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Fast-Track Regulation
Agency Background Document

Agency name	Board of Medicine, Department of Health Professions
Virginia Administrative Code (VAC) Chapter citation(s)	18VAC85-20
VAC Chapter title(s)	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic
Action title	Implementation of 2022 periodic review of Chapter 20
Date this document prepared	October 6, 2022; amended August 28, 2023

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code.*

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

Pursuant to its periodic review of Chapter 20, the Board has adopted amendments to delete outdated or redundant provisions and clarify others consistent with current practice and to reduce barriers to licensure.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

MD = medical doctor

DO = doctor of osteopathy
DPM = doctor of podiatric medicine
DC = doctor of chiropractic

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

The Board of Medicine voted to amend the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic by fast-track action on October 6, 2022.

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in the ORM procedures, "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Consistent with Virginia Code § 2.2-4012.1, also explain why this rulemaking is expected to be noncontroversial and therefore appropriate for the fast-track rulemaking process.

The impetus for these amendments were the Board's 2022 periodic review of this chapter. These amendments are noncontroversial and appropriate for fast-track rulemaking because the changes delete or modify provisions that, as currently effective, are redundant of statutory requirements, are outdate, or are otherwise ineffectual.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Regulations of the Board of Medicine are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Virginia Code § 54.1-2400(6) specifically states that the general powers and duties of health regulatory boards shall be "[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system."

Virginia Code § 54.1-2929 prohibits any individual from holding himself out as qualified to practice medicine, osteopathy, podiatry, or chiropractic without obtaining a license to practice from the Board.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

The rationale for the changes included in this action are the reduction of regulations, elimination of provisions redundant of statutory language, eliminations of provisions that are no longer needed, and to reduce barriers to licensure. The elimination of redundant provisions and reduction of barriers to licensure generally protect the health, safety, and welfare of citizens by ensuring a sufficient workforce of MDs, DOs, DPMs, and DCs with a reduction of barriers and reduction of redundant or outdated requirements. The goals the regulatory change is intended to solve is the elimination of redundant or outdated provisions from Chapter 20.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

The changes delete redundant statutory provisions or useless directions in regulation, including provisions related to: conversion therapy; public participation regulations; the closing or selling of a practice; repeated information concerning communication with patients; advertising restrictions; recommendations for the use of vitamins, minerals, and supplements; prescriptions of anabolic steroids; provisions related to solicitation or remuneration in exchange for referrals; the use of pharmacotherapy for weight loss; eliminate the requirement to attest to any hours of Type 2 continuing education; eliminate the Board's requirement to periodically conduct random audits; eliminate regulatory language regarding what a practitioner may voluntarily provide on the practitioner profile site; consolidate information related to informed consent for office-based procedures and subsequently eliminate redundant or extraneous language; and eliminate requirements for mixing, diluting, or reconstituting of drugs for administration.

The changes also eliminate the need for an applicant for licensure to provide a complete chronological record of professional activities beyond ten years prior to application and lessen the requirements for active practice for licensure by endorsement.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

1) The primary advantages to the public are potentially increased numbers of practitioners obtaining license by endorsement, thereby increasing the number of practitioners available in the Commonwealth to see patients. There are no disadvantages to the public.
2) There are no primary advantages or disadvantages to the agency or the Commonwealth.
3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. Any restraint on competition as a result of promulgating these regulations is a foreseeable, inherent, and ordinary result of the statutory obligation of the Board to protect the safety and health of citizens of the Commonwealth. The Board is authorized under

§ 54.1-2400 "[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) which are reasonable and necessary to administer effectively the regulatory system . . . Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title." The promulgated regulations do not conflict with the purpose or intent of Chapters 1 or 25 of Title 54.1.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected – none

Localities Particularly Affected – none

Other Entities Particularly Affected – none

Economic Impact

Consistent with § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is the proposed change versus the status quo.

Impact on State Agencies

For your agency: projected costs, savings, fees or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources	The Department of Health Professions is a Special Fund agency. All operating costs for the regulatory boards are taken from fees for licensing and renewal of regulated professions. Although one $10 fee has been eliminated, that fee is so minimal and used so infrequently that its elimination will have virtually no effect on Board funds.

For other state agencies: projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	There are no costs to other state agencies.
For all agencies: Benefits the regulatory change is designed to produce.	There are no benefits to state agencies.

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

Projected costs, savings, fees or revenues resulting from the regulatory change.	No impact on localities.
Benefits the regulatory change is designed to produce.	No benefit to localities.

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	Current licensees, potential applicants by endorsement, and potential registrants for voluntary out of state licenses will be affected.
Agency's best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million.	The Board has no data regarding any potential applicants by endorsement or potential registrants for voluntary out of state licenses. As of June 30, 2022, there were 41,926 individuals licensed as MDs and 4,733 licensed as DOs. There were 1,775 individuals licensed as chiropractors and 560 licensed as podiatrists.
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	There are no costs to individuals, businesses, or entities.
Benefits the regulatory change is designed to produce.	Fewer redundant regulations and reduced regulatory burden.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

These are existing regulatory requirements. To remove or change them, the Board must amend the applicable regulations. There is no alternative.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B of the Code of Virginia, describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

The amendments are necessary to reduce burdens on applicants and remove redundant or duplicative provisions, as stated above. 1) These amendments already reduce compliance requirements. 2) The amendments already reduce reporting requirements. 3) The amendments already simplify compliance. 4) There are no design or operational standards in the regulations, and the regulations do not apply to businesses. 5) The regulations do not apply to businesses.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

Consistent with § 2.2-4011 of the Code of Virginia, if an objection to the use of the fast-track process is received within the 30-day public comment period from 10 or more persons, any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules, the agency shall: 1) file notice of the objections with the Registrar of Regulations for publication in the Virginia Register and 2) proceed with the normal promulgation process with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.

If you are objecting to the use of the fast-track process as the means of promulgating this regulation, please clearly indicate your objection in your comment. Please also indicate the nature of, and reason for, your objection to using this process.

The Board of Medicine is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal and any alternative approaches, (ii) the potential impacts of the regulation, and (iii) the agency's regulatory flexibility analysis stated in this background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: https://townhall.virginia.gov. Comments may also be submitted by mail to Erin Barrett, 9960 Mayland Drive, Suite 300, Henrico,

Virginia 23233; by email to erin.barrett@dhp.virginia.gov; by fax to (804) 527-4434. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between existing VAC Chapter(s) and the proposed regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
20-10	Provides a definition of conversion therapy	Definition is deleted. Virginia Code § 54.1-2409.5 provides a more detail definition and applies to individuals licensed under Chapter 20.
20-20	Instructs individuals to review 18VAC85-11 for information regarding involvement of the public in development of regulations for the Board of Medicine.	Deleted. This is a reference to another existing chapter of the regulations of the Board of Medicine. Regulations do not need to contain a reference.
20-26(F)	(F) restates provisions of Virginia Code § 54.1-2405 regarding requirements of closing, selling, or relocating a practice.	Deleted. This is a repetition of language in statute, where the practitioner requirement is located. The language is not a full repetition of the language, however, and is therefore misleading to practitioners who would refer to the regulation rather than the statute.
20-28	20-28(A)(1) and (2) require certain communications with patients regarding diagnoses and treatment.	(A)(2) is deleted. (A)(1) is amended to include "in understandable terms" to the description of how a practitioner informs a patient or his legally authorized representative of medical diagnoses, prognosis, and prescribed treatment or plan of care. This amendment includes the non-repetitive information contained in (A)(2), thereby keeping the intent of (A)(2) while allowing the deletion of otherwise redundant language.
20-29(A)(4)	Prohibits licensees from engaging in conversion therapy with a person younger than 18 years of age.	Deleted. This is repetitive of Virginia Code § 54.1-2409.5 which prohibits the same conduct and specifically states that engaging in that conduct by any licensed person who performs counseling as part of training for any profession constitutes unprofessional conduct and shall be grounds for disciplinary action. As written, this

		applies to all licensees under Chapter 20. Therefore, this regulation is not needed.
20-30	20-30(A) states that any statement that specifies a fee but does not include the cost of all procedures, services, and products which are substantially likely to be necessary for the completion of advertised services shall be deemed deceptive or misleading, or both. Ranges of prices shall not be deemed deceptive or misleading. 20-30(B) makes charging fees for services performed within 72 hours of a discounted or free service, examination or treatment when the charged for service is a result of the discounted or free service unprofessional conduct unless the service is the result of a bona fide emergency. 20-30(C) states that advertisements for discounts must disclose the full fee that has been discounted, and that the practitioner must maintain documentary evidence to substantiate the discounted fees and make that evidence available to a consumer on request. 20-30(D) requires licensees to disclose the complete name of the specialty board which conferred any certification when using the term “board certified” or similar words. 20-30(E) states that a licensee shall not advertise information which is false, misleading, or deceptive, and delineates who is responsible for the content of advertisements. 20-30(F) requires documentation supporting claims made in advertisements for two years.	The Board found that the majority of this regulation is redundant of itself and overly prescriptive. Virginia Code § 54.1-2915(A)(1) makes fraud or deceit in the practice of any branch of the healing arts unprofessional conduct which may be disciplined by the Board. The Board, in a disciplinary matter, is free to determine that any conduct described by 18VAC20-30 constitutes fraud or deceit in the practice of a respondent’s profession and can discipline a practitioner accordingly. The Board feels that eliminating 20-30(A), (B), (C), and (D), and combining (E) and (F), and eliminating (F), is clearer and less overly prescriptive for practitioners.
20-40	20-40(A) requires that recommendations for the use of vitamins, minerals, or food supplements be documented by	Deletion. These regulations were promulgated in 1989 and mostly edited in the 1990s. The most recent time this regulation was amended was 2005, and at that time the change was to loosen some of the original documentation

	the practitioner and based on, essentially, therapeutic purposes. 20-40(B) states that vitamins, minerals, or food supplements shall not be sold, dispensed, or recommended in doses that would be contraindicated based on the individual patient's overall medical conditions and medications. 20-40(C) states that the practitioner shall conform to the standards of his branch of the healing arts in using or recommending vitamins, minerals, or supplements.	requirements. The Board determined that this regulation was promulgated to address a specific problem in the 1980s that is no longer relevant. Any recommendation that a patient obtain and/or use vitamins, minerals, or supplements should already be documented in any medical record. The improper recommendation for use of those substances could still be the basis for disciplinary action under Virginia Code § 54.1-2915(A)(3) or (13). Failure to document treatment is addressed under 18VAC85-20-26.
20-50	20-50 states that anabolic steroids shall not be sold, prescribed or administered except for accepted therapeutic purposes.	Deletion. Similar to the vitamins and supplements regulation, this was promulgated in 1989 and amended mostly in the 1990s, with one small amendment in 2005. Since no controlled substance may be prescribed, administered, or sold except for accepted therapeutic purposes, this regulation is unnecessary in the present era.
20-80	20-80 states that no practitioner of the healing arts shall knowingly and willfully solicit or receive benefits, directly or indirectly, from referring individuals to facilities or institutions as defined in Virginia Code § 37.2-100 or a hospital as defined in § 32.1-123. The regulations exclude any payments or business arrangements that are not prohibited by Title 42, Section 1320a-7b(b) of the U.S. Code or any regulations promulgated thereto.	This is a repeat of language already contained in Virginia Code § 54.1-2962.1. The regulation adds no requirements or information that is not already contained in statute. The statute states that the Board "shall adopt regulations as necessary to carry out the provisions of this section." The Board only repeated the language in the statute, and does not cite this regulation in disciplinary proceedings. If such a practice was to be the subject of disciplinary proceedings, the provisions of Virginia Code § 54.1-2915 would sufficiently cover any such action. Therefore, this regulation is not "necessary to carry out the provisions of" § 54.1-2962.1 and can be deleted.
20-90	20-90(A) states that a practitioner shall not prescribe amphetamine for the purpose of weight reduction or control. 20-90(B) sets out requirements for prescribing controlled substances for the purpose of weight reduction or control. 20-90(C) states that a physician assistant or nurse practitioner can prescribe certain substances for weigh reduction or control if authorized in a practice agreement.	This regulation can be deleted. Although at the time it was promulgated, 1989, the Board felt current circumstances required practice of care in this area to be specified in regulation, it is not necessary at this point in time. The requirements in this regulation are part of the standard practice of care. The Board can discipline practitioners for any of the conduct prohibited in this regulation without the need for a specific regulation governing this conduct. The only changes made to this regulation in the last 15 years include changing terminology and allowances around physician assistants and nurse practitioners. The substance of the

		regulation has not been considered or changed since 1996.
20-120	20-120(3)(a)(2) and 20-120(3)(b)(3) require applicants for licensure to provide a complete chronological record of all professional activities since graduation from professional school, giving location, dates, and types of services performed.	This section is amended to reduce the maximum reporting time to ten years prior to application to the Board, and eliminates the requirements to give location, dates, and types of services performed. The existing requirement is extraordinarily burdensome for any individual who has practiced for more than 10 years. An experienced physician who, for example, has been in practice for 30 years, which practice included locum tenens work in many states, could face an almost insurmountable task. The Board feels that limiting this requirement to not extend back more than 10 years prior to application and to eliminate some of the more specific reporting requirements will reduce this burden.
20-140	Requires applicants to have passed an examination equivalent to the "Virginia Board of Medicine examination."	"Virginia Board of Medicine examination" is deleted and replaced with "examination required by the board." The Board does not provide an examination to candidates. This is changed for clarity and consistency with reality and other requirements in the regulations.
20-141	20-141(1) requires an applicant for licensure by endorsement to have held an unrestricted license in another jurisdiction for five years preceding application. 20-141(2) requires that an applicant for licensure by endorsement have practiced an average of 20 hours per week or 640 hours per year for five years after postgraduate training and immediately preceding application.	The requirement to have held a license in another jurisdiction for five years is deleted. The word "unrestricted" is deleted and replaced with "active." The intent of this change is to allow some residents who have obtained specialized residency, such as in pediatric cardiology, to obtain licensure by endorsement. The current language would exclude such residents because their residency license is "restricted" to practice at a particular facility. Language is added to (6) to clarify that an individual applying for licensure by endorsement cannot have any *disciplinary* restrictions on a current, active license, which was the original intent of the "unrestricted" language now deleted. The language of 20-141(2) is changed to account for individuals who may not have consecutive practice in the five years preceding application to the Board. This would include military spouses and individuals who may have taken a year or more away from practice to care for family. The Board has changed the definition of active practice in this section to be two out of the last five years, where such practice is not required to be consecutive. This is consistent with language in regulation of other boards intending to reduce the burden on endorsement applicants.
20-210	20-210(B) provides renewal information for limited professorial	The requirements in 20-210(B)(1) and (2) were largely repetitive. The Board has eliminated (1) and (2), including the necessary language in the

	licenses and limited fellow licenses.	body of (B). There is no substantive change to the requirements contained in the regulation.
20-225	20-225(4) requires an applicant for voluntary out-of-state practice to pay the Board $10.	Deletion of this fee. The fee itself costs more administratively to collect than the amount. This provision is not used frequently, so the loss of $10 will not negatively impact the Board's funds.
20-235	Requires licensees to complete 60 hours of continuing education per biennium. 30 hours are required to be in Type 1 activities, which are generally understood to be courses and clinical activities sponsored or approved by a national practice organization or an accredited educational institution. 30 of the 60 hours may be in Type 2, which can be such activities as reading journals or talking to other practitioners. All 60 hours, whether Type 1 or Type 2, must be reported to the Board. 20-235(D) requires the Board to conduct random periodic audits of continuing education.	The Board has deleted the requirement for Type 2 continuing education hours, making the new requirement for 30 hours of continuing education per biennium (15 per year). The Board feels that the reporting requirement for Type 2 hours, and the requirement for Type 2 hours, is unnecessarily burdensome. Most practitioners would complete activities that are included as Type 2 regardless of the requirement, and most practitioners obtain far more than 30 hours of Type 1 continuing education per renewal cycle. Thus the Type 2 requirement is an unnecessary and often impossible to verify requirement. 20-235(D) is deleted. The Board has only performed one or two of these audits in the last two decades, and only on two sets of its 21 types of licensees. The Board does not have staff or the ability to conduct such audits and has not for years.
20-285	States information that physicians may voluntarily report on their required practitioner profile.	Deletion. A regulation stating what a practitioner may add to a required reporting database is unnecessary. The same fields will be provided by the Board for physicians to fill out if they choose, but a regulation stating the Board will do so is not needed.
20-330	N/A	The Board has added new provision 20-330(D), which is pulled from 18VAC85-20-350(A), which is deleted as described below. This language is more appropriate for 20-340, which explains what should be communicated to the patient prior to the administration of office-based anesthesia.
20-350	20-350(A) describes the requirements of disclosing the anesthesia plan to the patient prior to administration, and how informed consent shall be obtained. 20-350(B) states the surgical consent forms must include a practitioner is either board certified or board eligible, and by which certification body. 20-350(C) states that the consent forms must indicate whether the surgery is elective or medically necessary.	20-350(A) is moved to 20-340(D), as described above. 20-350(B) and (C) are not necessary. They are overly prescriptive of a basic standard of care form and contain requirements that have no discernible purpose.

20-400, 20-410, 20-420	These regulations contain requirements for mixing, diluting, and reconstituting medication in doctors' offices.	These regulations were originally promulgated at the request of one medical practice that had hired a pharmacist and wanted their use of medications in the office to be considered something other than "compounding" under the Drug Control Act. Pursuant to legislation in 2005, the "mixing, diluting, or reconstituting of a manufacturer's product drugs for the purposes of administration to a patient" when done by or at the direction of a physician was exempted from the definition of compounding. The board was originally ordered in an enactment clause to promulgate regulations related to mixing, diluting, or reconstituting in physician offices. There is no requirement for regulations in the language of the Code itself. The regulations that were created, however, provide no benefits for licensees and have been an unnecessary burden for approximately 70,000 practitioners. The "mixing" of two sterile products, such as to provide a pediatric vaccine, is simple and straightforward. Any disciplinary matters arising from improper mixing, diluting, or reconstituting would be handled through standard, existing channels for discipline related to standard of care violations.