by a supervisor or colleague who is a medical professional. Form B's not completed by a medical professional may not be accepted. If the location where you provided service is closed or no longer in business, a Form B is still required. Applicants may need to make use of social media to contact former supervisors or colleagues. Applicants who allow their applications to stagnate may be required to provide Form B's for dates subsequent to the original date of application.

If you are engaged in private practice, without hospital affiliation, have another physician who is not related submit a Form B or letter of recommendation attesting to your practice.

Special Circumstances.

In lieu of Form B's the Board may accept a letter from the hospital credentials office that includes the dates privileges were active, their standing and whether there has been any disciplinary action. For travelers, the Board may accept evaluations completed by the location of service and provided to the placement company. These evaluations must be provided to the Board by the placement company.

Internships, residencies and fellowships must have a Form B if the training occurred within the last 2 years. If the training occurred more than 2 years prior to the date the application is submitted, you may provide a copy of the certificate of completion in lieu of a Form B. All post-graduate training received in the United States or Canada must be accounted for regardless of when it occurred.

For applicants practicing telemedicine, a Form B is only required from the chief medical officer of the company to which you are employed. To be accepted, the Form B must be signed by the CMO or medical director with a complete professional evaluation along with all locations of service.

Post-graduate Training Verification.

For Medicine and Surgery and Osteopathy and Surgery applicants, verification of all post-graduate training is required regardless of when it was completed. If your post-graduate training was completed more than 2 years ago, the Board will accept a copy of the certificate of completion you were provided at the conclusion of the internship, residency or fellowship. If the post-graduate training was completed less than 2 years ago or you are still in a residency or fellowship program, a Form B must be received and it must be signed by the program director.

Completed Form B's may be attached as a PDF and sent to medbd@dhp.virginia.gov, faxed to (804) 527-4426, or mailed by the person completing the document.

Agenda Item: Regulatory Action –Approval for a Notice of Periodic Review

Staff Note:

Regulation 18VAC110-40: Regulations Governing Collaborative Practice Agreements are jointly adopted by Pharmacy and Medicine. Following the four-year review schedule, the Pharmacy Board is preparing initiation of periodic reviews for all its regulations and will be adopting a Notice of Periodic Review for the Collaborative Practice regulations on Dec. 10th.

Action: Motion to approve a Notice of Periodic Review for Regulation 18VAC110-40: Regulations Governing Collaborative Practice

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

New Periodic Review

Agency **Department of Health Professions**

Board **Board of Pharmacy**

Chapter **Regulations Governing Collaborative Practice Agreements [18 VAC 110 - 40]**

Periodic Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). http://TownHall.Virginia.Gov/EO-14.pdf.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a

Contact Information

Use existing contact, edit it manually or search and use previous contact info.

Name: Caroline Juran, RPh

Title: Executive Director

Email: caroline.juran@dhp.virginia.gov

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TDD: ( ) -

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COMMONWEALTH of VIRGINIA

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October 18, 2017

The Honorable Stephen D. Newman
P. O. Box 480
Forest, VA 24552

The Honorable Robert D. Orrock, Sr.
P. O. Box 458
Thornburg, VA 22565

RE: Feasibility of Licensure of Certified Anesthesiologist Assistants

Dear Senator Newman and Delegate Orrock:

As referenced in my letter to you dated November 29, 2016, this is to advise you that the Board of Health Professions has conducted its study into the feasibility of licensure of Certified Anesthesiologist Assistants (CAA). The Board is authorized to advise on matters pertaining to the need for regulation of health professions and occupations and scope of practice issues pursuant to §54.1-2510.

The Board evaluated relevant education, training, examination, and continuing competency requirements, typical duties and functions, regulation in other U.S. jurisdiction, and the latest available anesthesia provider workforce data. They also incorporated into the study extensive public comment, pro and con, from over 190 stakeholders. Their research was guided by the standard policies and procedures as set forth in their Guidance Document **75-2** Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupation or Professions, revised February 1998. Note that the Appendix provides key questions that guide and reference the respective criteria: (1) risk of harm, (2) specialized skills and training, (3) autonomous practice, (4) scope of practice, (5) economic impact, (6) alternatives to regulation, and (7) least restrictive regulation. In order to recommend that any profession be licensed the policies require that *all* of the first six criteria be met.

The Board unanimously accepted the conclusion of its Regulatory Research Committee that the profession does not qualify for licensure in Virginia. The first six criteria were not met. CAAs do *not* practice autonomously. They practice under the direct supervision of Anesthesiologists and no other physician or anesthesia providers. Their potential scope would likely overlap considerably with other regulated professions and AA students would increase competition for already limited residency sites and slots needed by anesthesiologist and nurse anesthetist students. Their licensure would also impact the Board of Medicine's workload because an entirely new set of regulation would need to be developed and censure program administered.

Dr. Elizabeth Carter remains available for any questions you may have concerning the Board's findings. She may be reached at Elizabeth.Carter@dhp.virginia.gov or (804) 367-4426.

Very truly yours.
David E. Brown, D.C.
Director

Attachment: Certified Anesthesiologist Assistant Study Final Report

Virginia Department of Health Professions
Virginia Board of Health Professions

Feasibility of Licensure of Certified Anesthesiologist Assistants

Executive Summary

Section 54.1-2510 of the *Code of Virginia* authorizes the Virginia Board of Health Profession to advise the Governor, General Assembly, and Director of the Department of Health Professions on matters pertaining to the regulation of health professions and occupations and scope of practice issues. The Board conducted this study into the feasibility of licensing Certified Anesthesiologist Assistants (CAAs) on behalf of the Department pursuant to requests from Senator Stephen Newman and Delegate Robert Orrock.

The review was guided by the principles, evaluative criteria, and research methods set forth in the Board's standard policies and procedures for evaluating the need for regulation of health occupations and professions. It examined CAA's education, training, competency examination and continuing competency requirement, typical duties and functions, regulation in other U.S. jurisdictions, available anesthesia workforce data, and CAA's the potential impact on the existing anesthesia professions regulated in Virginia: Anesthesiologists and Certified Registered Nurse Anesthetists.

The Board recommended against licensure for CAAs in Virginia. The burden imposed by state regulation was not justified due to the following findings:

- There is a lack of proof that there is a statewide shortage of anesthesia providers.
- AA students would increase competition for already limited training sites and slots needed by Virginia's Anesthesiologist and Nurse Anesthetist students.
- CAAs cannot practice independently but only with direct, on-site, supervision that is restricted to Anesthesiologists and no other physician or anesthesia care providers.
- CAA practice was thought to be unlikely to locate in underserved and other rural areas.
- The Board of Medicine's workload would increase to accommodate establishing an entirely new set of regulations and administration of the licensure program.

The Board additionally offered that if the General Assembly were to consider license legislation, Kentucky and Georgia models provide the safest approach. They require that CAAs also be licensed Physician Assistants. Because a single Anesthesiologist may supervise multiple CAAs at a given time, patient safety would be better assured with practitioners who are more broadly versed in overall patient health care, not limited to anesthesia care.

Certified Anesthesia Assistants

Definition:

Certified Anesthesia Assistants aka CAAs or AAs are highly skilled health professionals who work under the direction of licensed anesthesiologists to implement anesthesia care plans. CAAs work exclusively within the anesthesia care team environment as described by the American Society of Anesthesiologists (ASA). All CAAs possess a premedical background, an undergraduate degree, and also complete a comprehensive didactic and clinical program at the graduate school level/Master's degree program level. CAAs are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques.

The goal of CAA education is to guide the transformation of qualified student applicants into competent health care practitioners who aspire to practice in the anesthesia care team. Certified Anesthesiologist Assistants and certified registered nurse anesthetists are both defined as "non-physician anesthetists" within the Centers for Medicare & Medicaid Services section of the Code of Federal Regulations.

CAAs vs PAs:

Although CAAs and physician assistants (PAs) both function as physician extenders, they do not perform the same functions. Each has its own separate educational curriculum, standards for accreditation, and its own agency for certification. PAs receive a generalist education and may practice in many different fields under the supervision of a physician who is qualified and credentialed in that field.

An AA may not practice outside of the field of anesthesia or apart from the supervision of an anesthesiologist. A CAA may not practice as a physician's assistant unless the CAA has also completed a PA training program and passed the National Commission for the Certification of Physician Assistants (NCCPA) exam.

Likewise a PA may not identify as a CAA unless he or she has completed an accredited AA program and passed the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) exam. If also certified as a CAA, such a dual-credentialed PA would be required to practice as an anesthetist only as an extender for an anesthesiologist and could not provide anesthesia care at the direction of a physician of any other specialty.

CAAs vs CRNAs:

Although both are considered to be equivalent clinical non-physician anesthesia providers and may serve as physician extenders in the delivery of anesthesia, CAAs and CRNAs are very different with regard to their educational background, training pathway and certification process.

Admission Requirements

According to the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs, a typical applicant to an CRNA program must have attained a bachelor's degree in either nursing or another appropriate area. Additionally, the applicant must be licensed to practice as a registered nurse and take either the Graduate Record Exam (GRE) or the Miller Analogies Test (MAT) prior to matriculation. Finally, one year of nursing experience is required in an, "acute care setting".

In order to be admitted to an CAA program, the applicant must have achieved a bachelor's degree with prescribed prerequisites typical of premedical course work. Specific requirements include general and organic chemistry, advanced college math, general and advanced biology, and physics. Applicants must then take either the MCAT or the GRE.

Although many applicants who are from allied health backgrounds such as respiratory therapy and emergency medical technology may have years of clinical experience, a clinical background is not an absolute requirement. Nurses who meet the premed coursework prerequisites have been admitted to CAA programs.

Educational Programs

CRNA training programs must include a minimum of 24 months in a Master's level program accredited by the COA. The training programs may be based at any college or university offering a Master's level degree. Nurse anesthetist programs do not require involvement of a medical school or academic physician faculty. Community hospitals may serve as main clinical sites. A minimum of 450 hours of classroom/laboratory education, 800 hours of clinical anesthesia education, and administration of 450 anesthetics, including all types of surgery, must be achieved for the student to successfully complete the training program.

CAA training programs must include a minimum of 24-28 months in a Master's level program accredited by the Commission for the Accreditation of Allied Health Educational Programs (CAAHEP). The programs must be based at, or in collaboration with, a university that has a medical school and academic anesthesiologist physician faculty. Each CAA program must have at least one director that is a licensed, board-certified anesthesiologist. Main clinical sites must be academic medical centers. An average of 600 hours of classroom/laboratory education, 2,600 hours of clinical anesthesia education, and more than 600 anesthetics administered, including all types of surgery, are typically required to successfully complete CAA training.

Certification Process

Upon completion of an accredited nurse anesthetist program, a student may become certified by passing the Council for Certification of Nurse Anesthetists certification exam. This examination is an adaptive computer examination consisting of 90-160 questions. Forty hours of approved Continuing Education Units (CEU) are required every two years in order to recertify. Beginning in 2016, to be recertified, nurse anesthetists are required to pass a recertification exam every 8 years.

Upon completion of an accredited AA program, a student may become certified by passing the NCCAA examination. The examination is administered and scored by the National Board of Medical Examiners as part of services contracted to NCCAA. Performance information for test items and the overall exam are provided by NBME. NCCAA uses this data to set the passing score and provides notification of certification. NCCAA awards a time-limited certificate to each candidate who successfully completes the Certifying Examination.

To re-certify, an AA must complete 40 hours of CME every two years and register the activities with NCCAA. Additionally, AAs must take the Continuing Demonstration of Qualification Exam every six years.

AA training programs:

There are 12 accredited AA educational programs.

- Emory University- Atlanta, Georgia
- Case Western Reserve University- Cleveland, Ohio
- Case Western Reserve University - Houston, Texas
- Case Western Reserve University - Washington, D.C.**
- South University- Savannah, Georgia
- Nova Southeastern University - Fort Lauderdale, Florida
- Nova Southeastern University - Tampa, Florida
- University of Missouri-Kansas City- Kansas City, Missouri
- Quinnipiac University - Hamden, Connecticut
- University of Colorado - Aurora, Colorado
- Medical College of Wisconsin - Milwaukee, Wisconsin
- Indiana University - Indianapolis, Indiana

**students may live in VA, train in DC, unable to work in VA, which is the focus of our discussion

Scope of Practice:

The scope of CAA clinical practice is generally the same as that of nurse anesthetists on the Anesthesia Care Team. The ASA statement on the Recommended Scope of Practice of Nurse Anesthetists and Anesthesiologist Assistants may be found here.

Specifically, the local scope of practice of CAAs is usually defined by:

- The medically directing anesthesiologist,
- The hospital credentialing body,
- The state's board of medicine
- Any applicable state statute or regulation.

States may also require a practice agreement between the sponsoring anesthesiologist and the CAAs who are medically directed.

The specific job descriptions and duties of CAAs may differ according to local practice. State law or board of medicine regulations or guidelines may further define the job descriptions of CAAs. The constant ingredient no matter what the local variation is that CAAs always practice under the medical direction of a qualified anesthesiologist.

As part of defining the educational goal of CAA training programs, the CAAHEP accreditation Standards include a template AA job description. The excerpt is included below. Wherever the term 'assisting' occurs, it is understood that such assistance may be actual performance of the stated task by the CAA as part of duties directed by the supervising anesthesiologist.

"Under the medical direction and supervision of an anesthesiologist, the CAAs functions include, but are not limited to, the following:

- Making the initial approach to a patient of any age in any setting to obtain a preliminary preanesthetic health history, perform an appropriate preanesthetic physical examination and record pertinent data in an organized and legible manner for review by an anesthesiologist. These activities help to define the patient's current physical status as it relates to the planned anesthetic.
- Performing or assisting in the conduct of diagnostic laboratory and related studies as appropriate, such as drawing arterial and venous blood samples.
- Establishing noninvasive and invasive routine monitoring modalities as delegated by the responsible anesthesiologist.
- Assisting in the application and interpretation of advanced monitoring techniques such as pulmonary artery catheterization, electroencephalographic spectral analysis, echocardiography and evoked potentials.
- Assisting in inducing, maintaining and altering anesthesia levels, administering adjunctive treatment and providing continuity of anesthetic care into and during the postoperative recovery period.
- Assisting in the use of advanced life support techniques such as high frequency ventilation and intra-arterial cardiovascular assist devices.
- Assisting in making postanesthesia patient rounds by recording patient progress notes, compiling and recording case summaries and by transcribing standing and specific orders.
- Performing evaluation and treatment procedures essential to responding to life-threatening situations, such as cardiopulmonary resuscitation, on the basis of established protocols (basic life support, advance cardiac life support, and pediatric advanced life support).
- Assisting in the performance of duties in intensive care units, pain clinics and other settings, as appropriate.
- Training and supervising personnel in the calibration, trouble shooting and use of patient monitors.
- Performing delegated administrative duties in an anesthesiology practice or anesthesiology department in such areas as the management of personnel, supplies and devices.
- Assisting in the clinical instruction of others."

The complete Standards for Accreditation of Anesthesiologist Assistant Education is available from CAAHEP at AA Standards.

Licensure in Virginia:

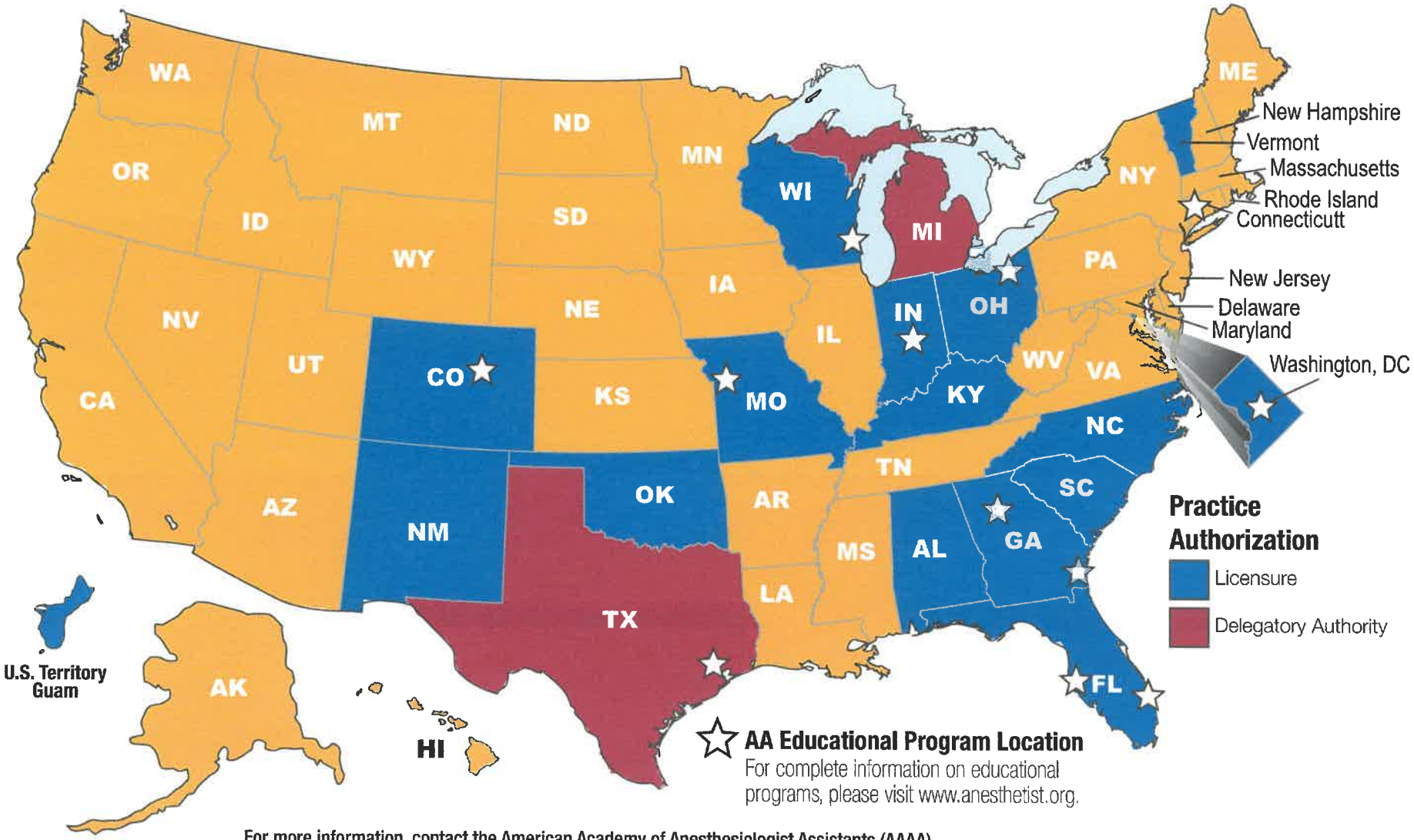
This was addressed by the Board of Health Professions approximately 2 years ago. Unfortunately, it was not approved. However, now is the time to readdress this issue for several reasons:

According to the U.S. Department of Labor's Bureau of Labor Statistics (BLS), there are approximately 45,000 CRNAs nationwide—a number projected to grow to 52,700 by 2028. In recent years, the national unemployment rate for CRNAs has consistently been lower than 1%. There has been a national shortage of CRNA's for several years and it is not expected to end in the near future.

Solutions:

License AAs to practice in a care team model in Virginia. These healthcare providers will not be as replacements for CRNAs, but in addition to CRNAs.

Anesthesiologist Assistants Work States



For more information, contact the American Academy of Anesthesiologist Assistants (AAAA)
1231 Collier Road NW, Suite J. Atlanta GA 30318 • www.anesthetist.org • info@anesthetist.org • 678-222-4233

UPDATED: June 2019

VIRTUAL MEETING OF THE
Ad Hoc Committee on Opioid
Continuing Education

Tuesday, December 1, 2020 @ 12:00 p.m.

Page

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 29. Medicine and Other Healing Arts

This section has more than one version with varying effective dates. Scroll down to see all versions.

§ 54.1-2912.1. (Effective until July 1, 2022) Continued competency and office-based anesthesia requirements.

A. The Board shall prescribe by regulation such requirements as may be necessary to ensure continued practitioner competence, which may include continuing education, testing, or any other requirement.

B. In promulgating such regulations, the Board shall consider (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

C. The Board shall require prescribers identified by the Director of the Department of Health Professions pursuant to subdivision C 10 of § 54.1-2523 to complete two hours of continuing education in each biennium on topics related to pain management, the responsible prescribing of covered substances as defined in § 54.1-2519, and the diagnosis and management of addiction. Prescribers required to complete continuing education pursuant to this subsection shall be notified of such requirement no later than January 1 of each odd-numbered year.

D. The Board may approve persons who provide or accredit such programs in order to accomplish the purposes of this section.

E. Pursuant to § 54.1-2400 and its authority to establish the qualifications for registration, certification, or licensure that are necessary to ensure competence and integrity to engage in the regulated practice, the Board shall promulgate regulations governing the practice of medicine related to the administration of anesthesia in physicians' offices.

1997, c. 227; 2002, c. 324; 2016, c. 447.

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C. The Board may approve persons who provide or accredit such programs in order to accomplish the purposes of this section.

D. Pursuant to § 54.1-2400 and its authority to establish the qualifications for registration, certification or licensure that are necessary to ensure competence and integrity to engage in the regulated practice, the Board of Medicine shall promulgate regulations governing the practice of medicine related to the administration of anesthesia in physicians' offices.

1997, c. 227; 2002, c. 324.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

11/19/2020

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TRENDS NOTED IN COMMUNICATIONS WITH THE BOARD

Both the Discipline Section and Administrative Section, through its Call Center, have knowledge of inquiries and comments from prescribers and patients.

The most obvious trend is that there are far fewer calls than there used to be. This may be attributable to the "package" of Continuing Education on opioids recommended to all prescribers for 2019-2020. The "package" included reading the regulations, reading the FAQ's, viewing the NarxCare video, and completing the Stanford University course on "How to Taper Patients Off of Chronic Opioid Therapy." Recommending these activities was in response to calls to the Board from patients who were upset that their prescriber was reducing their dose, referring them to a pain management specialist, and in some instances, terminating care. From a number of these conversations, Board staff inferred that not all prescribers had read the regulations, and if they had, were not complying with them. Reducing the dose of opioid in patients with bona fide pain issues can lead to a poor outcome, so that is why the Stanford course was recommended.

Comments from the Discipline Section

From prescribers:
- UDS and frequency of seeing patients for *non-opioid* prescribing, e.g., stimulants?
- COVID-19 related, e.g., do I need to see patients for in-office visit?

From patients:
- Still some questions re: prescriber saying I have to try something new when what I've been taking is working
- Requiring me to come for an in-office visit during COVID-19
- Some still mad about prescriber requiring UDS

Comments from the Call Center
-Calls about opioids are few in number

TRENDS NOTED BY THE PRESCRIPTION MONITORING PROGRAM

MME's continue to decline.

Multiple provider episodes are trending downward as well.

Long-acting opioids are still being prescribed to opioid-naïve patients. PMP data indicates that 5% of patients that are being prescribed long-acting preparations are opioid-naïve. This prescribing puts patients at greater risk of respiratory depression and inadvertent overdose than immediate-release preparations.

According to the Office of the Chief Medical Examiner, the rate of opioid overdose deaths has remained stable.

LICENSEES REQUIRED TO OBTAIN 2 HOURS OF OPIOID CE

The law requiring 2 hours of opioid CE was passed by the General Assembly in 2016. It authorized the Director of DHP to identify those licensees who should obtain opioid CE for renewal of their license. At the October 2016 meeting of the Ad Hoc, it was decided to recommend that all licensees of the Board of Medicine with prescriptive authority be required to obtain the 2 hours of CE. This decision was based on the fact that the requirement was a new initiative, and it was thought that each and every prescriber shared the responsibility of helping address the statewide opioid crisis. The data showed that opioid overdose deaths and crime associated with opioid addiction were not slowing down, further emphasizing the urgency of an "all hands on deck" approach. And prescribers were seen as playing a pivotal role in helping slow down the crisis.

When the requirements were sent to all prescribers, some physicians in specialties which seldom or never write prescriptions for opioids asked why they must obtain the opioid CE. The response given was that the crisis was serious, and all prescribers needed to help deal with it. Even if a practitioner never wrote opioids, he/she would most likely be seeing patients that were on opioids. And it is a good idea for all practitioners to know about the proper prescribing of opioids and be able to identify abuse and addiction.

In 2018, the Ad Hoc recognized that not all prescribers had read the regulations, and that all practitioners were not skilled in the tapering of opioids. So again, the Ad Hoc recommended that all prescribers licensed by the Board be required to obtain the 2 hours of CE.

In 2020, the opioid crisis continues. Staff believes that the required CE has had a positive impact on prescriber decision-making and prescribing behavior. Staff also believes that all prescribers have become accustomed to obtaining the 2 hours each biennium. And there is an abundance of good, free courses on the Internet. Therefore, staff endorses the continued requirement of all prescribers licensed by the Board of Medicine to obtain the 2 hours during the upcoming biennium whether they have a DEA registration or not.

This item is for Committee discussion and determination.

DESIGNATION OF CE RESOURCES FOR LICENSEES

In 2016, the Board simply required its licensees to obtain 2 hours of Type 1 (CAT I) CE of their choosing. Some prescribers said that they could not find any such CE, and others said that the requirement was a financial burden. So in coordination with the Medical Society of Virginia, the Board did develop a list of good, free resources on the Internet that could satisfy the requirement.

In 2018, the Board approved the "package" of CE recommended by the Ad Hoc, and also approved that any other 2 hours of opioid CE would satisfy the requirement.

In the following pages, you will find several good opioid CE resources that are easily accessible on the Internet at no cost.

The last resource listed, UpToDate's article on "Prescription of Opioids for Acute Pain in Opioid-Naïve Patients," is only available by subscription. However, those prescribers that already have a subscription or work in an institution that has a subscription, can access the article at no cost.

This list of resources is for discussion by the Ad Hoc and subject to additions and deletions.