

Virginia Board of Health Professions
Department of Health Professions
FULL BOARD MEETING
September 25, 2014

TIME AND PLACE: The meeting was called to order at 10:02 a.m. on Thursday, September 25, 2014 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA, 23233

PRESIDING OFFICER: Position vacant

MEMBERS PRESENT: J. Paul Welch II, Funeral Directors & Embalmers
Trula Minton, Nursing
Helene Clayton-Jeter, Optometry
Ellen Shinaberry, Pharmacy
Allen Jones Jr, Physical Therapy
Virginia Van de Water, Psychology
Yvonne Haynes, Social Work
Robert Catron, Citizen
Robert Logan III, Citizen
Martha Perry, Citizen
Jacquelyn Tyler, Citizen
James Wells, Citizen

MEMBERS NOT PRESENT: Vacant-ASLP
Vacant-Counseling
Vacant-Veterinary Medicine
James Watkins, Dentistry
Amanda Gannon, Long-Term Care Administrators
Frazier Frantz, Medicine

STAFF PRESENT: Elizabeth A. Carter, Ph.D., Executive Director for the Board
David Brown, DC, DHP Director
Elaine Yeatts, DHP Senior Policy Analyst
Diane Powers, DHP Director of Communications
Sandra Reen, Executive Director Board of Dentistry
Catherine Chappell, Executive Director Behavioral Sciences Boards
Teresa Garbee, Communications
Justin Crow, Deputy Executive Director for the Board
Laura Jackson, Operations Manager

BOARD COUNSEL: Not present

OTHERS PRESENT: Neal Kauder, VisualResearch, Inc.
Kim Small, VisualResearch, Inc.
James Pickral
Tyler Cox

QUORUM: With 12 members present a quorum was established.

AGENDA: No changes or additions were made to the agenda.

PUBLIC COMMENT:

There was no public comment.

BOARD MEMBER ORIENTATION

Dr. Carter oriented new board members on the duties and responsibilities of the Board of Health Professions. (Attachment 1)

APPROVAL OF MINUTES:

Meeting minutes from February 25, 2014 were approved by motion of Mr. Wells and properly seconded by Ms. Van de Water; all members were in favor, none opposed.

DEPARTMENT DIRECTOR'S REPORT:

Dr. Brown welcomed the new board members and encouraged each one to attend other boards meetings and disciplinary hearings to get a better idea of what each board does.

NGA

Dr. Brown gave a brief overview of the NGA Veterans' Licensure and Certification Policy Academy. Virginia has selected LPN, EMT and PTA as the three professions to assist Veterans' in streamlining education with licensure.

Criminal Background Checks

Virginia currently does not administer criminal background checks on applicants as applicants are required to self report. The Board of Nursing however is proceeding with these checks as a requirement of the nurse state compact. DHPs Data Department has been working with the Virginia State Police who will be sharing a list of registered sex offenders that we can cross reference.

Mid-Level Provider

September 30, 2014 DHP will be holding a Mid-Level Provider meeting to discuss if Virginia has a need for this type of medical provider.

Governor's Task Force

September 26, 2014 Governor McAuliffe will be signing Executive Order 29 establishing the Governor's Task Force on Prescription Drug and Heroin Abuse. The task force will recommend immediate steps to address a growing and dangerous epidemic of prescription opioid and heroin abuse in the Commonwealth. The Prescription Monitoring Program here at DHP is heavily involved in this endeavor.

Dr. Brown introduced Jaime Hoyle, JD as DHPs Chief Deputy Director. Jaime came for the Joint Commission on Health Care (JCHC) and will be very involved in the daily operations of the Department.

New Board Member Orientation

October 10, 2014 DHP will be holding a new board member orientation session. This training will be for all of DHPs 13 regulatory boards.

LEGISLATIVE/REGULATORY

Ms. Yeatts provided handouts regarding the Departments

UPDATE:

regulatory actions, stating that DHP has several regulations in process. She also provided a glossary of regulatory terms and a fact sheet on how to read regulatory cites. (Attachment 2)

AGENCY COMMUNICATIONS & EDUCATION:

Ms. Powers discussed the importance of media relations and how Communications goes about responding to requests. She informed the Board of the many areas that communications is involved in: social media, to include tumblr, YouTube and twitter; video teleconferencing; and the production of printed pieces to include brochures for HPMP, PMP and Enforcement. Ms. Garbee spoke to the level of social media hits the sites have received and the number of followers currently visiting the sites/links.

PRESENTATIONS:

Neal Kauder of VisualResearch provided a PowerPoint presentation on Sanctioning Reference and how it is utilized. An update was given regarding Key Performance Measures (KPM) as well. (Attachment 3)

EXECUTIVE DIRECTOR'S REPORT:**Nominations**

Dr. Carter opened the floor to anyone who is interested in participating on the following committees: education; enforcement; executive; nominating and regulatory research. Nominations will be made at the November 6, 2014 meeting.

Board Budget

Dr. Carter reviewed the 2015 budget with the Board.

Department Studies

The Department of Health Professions is currently involved in two studies: Use of Implantable Devices Distributed by Physician Owned Distributorships which has been sent to the Directors office for final review; and a co-study with the JCHC on establishing a Mid-Level Provider Licensure profession.

Regulatory Research Committee Update (Mr. Crow)

Mr. Crow provided a PowerPoint presentation on the Dental Hygienist Scope of Practice Review that the Board is doing in conjunction with the JCHC. (Attachment 4)

2014-2015 Work Plan

Dr. Carter reviewed the 2014-2105 work plan with the board and advised them that they will be updating this work plan at the November 6, 2014 meeting.

Military Credentialing & NGA Grant

Dr. Carter provided the Board with an overview of the Military Credentialing Review's progress. Virginia's participation in the National Governors' Association Veterans' Licensure and Certification Demonstration Policy Academy's has been focusing on the Commonwealth's existing veterans-related data sources and on improvements that could be made to better inform policies across agencies and states.

The review is also exploring existing efforts to streamline medic credentialing to civilian Emergency Medical Technician (EMT), the new Advanced Emergency Medical Technician (AEMT), and Paramedic.

Finally, the NGA review is also exploring the development of coursework to help “bridge the gap” between military education and training and graduation from civilian Licensed Practical Nurse and Physical Therapy Assistant programs. Gateway Community College in Arizona has developed a model bridge program for LPNs that Virginia is reviewing. Illinois has completed a gap analysis for Physical Therapy Assistants with the help of the Federation of State Boards of Physical Therapy.

The final report will be prepared by NGA staff for review by Congress. The Board will be updated as progress is made.

HWDC-Healthcare Workforce Data Center

Dr. Carter reviewed the HWDC website with the Board and advised that the HWDC currently has 22 surveys developed and collecting data, with more to come this fall. Mr. Crow provided a handout outlining the data products available on the website. (Attachment 5)

BOARD REPORTS

There were no board reports.

NEW BUSINESS

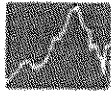
There was no new business.

ADJOURNMENT

The meeting adjourned at 1:58 p.m.

Vacant
Board Chair

Elizabeth A. Carter, Ph.D.
Executive Director for the Board

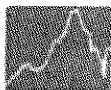


Department of Health Professions

What is the Board of Health Professions?

The Board of Health Professions is largely an advisory body within the Department of Health Professions authorized by the General Assembly with specific powers and duties listed in §§54.1-2500, 54.1-2409.2, 54.1-2410 *et seq.*, 54.1-2729 and 54.1-2730 *et seq.* of the *Code of Virginia*.

Board Member Orientation 2014

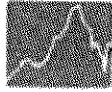


Department of Health Professions

What is BHP's authority?

Its statutory responsibilities are several. For ease of understanding, the following listing collapses similar duties.

Board Member Orientation 2014



Department of Health Professions

What is BHP's authority?

I. To evaluate, advise, and assist in promoting coordination and resolving conflicts

More specifically, to evaluate the need for coordination among the health regulatory boards, to serve as a forum for resolving conflicts among health regulatory boards, to examine scope of practice conflicts among professions, and to advise the boards and General Assembly of the nature and degree of such conflicts.

Board Member Orientation 2014



Department of Health Professions

What is BHP's authority?

II. To study matters relating to the regulation or deregulation of health care professions,

including whether or to what degree a particular profession should be regulated and to advise the Department Director, General Assembly, and Governor accordingly.

Board Member Orientation 2014



Department of Health Professions

What is BHP's authority?

III. To facilitate communication with the public

To provide a means for citizen access to the Department, a means for publicizing the policies and programs of the Department, and to generally educate the public and elicit support for Department activities.

Board Member Orientation 2014



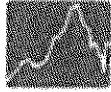
Department of Health Professions

What is BHP's authority?

IV. Review agency activities

Have access to Departmental information so that it may monitor the policies and activities of the Department. And, as part of this, to periodically review the investigatory, disciplinary, and enforcement processes of the Department and the individual boards to ensure public protection and the fair and equitable treatment of health professionals.

Board Member Orientation 2014



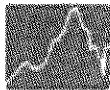
Department of Health Professions

What is BHP's authority?

V. Practitioner Self-Referral Act (1994)

To receive, review, and forward to the appropriate health regulatory board any investigative reports relating to complaints of *Practitioner Self-Referral Act* (PSR) violation, and to determine compliance with, violations of, and grant exemptions to PSR and take appropriate action against entities, other than practitioners, for violations.

Board Member Orientation 2014



Department of Health Professions

What is BHP's authority?

VI. Other

To promote the development of standards to evaluate the competency of the professions and occupations represented, and to make bylaws for its own governance.

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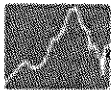


Department of Health Professions

Who are BHP's members?

The Board is comprised of 18 members appointed by the Governor. Five are citizen members, and one member is selected by the Governor from each of DHP's 13 health regulatory boards.

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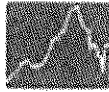
Department of Health Professions

and their primary roles?

The chief role of the members from the health regulatory boards is to bring their subject-matter expertise and perspectives as health care providers to the Board to assist in conducting policy reviews.

The five citizen members offer their unique perspectives to this effort as health care consumers and as informed members of the general public.

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Department of Health Professions

Members as of September 5, 2014

ASLP Pending	NURSING Trula E. Minton, MS, RN 1st Term Nursing: 6/2015 1st Term BHP: 6/2018*	VETERINARY MEDICINE Pending
COUNSELING Pending	OPTOMETRY Hefene D. Clayton-Jeter, OD 1st Term Optometry: 6/2018 1st Term BHP: 6/2018	CITIZEN MEMBER Robert J. Calron 1st Term BHP: 6/2017
DENTISTRY James D. Watkins, DDS 1st Term Dentistry: 6/2016 1st Term BHP: 6/2018 *	PHARMACY Ellen B. Shinaberry, RPh, PharmD 2nd Term Pharmacy: 6/2016 1st Term BHP: 6/2018	CITIZEN MEMBER Robert H. Logan, III, PhD 1st Term BHP: 6/2018
FUNERAL DIRECTORS & EMBALMERS J. Paul Welch, II, FSP 1st Term Funeral: 6/2016 1st Term BHP: 6/2018*	PHYSICAL THERAPY Allen R. Jones, Jr., DPT, PT 1st Term Physical Therapy: 6/2018 1st Term BHP: 6/2018	CITIZEN MEMBER Martha S. Perry, MS 1st Term BHP: 6/2018
LONG-TERM CARE ADMINISTRATORS Amanda Gannon 1st Term LTC: 6/2015 1st Term BHP: 6/30/2016*	PSYCHOLOGY Virginia Van de Water 1st Term Psychology: 6/2015 1st Term BHP: 6/2016	CITIZEN MEMBER Jacqueline M. Tyler, RN 1st Term BHP: 6/2018
MEDICINE Frazier W. Frantz, MD Unexpired Term: 6/2015 1st Term BHP: 6/2018*	SOCIAL WORK Yvonne P. Haynes, LCSW 2nd Term Social Work: 6/2016 2nd Term BHP: 6/2018	CITIZEN MEMBER James Wells, RPh 1st Term BHP: 6/2018

* Licensing Board continued appointment required

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Department of Health Professions

Policy Reviews/Activities

Previous Studies (1995 – 2013)

http://www.dhp.virginia.gov/dhp_studies/default.htm

Current Reviews:

- HB 1235: Physician Owned Distributorships of Implantable Medical Devices
- Scope of Practice Barriers to Effective Team Health Delivery Review: Dental Hygienist (third in a series: Nurse Practitioners, Pharmacists/Pharmacy Technicians)

Board Member Orientation 2014



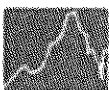
Department of Health Professions

Current Policy Reviews/Activities

Evaluation of Sanctions Reference Points

- Medicine (original system in 2004 - new manual in 2011)
- Nursing (original system in 2006 - new manual in 2011)
- Nursing (additional update – incorporation of Registered Medication Aides)
- Dentistry (original system in 2005 – revision in 2012 to include expanded injury definition)
- Pharmacy (original system in 2007, new manual in 2013 based on review and incorporation of Pharmacy Technicians)
- Veterinary Medicine (original system in 2007 – new manual in 2014)
- Re-Training for the DHP, Attorneys and General Public (original training in 2003 – updated training in September 2011; March 2014 (Attorneys and General Public) and May 2014 (DHP Staff))
- On-going individual Board Training

Board Member Orientation 2014



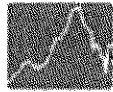
Department of Health Professions

Emerging Professions Review – Prior since 2008

- Central Services/Sterile Processing Technicians
- Community Health Workers
- ✓ Genetic Counselors
- Kinesiotherapists
- Medical Interpreters
- Medical Laboratory Scientists/Technicians
- Orthopedic Technologists
- Orthopedic Physicians Assistants
- Orthotists
- Prosthetists
- Pedorthists
- ✓ Polysomnographers
- ✓ Surgical Assistants
- ✓ Surgical Technologists

✓ Designated Board recommended regulation and General Assembly Action taken

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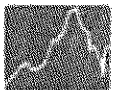


Department of Health Professions

Legislative Studies

- Military Credentialing Review (DHP) 2012 (request from Delegate Stolle, M.D. – expanded to state partnership with federal Task Force on Veteran Employment and NGA Veterans Licensure and Certification Demonstration Policy Academy (2013-14))
- HB 1235

Board Member Orientation 2014

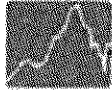


Department of Health Professions

How is the work accomplished?

- Board Members (largely through Committees)
- Executive Director
- Operations Manager
- Policy and Management Analysts
- Research Assistants
- Contractors

Board Member Orientation 2014



Department of Health Professions

BHP's Workplan

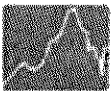
The BHP Workplan communicates overall goals and direction and is broken down by Committee.

It is prepared annually and revised according to the Board's changing needs.

Also, any member of the Board may ask for amendments to include new projects.

Requests for projects from the Governor, Director, the General Assembly, and the public are included.

Board Member Orientation 2014

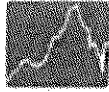


Department of Health Professions

EXECUTIVE COMMITTEE

Mission: To review matters of interest to the Board and make recommendations to the Board. To evaluate the need for coordination among the boards and their staffs and report findings and recommendations to the Director and the boards. To monitor policies and activities of the Department. To review and comment on the budget for the Department.

Board Member Orientation 2014



Department of Health Professions

REGULATORY RESEARCH COMMITTEE

Mission: To evaluate regulated and unregulated health care professions to consider whether the professions should be regulated and the degree of regulation to be imposed. To examine scope of practice conflicts involving regulated and unregulated professions and advise the boards and the General Assembly regarding the nature and extent of these conflicts.

Board Member Orientation 2014



Department of Health Professions

EDUCATION COMMITTEE

Mission: To provide a means of citizen access to the Department. To provide a means of publicizing the policies and programs of the Department to educate the public and elicit public support. To promote the development of standards to evaluate the competency of professions represented on the Board.

Board Member Orientation 2014

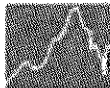


Department of Health Professions

ENFORCEMENT COMMITTEE

Mission: To review periodically the investigatory, disciplinary, and enforcement processes of the Department and the boards to ensure the protection of the public and the fair and equitable treatment of health professions.

Board Member Orientation 2014

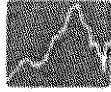


Department of Health Professions

NOMINATING COMMITTEE

Mission: To develop a slate of officers for annual elections of offices (Chair & Vice-Chair) and a listing of members for consideration as acting officer, should the need arise.

Board Member Orientation 2014



Department of Health Professions

Staff

Elizabeth A. Carter, Ph.D.
Executive Director for the Board
Director for the DHP Healthcare Workforce Data Center
Elizabeth.Carter@dhp.virginia.gov, 804-367-4426

R. Justin Crow, M.P.A.
Deputy Executive Director for the Board
Deputy Director for the DHP Healthcare Workforce Data Center
Justin.Crow@dhp.virginia.gov, 804-367-4528

Laura Jackson
Operations Manager for the Board and DHP Healthcare Workforce Data Center
Laura.Jackson@dhp.virginia.gov, 804-367-2115

Christopher Coyle, M.P.A. (part-time)
Policy & Planning Specialist

Board Member Orientation 2014

[18 VAC 76 - 20]	Regulations Governing the Prescription Monitoring Program	<p><u>Conformity to Code</u> [Action 4228]</p> <p>Final - <i>AT Attorney General's Office</i> [Stage 7026]</p>
[18 VAC 76 - 40]	Regulations Governing Emergency Contact Information	<p><u>Periodic review</u> [Action 4042]</p> <p>Fast-Track - <i>Register Date: 10/6/14</i> [Stage 6689]</p>

Board	Board of Long-Term Care Administrators
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Chapter		Action / Stage Information
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	<p><u>Report from NPDB for applicants</u> [Action 4214]</p> <p>Fast-Track - <i>At Governor's Office</i> [Stage 7010]</p>
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	<p><u>Fee increase</u> [Action 3254]</p> <p>Final - <i>Register Date: 9/22/14</i> [Stage 6998]</p>
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	<p><u>Regulatory reform changes</u> [Action 4097]</p> <p>Fast-Track - <i>Register Date: 10/6/14</i> [Stage 6790]</p>
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	<p><u>Oversight of acting administrators in an AIT program</u> [Action 3514]</p> <p>Final - <i>At Governor's Office</i> [Stage 6779]</p>

Board	Board of Medicine
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Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	<p><u>Pharmacotherapy for weight loss by PA's and NP's</u> [Action 4211]</p> <p>Fast-Track - <i>At Governor's Office</i> [Stage 7008]</p>
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<p><u>Qualifications for fluoroscopy</u> [Action 3764]</p> <p>Fast-Track - <i>At Secretary's Office</i> [Stage 6883]</p>
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	<p><u>Practice by graduate pending examination</u> [Action 4197]</p> <p>Final - <i>Register Date: 7/28/14</i> [Stage 6993]</p>
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	<p><u>Acceptance of graduates of candidacy programs</u> [Action 4146]</p> <p>Fast-Track - <i>At Secretary's Office</i> [Stage 6885]</p>
[18 VAC 85 - 140]	Regulations Governing the Practice of Polysomnographic Technologists	<p><u>Initial regulations for licensure</u> [Action 3447]</p> <p>Final - <i>At Governor's Office</i> [Stage 6853]</p>
[18 VAC 85 - 160]	Regulations Governing the Registration of Surgical Assistants and Surgical Technologists	<p><u>Initial regulations for registration</u> [Action 4236]</p> <p>Fast-Track - <i>DPB Review in progress</i> [Stage 7040]</p>

Board	Board of Nursing
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Chapter		Action / Stage Information
[18 VAC 90 - 20]	Regulations of the Board of Nursing	<u>Provisional licensure as a registered nurse</u> [Action 3577] Proposed - Register Date: 8/25/14 [Stage 6780]
[18 VAC 90 - 20]	Regulations of the Board of Nursing	<u>Medication administration training</u> [Action 4052] Fast-Track - At Governor's Office [Stage 6701]
[18 VAC 90 - 20]	Regulations of the Board of Nursing	<u>Training in medication administration vis gastrostomy tube</u> [Action 3990] Fast-Track - At Governor's Office [Stage 6876]
[18 VAC 90 - 20]	Regulations of the Board of Nursing	<u>Competency requirements for reactivation and reinstatement</u> [Action 4110] Fast-Track - At Secretary's Office [Stage 6910]
[18 VAC 90 - 20]	Regulations of the Board of Nursing	<u>Addition of government agencies for approval of CE</u> [Action 4229] Fast-Track - AT Attorney General's Office [Stage 7028]
[18 VAC 90 - 20]	Regulations of the Board of Nursing	<u>Requirements for approval of nursing education programs</u> [Action 3238] Final - At Secretary's Office [Stage 6908]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Practice in patient care teams</u> [Action 3765] Proposed - Register Date: 9/22/14 [Stage 6727]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Practice revisions</u> [Action 3766] Proposed - Register Date: 9/22/14 [Stage 6728]

Board **Board of Optometry**

Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	<u>Regulatory reform changes</u> [Action 3912] Fast-Track - At Governor's Office [Stage 6488]

Board **Board of Pharmacy**

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<u>Prohibition against incentives to transfer prescriptions</u> [Action 4186] NOIRA - At Secretary's Office [Stage 6973]
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<u>Addressing hours of continuous work by pharmacists</u> [Action 3755] Proposed - At Secretary's Office [Stage 6489]
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<u>Maintaining floor stock of certain drugs onsite at correctional facilities</u> [Action 4157]

		Fast-Track - <i>At Governor's Office</i> [Stage 6911]
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<u>Nonresident pharmacy renewal date and access by suspended pharmacists to prescription department</u> [Action 4215] Fast-Track - <i>At Secretary's Office</i> [Stage 7011]
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<u>Drugs and emergency medical services agencies</u> [Action 4216] Fast-Track - <i>At Secretary's Office</i> [Stage 7012]
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<u>Continuous quality improvement programs</u> [Action 3496] Final - <i>At Governor's Office</i> [Stage 6972]
[18 VAC 110 - 20]	Virginia Board of Pharmacy Regulations	<u>Administrative fees for duplicate licenses and verification</u> [Action 3444] Final - <i>At DPB</i> [Stage 7058]

Board

Board of Psychology

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<u>Licensure by endorsement and CE requirements</u> [Action 4151] Fast-Track - <i>At Secretary's Office</i> [Stage 6891]
[18 VAC 125 - 30]	Regulations Governing the Certification of Sex Offender Treatment Providers	<u>Regulatory review changes</u> [Action 4154] Fast-Track - <i>At Secretary's Office</i> [Stage 6895]

Board

Board of Social Work

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Fee increase and renewal cycle</u> [Action 3262] Proposed - <i>At Governor's Office</i> [Stage 5714]

Board

Board of Veterinary Medicine

Chapter		Action / Stage Information
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	<u>Increase in CE hours for veterinary technicians</u> [Action 4193] NOIRA - <i>At Governor's Office</i> [Stage 7024]

Glossary of Regulatory Terms

APA – The Administrative Process Act (§ 2.2-4000 et seq. of the *Code of Virginia*) provides the statutory framework for the regulatory and disciplinary activities of the boards.

CODE – The Code of Virginia (law) governing health professions provides authority for actions and regulations of the boards. Only the General Assembly can amend the Code. Code sections relating to health profession licensure and practice are found in Title 54.1. A typical Code cite would be § 54.1-2901 (54.1=Title; 29=Chapter, such as the chapter governing practice of the healing arts; 01=section number)

DPB – The Department of Planning and Budget provides the initial analysis of the regulation to determine economic impact and identify other issues that may need to be resolved.

EIA – The Economic Impact Analysis is prepared by DPB and must be submitted with every proposed regulation along with the agency's response.

Executive Order 17 (2014) Each Governor sets out orders related to the review and approval of regulatory actions, including emergency regulations and periodic reviews. The procedures established in executive orders supplement those set forth in the APA.

NOIRA – The Notice of Intended Regulatory Action is a notice to regulated entities and the public that the Board has identified a need and intends to address it through promulgation of regulations.

PPG – Public Participation Guidelines are regulations that provide the rules for involvement by the public in the promulgation of regulations. Every board has PPG regulations. The PPG list is a mailing or notification list of persons who have indicated a desire to be kept informed about regulatory actions, comment periods and upcoming public hearings.

Register – The Register of Regulations is a publication of the Virginia Code Commission and is the official source for information about the promulgation of regulation – all notices, NOIRA's, proposed and final regulations, and other related documents must be published in the Register, which comes out every two weeks. It may be viewed or downloaded from their Web address, which is <http://legis.state.va.us/codecomm/register/regindex.htm>

Secretary – The Department of Health Professions and all 14 boards are under the Secretary of Health and Human Resources (SHHR), who is a member of the Governor's cabinet.

Townhall – The Regulatory Townhall is a website set up by DPB for posting of current and proposed regulations, supporting documentation, notices of meetings, periodic reviews, and other information related to boards and their regulations. The Web address is www.townhall.virginia.gov

VAC – The Virginia Administrative Code is composed of rules or regulations adopted by state agencies. All DHP regulations are found in Title 18 of the VAC. A typical regulatory cite would be 18VAC90-20-10 (18=Title; VAC=Virginia Administrative Code; 90=agency number, such as Board of Nursing; 20=chapter number, such as Regulations Governing the Practice of Nursing; 10=section number, such as section on definitions)

Regulatory cite: 18VAC30-20-10

18 (Title)

VAC (Virginia Administrative Code)

30 (Identifier for agency)

20 (Identifier for chapter)

10 (Identifier for section)

Title 18. Professional and Occupational Licensing

Agency 5 Board of Accountancy
Agency 10 Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects
Agency 15 Virginia Board for Asbestos, Lead, and Home Inspectors
Agency 25 Auctioneers Board
Agency 30 Board of Audiology and Speech-Language Pathology
Agency 35 Board of Bar Examiners
Agency 40 Board for Barbers (Abolished)
Agency 41 Board for Barbers and Cosmetology
Agency 45 Board for Branch Pilots
Agency 47 Cemetery Board
Agency 48 Common Interest Community Board
Agency 50 Board for Contractors
Agency 55 Board for Cosmetology (Abolished)
Agency 60 Board of Dentistry
Agency 62 Fair Housing Board
Agency 65 Board of Funeral Directors and Embalmers
Agency 70 Board for Geology (Abolished)
Agency 75 Board of Health Professions
Agency 76 Department of Health Professions
Agency 80 Board for Hearing Aid Specialists and Opticians
Agency 85 Board of Medicine
Agency 90 Board of Nursing
Agency 95 Board of Long-Term Care Administrators
Agency 100 Board for Opticians (Abolished)
Agency 105 Board of Optometry
Agency 110 Board of Pharmacy
Agency 112 Board of Physical Therapy
Agency 115 Board of Counseling
Agency 120 Department of Professional and Occupational Regulation
Agency 125 Board of Psychology
Agency 130 Real Estate Appraiser Board
Agency 135 Real Estate Board
Agency 140 Board of Social Work
Agency 145 Board for Professional Soil Scientists, Wetland Professionals, and Geologists
Agency 150 Board of Veterinary Medicine
Agency 155 Board for Waste Management Facility Operators
Agency 160 Board for Waterworks and Wastewater Works Operators and Onsite Sewage System Professionals

**Legislative Proposals from the Department
For the 2015 Session of the General Assembly**

Requires applicants for licensure as registered nurses or licensed practical nurses to submit a criminal background check.

Clarifies authority of DHP to share investigative and inspection information with other HHR state agencies and federal law enforcement.

Creates a new licensing category under the Board of Pharmacy for outsourcing facilities to prepare compounded drugs for office administration.

Establishes a prohibition on fee-splitting for the Board of Dentistry.

Adds home health and hospice organizations to the health care institutions required to report unprofessional misconduct by a licensed practitioner.

Adds a requirement for a facility permit for locations in which physicians are selling drugs.

Requires wholesale distributors that cease selling drugs to a dispenser because of suspicious ordering to report to Board of Pharmacy.

Amends requirements for post-graduate experience by a physician to allow acceptance of qualified applicants.

Amends the Funeral Practice Act to eliminate outdated language and provide grounds for disciplinary action to address problems.

Adds a restricted volunteer license for nurses or nurse practitioners to practice in free clinics or public health centers.

Amends the Veterinary Practice Act to eliminate outdated or problematic language and to clarify that practice in the Commonwealth requires a license.

Adds to drugs to Schedule IV in the Drug Control Act for consistency with federal schedules.

Authorizes pharmacists to possess epinephrine and oxygen for emergency administration.


Updates definitions for radiologic technologist and the name of respiratory therapists.

Sanctioning Reference Points & Key Performance Measures

September 25, 2014

Prepared for:
Department of Health Professions
Board of Health Professions

Neal Kauder, President
804.794.3144
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VisualResearch inc
Data Analytics & Information Design


Sanctioning Reference Points (SRP) Background

Questions raised relating to consistency, neutrality, and appropriateness of Health Regulatory Board sanctions

Only anecdotal information previously available

Hard data unavailable on factors that relate to sanction decisions – aggravating or mitigating factors, etc.

Virginia Board of Health Professions, Work plan, Spring 2001



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Purpose of the SRPs

- Make sanctioning more predictable
- Education tool for new board members
- Add empirical element to a process
- A resource for staff and attorneys
- "Neutralize" unwarranted inconsistencies
- Validate board member recall of past cases
- Help 'predict' future caseloads (need for services, terms)

SRP Guiding Principle

"... for any sanction reference system to be successful, it must be developed with complete board oversight, be value-neutral and grounded in sound data analysis, and be totally voluntary..."

DHP Internal Committee & Staff, Fall 2001

How the SRP System Was Developed...

1. Conduct personal interviews
2. Profile other states
3. Develop methodology, identify sample & collect data
4. Identify "historically relevant factors"
5. Translate factors into usable reference system
6. Train, implement and monitor



Nursing Worksheet

Inability to Safely Practice Worksheet

Board of Nursing
Mopid 12/17/11

Offense Score	Points	Score
a. Two or more concurrent founded cases	20	_____
b. Concurrent sanction by employer	20	_____
c. Injured at the time of the incident	20	_____
d. Patient injury	20	<u>20</u>
e. Patient especially vulnerable	20	_____
f. Any patient involvement	15	<u>15</u>
g. Injury to self	10	_____
h. Act of commission	10	_____
Total Offense Score		<u>35</u>

Respondent Score	Points	Score
a. Concurrent criminal conviction	30	_____
b. Any prior Board violations	20	_____
c. License ever taken away	20	_____
d. Been sanctioned by another state/entity	20	_____
e. Past difficulties (substances, mental, physical)	10	<u>10</u>
f. Three or more employers in past 5 years	5	_____
Total Respondent Score		<u>10</u>

		Offense Score		
		0-15	16-45	46 or more
Respondent Score	0-15	No Sanctions or > Reprimand/ Monetary Penalty	Reprimand/ Monetary Penalty or > Treatment/Restriction	Treatment/Restriction or > Reprimand/Penalty/ Suspension or Revocation
	16-45	Reprimand/ Monetary Penalty or > Treatment/Restriction	Treatment/Restriction or > Reprimand/Penalty/ Suspension or Revocation	Treatment/Restriction or > Reprimand/Penalty/ Suspension or Revocation
	46 or more	Treatment/Restriction	Treatment/Restriction or > Reprimand/Penalty/ Suspension or Revocation	Reprimand/Penalty/ Suspension or Revocation

Grid cells give a single recommendation or a range of recommendations for imposing sanctions.

Confidential Worksheet # 101-24002 of the Code of Ethics



The SRP Effectiveness Study

Purpose of the Effectiveness Study

“... to evaluate the SRP system against its own unique set of objectives. The SRPs were designed to aid board members, staff and the public in a variety of ways. The study seeks to examine whether or not the SRPs were successful, and if not, what areas require improvement”

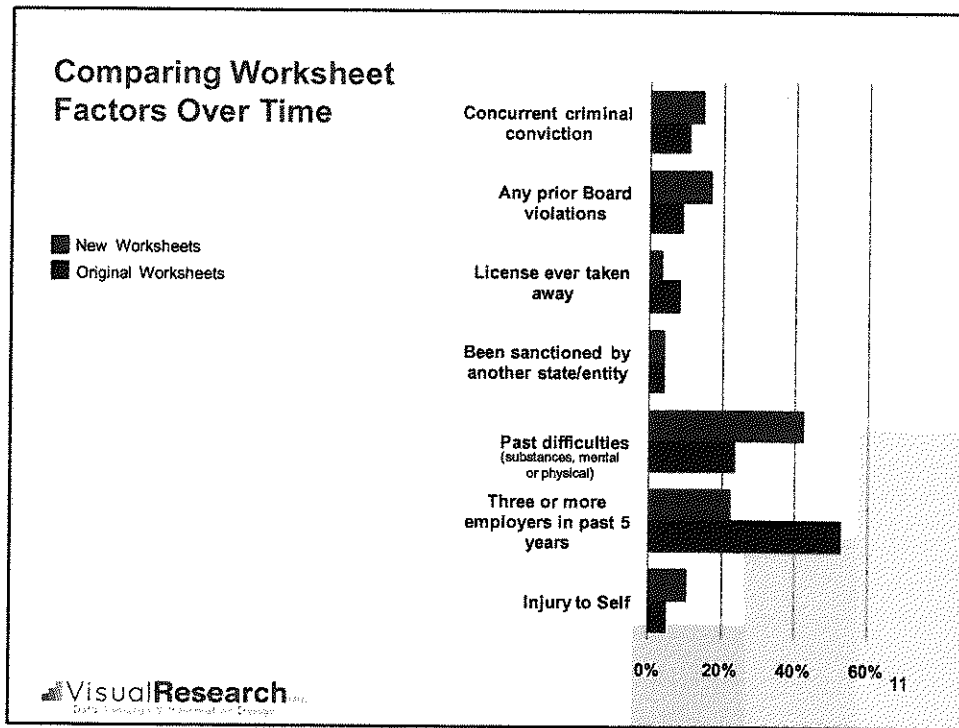
Assessing the Effectiveness of
Sanctioning Reference Points,
December 2009

Effectiveness Study Seeks to Evaluate:

- Worksheet factors and point values
- Sanctioning recommendations
- Agreement monitoring and departures
- How board polices fit within SRPs (CCAs, PHCOs, etc.)
- Consistency, proportionality and neutrality
- Unintended consequences
- Opportunities for ongoing SRP training

Effectiveness Study Tasks

- Conduct user satisfaction interviews
- Code and key data from worksheets
- Collect, code and key extralegal factors
- Convert, merge and create databases from various sources
- Present preliminary descriptive data
- Revise worksheets and manuals
- Conduct Board and public trainings
- Conduct analysis to determine consistency, proportionality & neutrality



Sanctioning Culture has also Changed Over the Last Decade

- Impact of agency subordinates on sanctioning
- CCAs and Advisory Letters are now an option for case closure
- Pre-defined sanctions have been adopted as guidance documents
- Board staff has more authority to close cases via PHCO
- Additional occupations now being regulated (CMT and RMA)

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SRP Agreement Analysis thru June 30, 2014

Virginia Department of Health Professions
Sanctioning Reference Points (SRP) Agreement Analysis
Data through June 30, 2014

David E. Brown, D.C.
Director

Board	Start Date	Completed Worksheets		Agreement		Aggravating Departures		Mitigating Departures		Agreement by Board
		#	%	#	%	#	%	#	%	
Medicine	Aug-04	225	160	71%	10	4%	55	24%	Medicine 71%	
Nursing	Jul-05	1276	977	77%	253	20%	46	4%	Nursing 77%	
CNA	Jul-05	754	724	96%	17	2%	13	2%	CNA 96%	
RMA	Jun-13	22	19	86%	3	14%			RMA 86%	
Dentistry	Jun-06	179	145	81%	19	11%	15	8%	Dentistry 81%	
Funeral	May-07	32	25	78%	1	3%	6	19%	Funeral 78%	
Vet. Medicine	May-07	77	62	81%	11	14%	4	5%	Vet. Medicine 81%	
Pharmacy	Nov-07	96	70	73%	3	3%	23	24%	Pharmacy 73%	
Optometry	Dec-08	10	9	90%	1	10%			Optometry 90%	
Social Work	Jun-09	12	7	58%	2	17%	3	25%	Social Work 58%	
Psychology	Jun-09	9	7	78%			2	22.2	Psychology 78%	
Counseling	Jun-09	14	13	93%			1	7%	Counseling 93%	
Physical Therapy	Nov-09	4	3	75%	1	25%			Physical Therapy 75%	
Long-Term Care	Mar-10	6	3	50%			3	50%	Long-Term Care 50%	
Audiology	Jun-10	1	1	100%					Audiology 100%	
DHP Total		2727	2225	82%	321	12%	171	6%	DHP Total 82%	

Key Performance Measures (KPMs)

KPMs

What are the criteria for a good set of performance indicators?

- Linkage to key principles
- Balanced perspective
- Measurable
- Sustainable
- Outcome focus
- Feasible and a practical few

DHP Performance Measures

The diagram consists of two overlapping circles. The left circle is labeled 'Things that matter' and the right circle is labeled 'What can be measured'. An arrow points from the text 'DHP Performance Measures' to the intersection of the two circles.

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KPMs

10 CourTools...

Applies to health regulatory case processing as well...

- M1... **Access and Fairness**
- M2... **Clearance Rate**
- M3... **Time to Disposition**
- M4... **Age Of Active Pending Caseload**
- M5... **Trial Date Certainty**
- M6... **Reliability And Integrity Of Case Files**
- M7... **Collection Of Monetary Penalties**
- M8... **Effective Use Of Jurors**
- M9... **Court Employee Satisfaction**
- M10.. **Cost Per Case**

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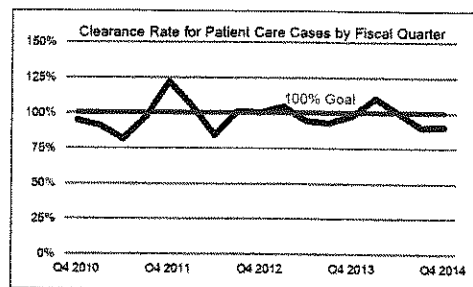
KPMs

Four Step Process

- Step 1 **Assess measures currently used**
- Step 2 **Identify new measures & create levels (hierarchies) of measures**
- Step 3 **Conduct research & analyze data: test & demonstrate measures**
- Step 4 **Develop useful and transparent measurement display systems**

KPM #1 - Clearance Rate

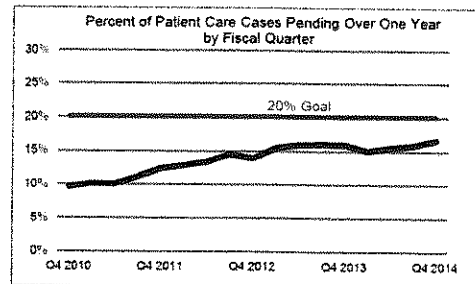
- Closed cases as a percentage of received cases.
- 100% clearance rate = same number of cases as received
- The current quarter's clearance rate is 90%, with 961 patient care cases received and 867 closed.



DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016.

KPM #2 - Age of Pending Caseload

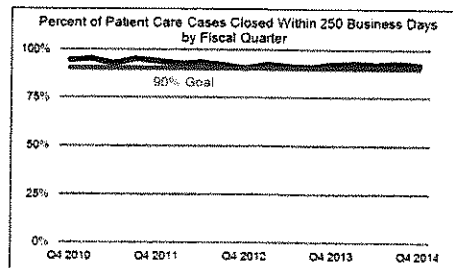
- Percent of open patient care cases over 250 business days
- For the last quarter shown, there were 2,260 patient care cases pending, with 376 pending over 250 business days.



DHP's goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016.

KPM #3 - Time to Disposition

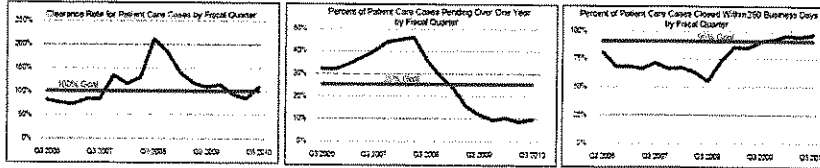
- Percent of patient care cases closed within 250 business days for cases.
- During the last quarter, there were 854 patient care cases closed, with 783 closed within 250 business days.



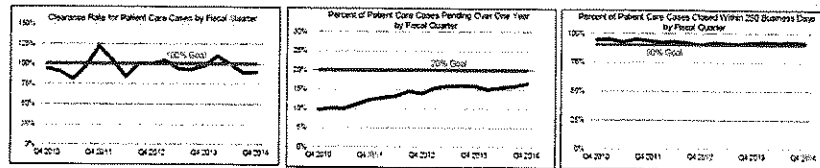
DHP's goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016.

KPMs Over Time

2006-2010

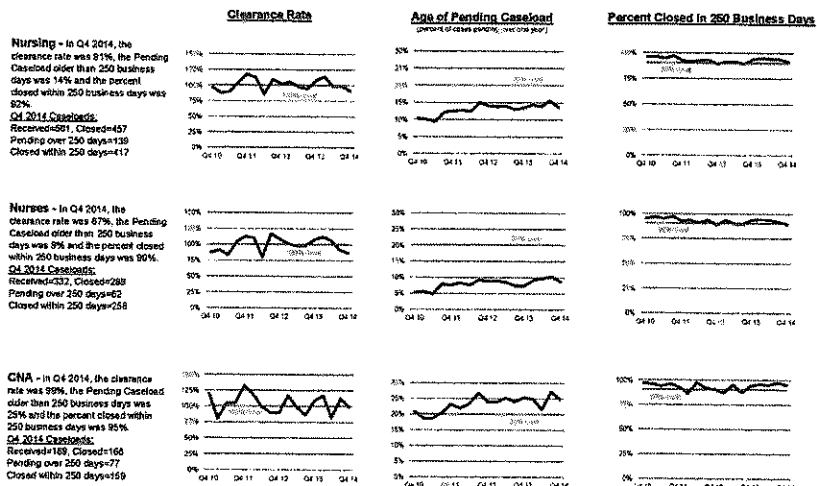


2010-2014



KPMs by Board

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board





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Dental Hygienists
Scope of Practice Review

Board of Health Professions

Justin Crow, MPA

Deputy Executive Director

Virginia Board of Health Professions

Sept 26, 2014





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



Purpose

- Virginia Health Reform Initiative
 - Update Scope of Practice Laws to increase healthcare capacity
 - BHP Priorities (May 2010 Meeting)
 - ✓ – Nurse Practitioners
 - ✓ – Pharmacists & Pharmacy Technicians
 - Dental Hygienists
-
-

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- **CRITERION ONE: RISK FOR HARM TO THE CONSUMER**
- **CRITERION TWO: SPECIALIZED SKILLS AND TRAINING**
- **CRITERION THREE: AUTONOMOUS PRACTICE**
- **CRITERION FOUR: SCOPE OF PRACTICE**
- **CRITERION FIVE: ECONOMIC IMPACT**
- **CRITERION SIX: ALTERNATIVES TO REGULATION**
- **CRITERION SEVEN: LEAST RESTRICTIVE REGULATION**
 - When it is determined that the State regulation of the occupation or profession is necessary, *the least restrictive level of occupational regulation consistent with public protection will be recommended* to the Governor, the General Assembly and the Director of the Department of Health Professions

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Virginia's Dental Workforce

- Dentist
 - Diagnosis, treatment, surgery, dental home
- Dental Assistant
 - Chairside Assistant
 - Dental Assistant II—Expanded Role
- Dental Hygienist
 - Prophylactic Hygiene
 - Cleaning, sealing, fluoride application, patient education



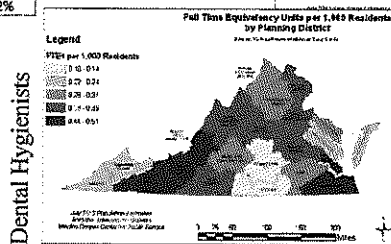
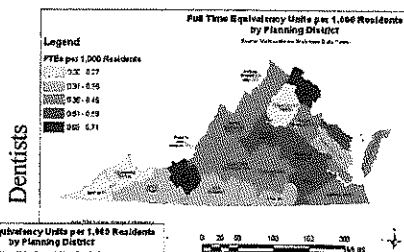
Hygienist Scope of Practice in Va


- “General Supervision”
 - Dentist evaluates patient and prescribes hygiene services prior to services being provided.
 - Dentist does not have to be on site when most services are provided.
 - Only topical anesthesia.
 - Authorization for 10 months max.
 - Total of 4 Dental Hygienists & Dental Assistant IIs per Dentist




Scope of Practice & Access

Primary Workplace	Dental Hygienist	Dentist
Solo Practice	53%	51%
Group Practice	39%	38%
Hospital	1%	3%
Public Health	1%	3%
Dental School	2%	2%
Community Clinic	1%	1%
Long-term Care	0%	0%
K-12 School	0%	0%
Other	3%	2%






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Va. Pilot Program

- “Remote Supervision”
 - VDH Public Health Hygienists w/ 2 years exp only
 - RS w/ VDH Dentist
 - Can supervise any # of hygienists
 - Annual on-site review
 - Personal communication every 14 days
 - Daily report review
 - Limited services
 - Education & prevention
 - Sealants, Flouride, Prophylactic cleaning (No anesthesia)



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Models at a Glance

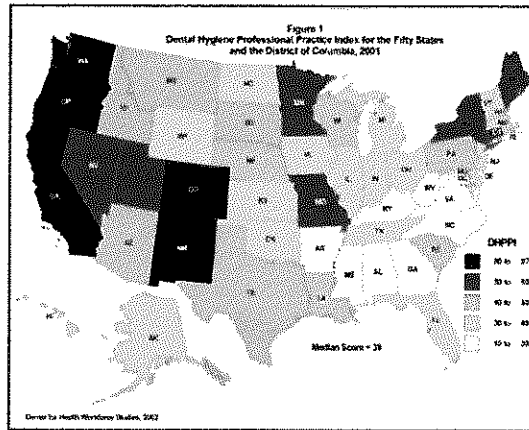
	Virginia Dental Hygienist	Virginia Pilot Program	Colorado Dental Hygienist	Maine Independent Practice DH	California Registered DMH Alternative Practice	Massachusetts Public Health DH
Additional eligibility requirements	None	• Two years experience	None	• Assoc + 5,000 hrs exp • BSDH + 2,000 hrs exp	• Bachelor's degree	• Three years full-time experience
Settings	Any	Public Health Agency	Any	Any	Dental shortage areas, Long term care, K-12 schools, Hospitals, Public Health	Long term care, K-12 schools, Hospitals, Community Health Clinics
Tasks						
Local/inhalation anesthesia	DS		DS			
X-rays, etc.	DS		IA			
Polishing	GS		IA	IA		
Apply topical anesthetic agents	GS		IA	IA		RS
Scaling	GS	RS	IA	IA	IA	RS
Clinical Examination	GS	RS	IA	IA	IA	RS
Prophylaxis	GS	RS	IA	IA	IA	RS
Apply Sealants	GS	RS	IA	IA	IA	RS
Application of topical fluorides	GS	RS	IA	IA	IA	RS
Oral Health Education	IA	RS	IA	IA	IA	RS
Preliminary Screenings/assessment	IA	RS	IA	IA	IA	RS



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Dental Hygiene Professional Practice Index



-Virginia WAS the third most restrictive state in 2003 (prior to the VDH Pilot Program)

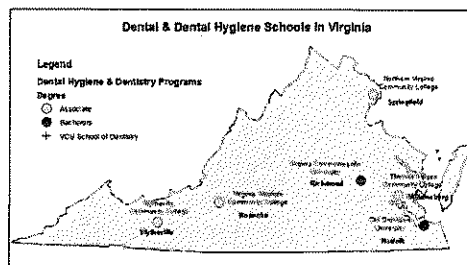


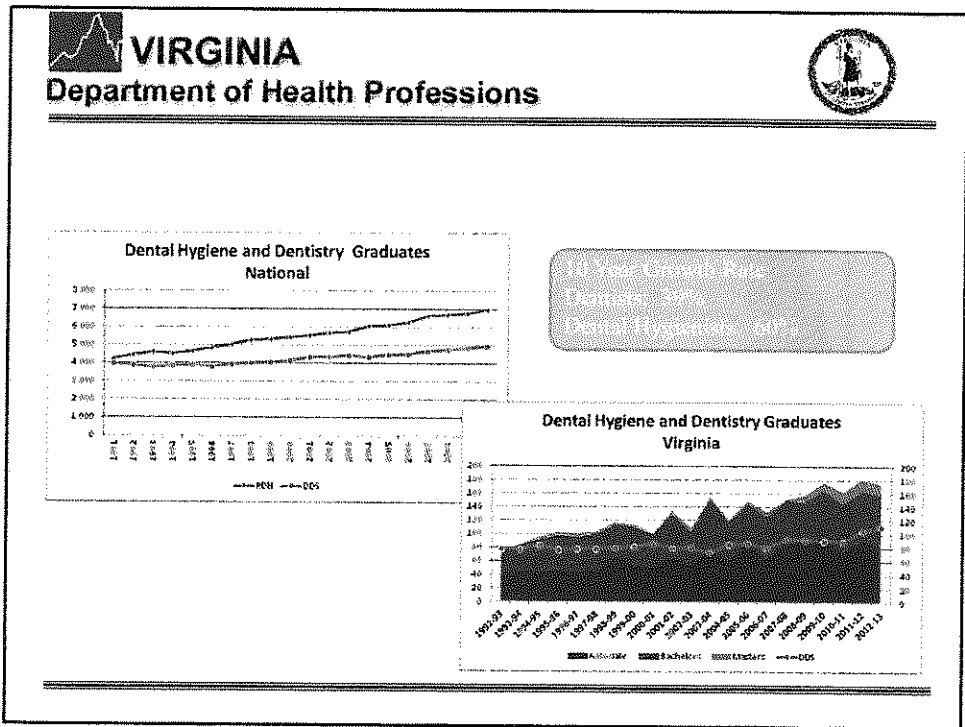
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


Education

Program Type	National	Virginia
Entry-Level Programs		
Certificate	8	0
Associate	287	4
Bachelor	53	2
Degree Completion Programs		
Dental Hygiene (BSDH)	44	1 (ODU)
Related (Health Science, Allied Health)	11	0
Masters Programs		
Dental Hygiene (MSDH)	17	1 (ODU)
Related (Health Science, Oral Health Care)	5	0








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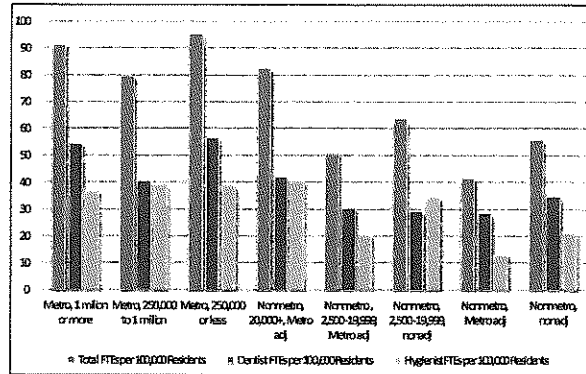


ED Visits & Dentist Distribution

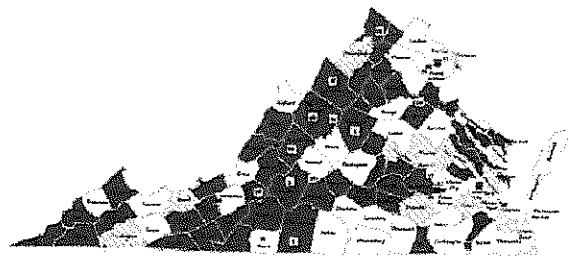
Dental-related visits to the ED, US, 2009, per 100,000 Population			
Category	2009	2008	2007
<1,500:1 (desirable)	216	212	4.2
1,500-2,000	326	321	5.3
2,000-3,000	336	333	2.9
3,000-4,000 (poor)	447	443	2.6
>4,000:1 (HPSA)	382	379	3.1
Geographic Area			
Large Metropolitan	217	213	3.9
Small Metropolitan	369	365	4.7
Metropolitan	476	474	4.9
Rural	480	476	4.3
Healthcare Access			
Highest	111	109	2.2
Moderate	238	235	3.3
Low	387	381	5.8
Lowest	452	448	4.7

Source: AHRQ Healthcare Cost and Utilization Project.

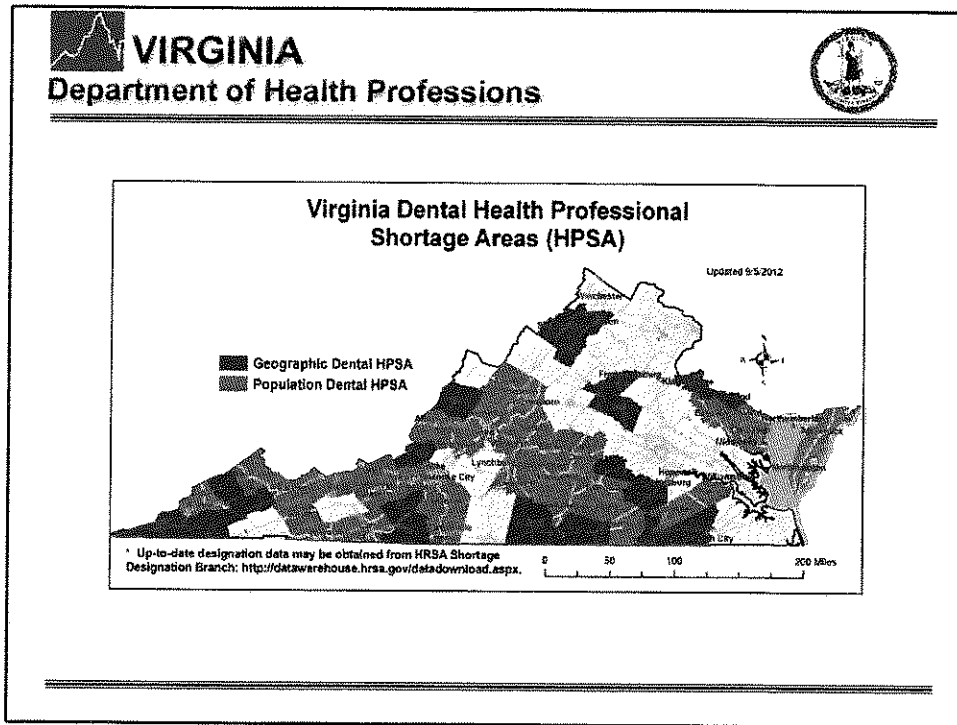
FTEs per 100,000 Dentists in Virginia



Localities with No Dental Safety Net Sites for Adults (2014)



Cities			Key
1 Abbeville	12 Falls Church	22 Norton	■ No Dental Safety Net Site
2 Abingdon	13 Farmville	23 Parkersburg	■ Services Available Part-Time
3 Alexandria	14 Fryingpan	24 Pikesville	■ Services Available Full-Time (or more days/week)
4 Amherst	15 Galax	25 Radford	
5 Appomattox	16 Gallop	26 Richmond	
6 Ashland	17 Gallop	27 Roanoke	
7 Colonial Heights	18 Leesville	28 Salem	
8 Colonial Heights	19 Lexington	29 Staunton	
9 Covington	20 Lynchburg	30 Virginia Beach	
10 Danville	21 Martinsburg	31 Washington	
11 Farmville	22 Martinsburg	32 Winchester	



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Risk of Harm


-Board Staff found **no evidence** of an increased risk of harm from independent or remote practice of Hygienists in other states or in the VDH Pilot program.

-Concerns that DH's may miss some problems dentists would catch.

"Approximately one in 10 cases of death from pneumonia in elderly nursing home residents may be prevented by improving oral hygiene." -- Journal of the American Geriatrics Society


Work setting (RDHAP's can have multiple settings)	% of RDHAP's reporting working in this setting
Residential facility/assisted living	63.6%
Residence of homebound	61.0%
Nursing home/skilled-nursing facility	58.5%
Schools	22.1%
Independent office-base practice in DHPSA	14.4%
Other institution	12.8%
Hospital	9.3%
Local public health clinic	7.6%
Home health agency	5.9%
Community centers	5.1%
Federal/state/tribal institution	4.2%
Community/migrant health clinic	4.2%
Other	2.5%


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Department of Health Professions



JCHC Study

- EXPECT to recommend a workgroup to develop protocols for remote supervision pilot in Safety Net Facilities, which could start in one year.
- Working in the context of public oral health/cost of untreated dental disease.
- Role of Board of Health Professions study.
- JCHC Schedule:
 - Sept. 26 (tomorrow): Final workgroup meeting, with policy options outlined.
 - Oct. 8: JCHC Meeting
 - Nov. 5: JCHC Meeting
 - BHP meeting Nov. 6
 - January, Va. General Assembly Session

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Joint Commission on Health Care Study

Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity and educational priorities of Virginia's oral health care safety net providers – to include an in depth look at ways to more proactively divert patients from ERs to dental resources within their communities and to include discussion on alternative settings where additional providers (such as registered dental hygienists) can practice to access additional patient populations that are not being reached. The study and its objectives should be led by the many and diverse stakeholder in the oral health community: The Virginia Department of Health, Virginia Association of Free Clinics, Virginia Community Healthcare Association, the Virginia Dental Hygienists' Association, the Virginia College of Emergency Physicians, Virginia Dental Association, Virginia Commonwealth University School of Dentistry, Virginia Health Care Foundation, Old Dominion Dental Society, Virginia Oral Health Coalition, Virginia Health Care Association, and Virginia Rural Health Association will be asked to work with JCHC staff in determining the need for any additional funding and resources to take care of Virginia's most vulnerable citizens. Furthermore, the group would be charged with taking a longer view of resources needed to improve education, awareness and proactivity for changing oral hygiene habits. The group would also collaborate with the Department of Education and other education stakeholders to expand oral health education in public schools. (This approved Option combines the amendments proposed by VDA, VDHA, VBPD, and VACEP.)

Department of Health Professions Healthcare Workforce Data Center

www.dhp.virginia.gov/hwdc/

Tumblr: www.vahwdc.tumblr.com

Twitter: @DHP_HWDC

Data Products

Profession Reports (www.dhp.virginia.gov/hwdc/findings.htm)

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include HWDC CareForce Indicators as well as more detailed information pertaining to the professions.

Virginia CareForce Snapshots (vahwdc.tumblr.com/VACareForceSnapshot)

The Virginia CareForce Snapshot is a compilation of the CareForce indicators for all professions, statewide, in a given HWDC survey year. The Careforce Snapshot, updated annually in spring, provide an interactive guide to compare CareForce Indicators across professions.

Regional CareForce Snapshot (www.vahwdc.tumblr.com/RegionalCareforce)

Produced in collaboration with the Virginia Healthcare Workforce Development Authority, (VHWDA) our Regional CareForce Products provide an interactive guide to the CareForce in each of Virginia's eight AHEC regions. Regional Reports are updated each spring.

Student Choice (www.vahwdc.tumblr.com/StudentChoice)

Our interactive Student Choice page uses HWDC data and data from the Bureau of Labor Statistics to help students begin thinking about health careers and education. This tool highlights the interoperability of HWDC data and how it can be used in analysis and decision making.

Virginia Health Workforce Briefs (www.dhp.virginia.gov/hwdc/briefs.htm)

The Healthcare Workforce Data Center's *Virginia Healthcare Workforce Briefs* provide timely indicators of the strength of Virginia's healthcare labor market in an accessible format. Information in these briefs is based on data provided by the US Department of Labor, Bureau of Labor Statistics and the US Department of Commerce, Bureau of Economic Analysis. The briefs consist of three series:

- *Series 1: State & National Employment (Monthly)*
- *Series 2: Virginia Regional & Sectoral Employment (Monthly)*
- *Series 3: Income & Compensation (Quarterly)*