

December 2, 2021
Board Room 2
9:30 a.m.

Agenda
Virginia Board of Health Professions
Full Board Meeting

Call to Order – James Wells, RPH, Board Chair

Page 1-2

- Welcome
- Mission Statement
- Emergency Egress Procedures
- Introductions

Ordering of Agenda – Mr. Wells

Public Comment – Mr. Wells

The Board will receive all public comment related to agenda items at this time.
The Board will not receive comment on any regulatory process for which a public comment period has closed.

Approval of Minutes – Mr. Wells

Pages 3-9

- January 21, 2021 – Nominating Committee (pages 3-4)
- May 13, 2021 – Full Board Meeting (pages 5-9)

Director’s Report – David E. Brown, DC, Director

Policy Analyst’s Report – Elaine Yeatts

Pages 10-30

- Regulatory Report (pages 10-17)
- Reports to the General Assembly (pages 18-24)
- Policy Action – Consideration of Electronic Meeting Policy (pages 25-30)

Discussion Items – Leslie Knachel

Pages 31-49

- Review of §54.1-2510. Powers and Duties of Board of Health Professions (pages 31-32)
- Practitioner Self-Referral: Peninsula Vascular Center, PC – Consideration for Ratification (pages 33-45)
- Consideration of Amendments to Guidance Document 75-4 Bylaws (pages 46-49)
- Board Member Training Recommendations
- Format for Individual Board Reports

Board Counsel’s Report – Charis Mitchell

President’s Report – Mr. Wells

Staff Reports – Ms. Knachel

Pages 50-52

New Business – Mr. Wells

Next Meeting – Mr. Wells

Meeting Adjournment – Mr. Wells

MISSION STATEMENT

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

Virginia Board of Health Professions Board Members

ASLP Alison R. King, PhD, CCC-SLP ASLP Board 1st Term: 2022 BHP 1st Term: 2022	PHYSICAL THERAPY Allen R. Jones, Jr., DPT, PT Physical Therapy Board 2nd Term: 2022 BHP Term Ending: 2022
COUNSELING Barry Alvarez, LMFT Counseling Board 2nd Term: 2025 BHP 1st Term: 2025	PSYCHOLOGY Susan Wallace, PhD Psychology Board 2nd Term: 2023 BHP 1st Term: 2023
DENTISTRY Margaret "Meg" Lemaster, RDH Dentistry Board 1st Term: 2024 BHP 1st Term: 2024	SOCIAL WORK Michael Hayter, LCSW, CSAC, SAP Social Work Board 1st Term: 2022 BHP 1st Term: 2022
FUNERAL DIRECTORS & EMBALMERS Kenneth Hickey, MD Funeral Board 1st Term: 2024 BHP 1st Term: 2024	VETERINARY MEDICINE Steve Karras, DVM Vet Med Board 1st Term: 2020 BHP Term Ending: 2023
LONG-TERM CARE ADMINISTRATORS Mitchell Davis, NHA Long-Term Care Board: 2nd Term: 2023 BHP 1st Term: 2023	CITIZEN MEMBER Carmina Batista, MSN, FNP-BC, BC-ADM BHP 1st Term Beginning: 2020 BHP 1st Term Ending: 2024
MEDICINE Brenda L. Stokes, MD 2nd Vice Chair Medicine Board 1st Term: 2022 BHP Term: 2024	CITIZEN MEMBER Martha S. Rackets, PhD BHP 2nd Term Beginning: 2018 BHP 2nd Term Ending: 2022
NURSING Ann "Tucker" Gleason, PhD Nursing Board 1st Term: 2024 BHP 1st Term: 2024	CITIZEN MEMBER Sahil Chaudhary 1st Vice Chair BHP 1st Term Beginning: 2018 BHP 1st Term Ending: 2022
OPTOMETRY Helene D. Clayton-Jeter, OD Optometry Board 2nd Term: 2022 BHP Term Ending: 2023	CITIZEN MEMBER James Wells, RPh Chairman of the Board BHP 2nd Term Beginning: 2015 BHP 2nd Term Ending: 2023
PHARMACY Sarah Melton, PHARM.D Pharmacy Board 1st Term: 2024 BHP 1st Term: 2024	CITIZEN MEMBER Sheila Battle, MHS BHP 1st Term: 2025 BHP 1st Term Ending: 2025

Board of Health Professions
Nominating Committee
Virtual Meeting

January 21, 2021

9:00 a.m.

9960 Mayland Dr, Henrico, VA 23233

DRAFT

Virtual Attendance Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Alison R. King, PhD, CCC-SLP

Absent No members were absent.

DHP On-Site Staff Elizabeth A. Carter, PhD, Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Matt Treacy, Media Production Specialist DHP

Virtual Observers There were no virtual observers.

Emergency Egress Dr. Elizabeth Carter

An audio file of this meeting may be found here:
<https://www.dhp.virginia.gov/audio/BHP/NominatingCte01212021.mp3>

Call to Order

Chair Ms. Hershkowitz **Time:** 9:08 a.m.

Agenda

Chair Ms. Hershkowitz **Time:** 9:08 a.m.

The agenda was adopted as presented.

Slate of Officers

Presenter Ms. Hershkowitz

Discussion

Ms. Hershkowitz stated that the following Full board positions were up for election:

- Chair
- 1st Vice Chair
- 2nd Vice Chair

Four members of the Full board requested consideration for the above noted positions:

- Chair: James Wells, RPh Board Citizen Member
 - Dr. Steve Karras, Board of Veterinary Medicine
- 1st Vice Chair: Sahil Chaudhary, Board Citizen Member
 - Dr. Brenda Stokes, Board of Medicine
- 2nd Vice Chair: Sahil Chaudhary, Board Citizen Member
 - Dr. Brenda Stokes, Board of Medicine

Each board member provided in advance of the meeting a brief statement as to why they were seeking the position.

After review of each candidate, the Committee adopted the following slate of officers to be recommended to the Full Board.

- Chair: James Wells, RPh Board Citizen Member
Dr. Steve Karras, Board of Veterinary Medicine
- 1st Vice Chair: Sahil Chaudhary, Board Citizen Member
- 2nd Vice Chair: Dr. Brenda Stokes, Board of Medicine

Adjourned

Adjourned 9:19 a.m.

Chair Louise Hershkowitz, CRNA, MSHA, Board of Nursing

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, PhD

Signature: _____ Date: ____/____/____

DRAFT

Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of the Freedom of Information Act including Virginia Code § 2.2-3708.2, and with Executive Order 51 (2020) as issued and amended by the Governor due to the current state of emergency declared in the Commonwealth, the Board convened a virtual meeting to consider such regulatory and business matters as presented on the agenda and as necessary for the board to discharge its lawful purposes, duties, and responsibilities.

CALL TO ORDER

Mr. Wells called the virtual meeting to order at 10:00 a.m. Quorum was established with 16 members in attendance.

EMERGENCY EGRESS

Dr. Carter provided evacuation procedures for members in physical attendance.

ROLL CALL-BOARD MEMBER VIRTUAL ATTENDEES

Kevin Doyle, EdD, LPC, LSATP - Board of Counseling
Louis Jones, FSL - Board of Funeral Directors and Embalmers
Derrick Kendall, NHA - Board of Long-Term Care Administrators
Brenda Stokes, MD - Board of Medicine, 2nd Vice Chair
Louise Hershkowitz, CRNA, MSHA - Board of Nursing
Helene Clayton-Jeter, OD - Board of Optometry
Ryan Logan, RPh - Board of Pharmacy
Allen Jones, Jr., DPT, PT - Board of Physical Therapy
Herbert Stewart, PhD - Board of Psychology
John Salay, MSW, LCSW - Board of Social Work
Steve Karras, DVM - Board of Veterinary Medicine
Sheila Battle, MHS - Citizen Member
Sahil Chaudhary - Citizen Member, 1st Vice Chair
Martha Rackets, PhD - Citizen Member
Carmina Bautista, MSN, FNP-BC, BC-ADM - Citizen Member

BOARD MEMBERS ABSENT:

Alison King, PhD, CCC-SLP - Board of Audiology & Speech-Language Pathology
Sandra Catchings, DDS - Board of Dentistry

VIRTUAL ATTENDANCE: DHP STAFF & GUESTS

Barbara Allison-Bryan, MD, Agency Chief Deputy Director
David Brown, DC, Agency Director
Yetty Shobo, PhD, Deputy Executive Director for the Board
Rajana Siva, MBA, Research Analyst for the Board
William Harp, MD, Executive Director for the Board of Medicine
Henry Fisher, Virtual Meeting Technician
Lisa Hahn, Agency Chief Operating Office
Sandra Reen, Executive Director for the Board of Dentistry
Charis Mitchell, Assistant Attorney General, Board Counsel
Charles Giles, Agency Budget Manager
Leslie Knachel, Executive Director for the Boards of Audiology & Speech-Language Pathology, Optometry, Veterinary Medicine
Ralph Orr, Program Director, Virginia's Prescription Monitoring Program
Rebecca Schultz, Law Student
Corie Tillman-Wolf, JD, Executive Director for the Boards of Funeral Directors & Embalmers, Long-Term Care Administrator's, Physical Therapy

PHYSICAL ATTENDANCE AT PERIMETER CENTER

Elizabeth Carter, PhD, Executive Director for the Board
James Wells, RPh, Citizen Member, Board Chairman
Laura Jackson, MSHSA, Operations Manager for the Board

VIRTUAL ATTENDANCE: PUBLIC

Ben Traynham
Cassie Schroth
Richard Grossman
Unknown Caller-x37
Unknown Caller-um16173

ORDERING OF AGENDA

Mr. Wells opened the floor to any edits or corrections regarding the agenda as presented. Ms. Jackson stated that Dr. Allison-Bryan would be presenting the Legislative and Regulatory Report. Dr. Stokes moved to accept the change to the agenda. Ms. Bautista seconded the motion. The motion carried with a unanimous aye vote.

PUBLIC COMMENT - Mr. Wells

Let the record reflect that there were no requests to provide public comment.

APPROVAL OF MINUTES - JANUARY 21, 2021 FULL BOARD MEETING MINUTES

Mr. Wells opened the floor to any edits or corrections regarding the draft meeting minutes for the Full Board meeting held on January 21, 2021. Ms. Jackson asked that the minutes be amended to include Attachment 6, a presentation given by Mr. Salay with the Board of Social Work. Dr. Stokes moved to accept the change to the meeting minutes. Dr. Jones, Jr. seconded the motion. The motion carried with a unanimous aye vote.

DIRECTOR'S REPORT & LEGISLATIVE REPORT

Dr. Brown provided a review of the legislation this session with impact to the Board of Nursing (nurse practitioners, advanced practice nurse practitioners, midwives and a study on advance practice nursing) and the Board of Pharmacy will be impacted by several marijuana bills, including the legalization of marijuana July 1, 2021. The agency was also very involved in the emergency bill expanding the pool of qualified vaccinators. Dr. Brown also provided that the legislature is paying attention to the sunrise reviews that the board has completed, to include art therapy, music therapy and naturopaths, and determining licensure based on the Board's decision.

Dr. Allison-Bryan reported on COVID-19 vaccine statistics in Virginia. She advised that the rate of infection has slowed down and that the Pfizer vaccine has been approved for children age 12 and older.

REGULATORY REPORT

Dr. Allison-Bryan provided an update on the current regulations affecting DHP. The FOIA Code section on electronic meetings was also discussed.

AGENCY BUDGET REVIEW

Mr. Giles provided an overview of the agencies budget for FY22.

BOARD CHAIR REPORT - Mr. Wells

Mr. Wells advised the Board that there are nine board members with terms expiring June 30, 2021. He thanked the outgoing board members for their many years of service to their respective regulatory board, the Board of Health Professions and the Commonwealth at large.

Break 11:25 a.m. - 11:30 a.m.

EXECUTIVE DIRECTOR'S REPORT

Dr. Carter provided an overview of the Board's budget and a PowerPoint presentation on the agency's statistics and performance measures. Dr. Carter asked that discussion regarding S1365 be moved to the August 19, 2021 Full Board meeting.

HEALTHCARE WORKFORCE DATA CENTER

Dr. Shobo provided an update and PowerPoint presentation on the data centers activities since the last meeting. (Attachment 1)

INDIVIDUAL BOARD REPORTS

Board of Audiology & Speech-Language Pathology

Dr. Carter provided the ASLP report on behalf of Dr. King. (Attachment 2)

Board of Counseling

Dr. Doyle provided an overview of the Board of Counseling's activities. Dr. Doyle's term with the Board of Counseling and the Board of Health Professions is ending June 30, 2021. He thanked staff and stated that he enjoyed his service on BHP. (Attachment 3)

Board of Dentistry - no report provided

Funeral Directors & Embalmers

Mr. Jones provided an overview of the Board of Funeral Directors & Embalmers activities. Mr. Jones stated that he enjoyed his service on both Boards and thanked the agency staff. (Attachment 4)

Long-Term Care Administrators

Mr. Kendall provided an overview of the Board of Long-Term Care Administrators activities. Mr. Kendall's term on both boards is ending June 30, 2021. He thanked board staff and stated that he was honored to be appointed by the Governor to represent the long-term care community, especially during such a trying time. (Attachment 5)

Board of Medicine - Dr. Stokes

Dr. Stokes provide an overview of the activities of the Board of Medicine. She advised that the Board has been holding committee, hearing and board meetings virtually. She noted changes in legislation of surgical technologists and midwives, and that Virginia is the first of ten states to sign on for the occupational therapy compact. Dr. Kevin O'Connor, prior Board of Medicine representative, received the leadership award given by the Federation of State Medical Boards.

Board of Nursing - Ms. Hershkowitz

Ms. Hershkowitz provided an overview of the Board of Nursing's activities. She advised that her term on both Boards ends June 30, 2021 and that she appreciated serving on the BHP and thanked agency staff. (Attachment 6)

Board of Optometry - Dr. Clayton-Jeter

Dr. Clayton-Jeter provided an overview of the Board of Optometry's activities. (Attachment 7)

Board of Pharmacy - Mr. Logan

Mr. Logan provided an overview of the Board of Pharmacy's activities to include cannabis regulation and an amendment to the Boards workforce survey question regarding statewide protocol. His term on both boards ends June 30, 2021, thanking staff and the agency for the opportunity to serve.

Board of Physical Therapy - Dr. Jones, Jr.

Dr. Jones, Jr. provided an overview of the Board of Physical Therapy's activities. (Attachment 8)

Board of Psychology - Dr. Stewart

Dr. Stewart provided an overview of the Board of Psychology's activities. Dr. Stewart's term on both boards ends June 30, 2021 and he thanked staff and fellow board members for their service. (Attachment 9)

Board of Social Work

Mr. Salay provided an overview of the Board of Social Work's activities. Mr. Salay's term on both boards ends June 30, 2021 and he stated it was an honor and pleasure to serve on both boards. (Attachment 10)

Board of Veterinary Medicine

Dr. Karras provided an overview of the Board of Veterinary Medicine's activities. (Attachment 11)

NEW BUSINESS

Mr. Wells stated for the record that there was no new business brought before the board.

NEXT FULL BOARD MEETING

The next Full Board meeting will be held August 19, 2021.

ADJOURNMENT

The meeting adjourned at 1:24 p.m.

SIGNATURE _____ / / _____
Elizabeth A. Carter, PhD, Executive Director, Board of Health Professions

An audio recording of this meeting may be found at:
<https://www.dhp.virginia.gov/audio/BHP/FullBoardMeeting05132021.mp3>

Virginia.gov Agencies | Governor



Current Actions

Showing: All chapters currently being created, amended, or repealed for the Department of Health Professions

[Filter](#)
[Options](#)

45 actions/stages displayed

Board Board of Audiology and Speech-Language Pathology

Chapter	Action / Stage Information
[18 VAC 30 - 21] Regulations Governing the Practice of Audiology and Speech-Language Pathology	<p>Results of periodic review [Action 5876] Fast-Track - AT Attorney General's Office [Stage 9476]</p>

Board Board of Counseling

Chapter	Action / Stage Information
[18 VAC 115 - 20] Regulations Governing the Practice of Professional Counseling	<p>Periodic review [Action 5230] Proposed - At Governor's Office [Stage 8872]</p>
[18 VAC 115 - 30] Regulations Governing the Certification of Substance Abuse Counselors	<p>Clarification on independent practice [Action 5692] Fast-Track - At Governor's Office [Stage 9217]</p>
[18 VAC 115 - 90] Regulations Governing the Practice of Art Therapy (under development)	<p>New chapter for licensure [Action 5656] NOIRA - Register Date: 3/1/21 [Stage 9145]</p>

Board Board of Dentistry


Chapter	Action / Stage Information
[18 VAC 60 - 21] Regulations Governing the Practice of Dentistry	<p>Amendment to restriction on advertising dental specialties [Action 4920] Proposed - At Governor's Office [Stage 8500]</p>
[18 VAC 60 - 21] Regulations Governing the Practice of Dentistry	<p>Training and supervision of digital scan technicians [Action 5600] Proposed - At Governor's Office [Stage 9311]</p>
[18 VAC 60 - 21] Regulations Governing the Practice of Dentistry	<p>Technical correction [Action 5198] Fast-Track - At Governor's Office [Stage 8622]</p>
[18 VAC 60 - 21] Regulations Governing the Practice of Dentistry	<p>Waiver for e-prescribing [Action 5382] Final - At Governor's Office [Stage 9415]</p>
[18 VAC 60 - 30] Regulations Governing the Practice of Dental Assistants	<p>Removal of pulp capping as a delegable task for a DAII [Action 5728] NOIRA - At Governor's Office [Stage 9269]</p>
[18 VAC 60 - 30]	<p>Training in infection control [Action 5505]</p>

	Regulations Governing the Practice of Dental Assistants	Proposed - At Governor's Office [Stage 9316]
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Board **Board of Funeral Directors and Embalmers**

Chapter		Action / Stage Information
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Licenses for funeral directors and embalmers [Action 5635] Proposed - At Governor's Office [Stage 9241]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	Periodic review 2019 [Action 5221] Final - At Secretary's Office [Stage 9460]

Board **Department of Health Professions**

Chapter		Action / Stage Information
[18 VAC 76 - 10]	Regulations Governing the Health Practitioners' Monitoring Program for the Department of Health Professions	Clarification on process [Action 5863]  Final - AT Attorney General's Office [Stage 9455]
[18 VAC 76 - 20]	Regulations Governing the Prescription Monitoring Program	Removing specific standard for reporting [Action 5733] Fast-Track - At Governor's Office [Stage 9276]

Board **Board of Long-Term Care Administrators**



Chapter		Action / Stage Information
[18 VAC 95 - 30]	Regulations Governing the Practice of Assisted Living Facility Administrators	Recommendations of RAP on qualifications for licensure [Action 5471] Proposed - DPB Review in progress [Stage 9481]

Board **Board of Medicine**

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412] Final - At Governor's Office [Stage 9309]
[18 VAC 85 - 80]	Regulations for Licensure of Occupational Therapists	Implementation of the OT Compact [Action 5797] Emergency/NOIRA - At Governor's Office [Stage 9367]
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	Name changes for accrediting bodies [Action 5869] Fast-Track - DPB Review in progress [Stage 9467]
[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] Proposed - At Governor's Office [Stage 9324]

Board **Board of Nursing**

Chapter		Action / Stage Information

[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Unprofessional conduct - conversion therapy [Action 5430] Final - At Governor's Office [Stage 9271]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Repeal of provisions for registration of clinical nurse specialists [Action 5789]  Final - Register Date: 10/11/21 [Stage 9352]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Use of simulation [Action 5402] Final - At Governor's Office [Stage 9270]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Changes relating to clinical nurse specialists as nurse practitioners [Action 5800] Fast-Track - At Governor's Office [Stage 9370]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Unprofessional conduct/conversion therapy [Action 5441] Final - At Governor's Office [Stage 9310]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Conforming to 2021 legislation [Action 5799]  Final - Register Date: 10/11/21 [Stage 9369]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Final - At Governor's Office [Stage 9436]
[18 VAC 90 - 70]	Regulations Governing the Practice of Licensed Certified Midwives	New regulations for licensed certified midwives [Action 5801] NOIRA - At Governor's Office [Stage 9371]

Board**Board of Optometry**

Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Contact lens rule [Action 5862] Fast-Track - AT Attorney General's Office [Stage 9454]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Waiver for e-prescribing [Action 5438] Final - At Governor's Office [Stage 9453]

Board**Board of Pharmacy**

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Reporting of immunizations to VIIS [Action 5598] Emergency - Register Date: 10/12/20 [Stage 9064]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Implementation of 2021 legislation for pharmacists initiating treatment [Action 5861] Emergency/NOIRA - AT Attorney General's Office [Stage 9452]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Remote processing of drugs in automated dispensing devices for hospitals [Action 5868]

		NOIRA - At Governor's Office [Stage 9466]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Use of medication carousels and RFID technology</u> [Action 5480] Proposed - Register Date: 8/16/21 [Stage 9236]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Implementation of legislation for pharmacists initiating treatment</u> [Action 5604] Proposed - At Governor's Office [Stage 9242]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Prohibition against incentives to transfer prescriptions</u> [Action 4186] Final - At Governor's Office [Stage 7888]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<u>Deletion of scheduling of certain chemicals now scheduled in Schedule I in the Code</u> [Action 5846]  Final - AT Attorney General's Office [Stage 9428]
[18 VAC 110 - 21]	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	<u>Implementation of legislation for registration of pharmacy technicians</u> [Action 5603] Proposed - At Governor's Office [Stage 9243]
[18 VAC 110 - 30]	Regulations for Practitioners of the Healing Arts to Sell Controlled Substances	<u>Limited license for prescribing Schedule VI drugs in non-profit clinics</u> [Action 5605] Proposed - Register Date: 8/16/21 [Stage 9244]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	<u>Response to petition for rulemaking</u> [Action 5611] NOIRA - Register Date: 3/1/21 [Stage 9081]

Board**Board of Psychology**

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	<u>Implementation of Psychology Interstate Compact</u> [Action 5567] Proposed - At Governor's Office [Stage 9249]

Board**Board of Social Work**

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Acceptance of state examinations</u> [Action 5792] NOIRA - At Governor's Office [Stage 9358]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Changes to endorsement and reinstatement; standards of practice</u> [Action 5631] Proposed - At Governor's Office [Stage 9353]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Reduction in CE hours for continuation of approval to be a supervisor</u> [Action 5702] Proposed - At Governor's Office [Stage 9354]
[18 VAC 140 - 30]		<u>Initial regulations for licensure of music therapists</u> [Action 5704]

	Regulations Governing the Practice of Music Therapy (under development)	NOIRA - Register Date: 8/16/21 [Stage 9232]
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Board	Board of Veterinary Medicine
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Chapter		Action / Stage Information
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	<u>Acceptance of PAVE for veterinary technician licensure</u> [Action 5870] Fast-Track - AT Attorney General's Office [Stage 9470]

**Department of Health Professions
Regulatory/Policy Actions – 2021 General Assembly**

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB2079	Authorization for a pharmacist to initiate treatment certain drugs, devices, controlled paraphernalia, and supplies and equipment described in § 54.1-3303.1	Pharmacy	9/24/21	By 12/23/21
SB1189	Occupational therapy compact	Medicine	8/6/21	By 12/23/21

EXEMPT REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1737	Revise autonomous practice reg consistent with 2 years	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21
HB1747	Licensure of CNS as nurse practitioners – Amend Chapters 30 and 40 Delete sections of Chapter 20 with reference to registration of CNS	Nursing & Medicine	N – 7/20/21 M – 8/6/21	
HB1817	Autonomous practice for CNMs with 1,000 hours	Nursing & Medicine	N – 7/20/21 M – 8/6/21	11/10/21
HB1988	Changes to pharmaceutical processors	Pharmacy	7/6/21	9/1/21
HB2218/SB1333	Sale of cannabis botanical products	Pharmacy	7/6/21	9/1/21
HB2039	Conform PA regs to Code	Medicine	10/14/21	9/15/21
HB2220	Change registration of surgical technologists to certification	Medicine	10/14/21	9/15/21
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	10/14/21	9/15/21

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
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HB1747	Nursing	Notification to registered certified nurse specialists that they must have a practice agreement with a physician before licensure as a nurse practitioner as of July 1, 2021	After March 31, 2021
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
HB1304/SB830 (2020)	Pharmacy	To convene a workgroup composed of stakeholders including representatives of the Virginia Association of Chain Drug Stores, Virginia Pharmacists Association, Virginia Healthcareer Association, Virginia Society of Health-System Pharmacies, and any other stakeholders that the Board of Pharmacy may deem appropriate to develop recommendations related to the addition of duties and tasks that a pharmacy technician registered by the Board may perform.	November 1, 2021
SJ49 (2020)	Department	Study of social workers and practice of social work – <i>Deferred from 2020 to 2021</i>	November 1, 2021
SB431	Behavioral health/medicine/legal	Continuance of study of mental health services to minors and access to records <i>Requested an extension of 2020 study</i>	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and regulations on practice and patient outcomes.	November 1, 2021
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals.	November 1, 2021
HB1987	Boards with prescriptive authority	Revise guidance documents with references to 54.1-3303	As boards meet after July 1
HB2079	Pharmacy (with Medicine & VDH)	To establish protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment	Concurrent with emergency regulations

		available over-the-counter by pharmacists in accordance with § 54.1-3303.1. Such protocols shall address training and continuing education for pharmacists regarding the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment.	
HB2079	Pharmacy	To convene a work group to provide recommendations regarding the development of protocols for the initiation of treatment with and dispensing and administering of drugs, devices, controlled paraphernalia, and supplies and equipment by pharmacists to persons 18 years of age or older, including (i) controlled substances, devices, controlled paraphernalia, and supplies and equipment for the treatment of diseases or conditions for which clinical decision-making can be guided by a clinical test that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988, including influenza virus, urinary tract infection, and group A Streptococcus bacteria, and (ii) drugs approved by the U.S. Food and Drug Administration for tobacco cessation therapy, including nicotine replacement therapy. The work group shall focus its work on developing protocols that can improve access to these treatments while maintaining patient safety.	November 1, 2021
HB2218/SB1333	Pharmacy	To work on acquisition of a new data system/analysis of costs for pharmaceutical processors	
HB2113	All boards	Revise applications to note exceptions to questions about criminal backgrounds	July 1st

Future Policy Actions:

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by **November 1, 2022**.

REPORTS TO THE GENERAL ASSEMBLY

SD9 - Social Work in the Commonwealth of Virginia: An Assessment of Compensation, Licensure, and the Labor Market (SJ49, 2020)

Published: 2021

Author: Department of Health Professions

Enabling Authority: Senate Joint Resolution 49 (Regular Session, 2020)

Executive Summary:

***The cover page of this report was replaced on November 9, 2021 to correctly reflect the Author as Department of Health Professions.**

As required by Senate Joint Resolution 49 (2020) and in partnership with a VCU Wilder School Master of Public Administration Capstone team, the Virginia Department of Health Professions (DHP) examined social work in the Commonwealth of Virginia by assessing compensation, licensure, and labor market data. Findings suggest that compensation in Virginia is competitive compared to neighboring states. The regulatory processes and subsequent potential barriers that exist are also similar to adjacent state regulations. Data gathered from the Virginia Employment Commission (2019) indicates that the demand for social workers within Virginia will grow 23% in the coming years.

The social work field is generally divided into three categories: macro, mezzo, and micro-level practitioners. Social work is a title-protected profession that requires obtaining an accredited Bachelor of Social Work or Master of Social Work to claim the title professionally. Licensure is within the Virginia Board of Social Work. Licensure prerequisites, in addition to the university degree, include official supervision, and successful completion of the Association of Social Work Board Examination. An out-of-state social worker may also secure Virginia licensure through endorsement.

A significant complicating issue this study faced is that not all social workers are required to be licensed by the Virginia Board of Social Work. Exemptions from licensure in Virginia code § 54.1-3701 include salaried employees or volunteers of the federal government, the Commonwealth, a locality, or a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, and the clergy. At this time, it is not possible to quantify the number of unlicensed social workers or the work they do.

Once a social worker enters the field, retention becomes a priority. The literature suggests that the inherent stress of a social worker's scope of practice contributes to turnover within the profession. Senate Joint 49 suggested that more competitive salaries could support retention. The study employed a web-crawler (i.e., automated data collection) to gather secondary salary data and demand data. The most in-demand social work areas within Virginia were Mental Health and Healthcare Social Workers. The average salary for social work jobs collected by the web-crawler was \$69,964 compared to the 2019 average of \$56,858 (Virginia Employment Commission, 2019).

The Virginia Board of Social Work has already done much to streamline application requirements and minimize licensure fees. In the past year, a 3000 hour supervisory requirement for licensure at the bachelor's level has been eliminated. Regulations to support ease of licensure by endorsement are at the notice of intended regulatory action (NOIRA) phase.

DHP and the VCU Capstone Team recommend additional study of this issue. Funded studies, especially targeting data capture of unlicensed social workers, can address the data gap and provide more complete understanding about what actions could be taken by public organizations and private firms to support the social work profession in the Commonwealth. Additional recommendations include pay band increases for public-sector social workers, reviewing current licensure requirements to ensure they are not overly restrictive, sponsored scholarships, and service loan forgiveness. These actions work toward ensuring a robust workforce with a steady stream of new entrants and a low rate of current practitioners leaving the profession.

Summary of Recommendations

1. Per § 54.1-3701 many public and private sector social workers are not licensed. The number, duties, need for accountability, and potential burdens of licensure on unlicensed social workers should be included in a funded study of the social work workforce conducted by a professional firm or educational institution.

- 2. Social work compensation should be adjusted to be commensurate with average salaries in Virginia.*
- 3. The Board of Social Work has developed a pathway for the over 900 Licensed Master of Social Work (LMSW) licensees to work clinically under supervision if desired. The General Assembly will need to pass legislation to license these individuals as "Licensed Resident in Social Work" practitioners.*
- 4. The Board of Social Work should work with professional organizations and other stakeholders to assess regulation around licensure.*
- 5. The Board of Social work should pursue both reciprocal licensure with Virginia's contiguous states and engage in discussions with the Council of State Governments concerning a Social Work Compact.*
- 6. The General Assembly, healthcare and community organizations, and educational institutions should consider avenues to attract new practitioners such as loan forgiveness or scholarships.*

REPORTS TO THE GENERAL ASSEMBLY

RD625 - Report on the Implementation of 2018 House Bill 793: Nurse Practitioners; Practice Agreements – October 1, 2021

Published: 2021

Author: Board of Medicine and Board of Nursing

Enabling Authority: Chapter 776 Enactment Clause 4. (Regular Session, 2018)

Executive Summary:

House Bill 793 (2018)(*1) permitted Licensed Nurse Practitioners, excluding certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists, to practice without a practice agreement upon submission of proof of completion of the equivalent of five years of full-time clinical experience (hereafter referred to as Autonomous LNP). This Report is provided to the Virginia General Assembly pursuant to the HB 793 Enactment Clause.

The study period of this Report is February 6, 2019 through June 30, 2021. Of the 1,257 Autonomous LNPs identified, approximately 90% reported primary care and psych/mental health specialties. The geographic distribution of Autonomous NPs is presented by County both in composite and per 1,000 residents. The per capita data (see page 3) suggests that Autonomous NPs provide at least some care in the more underserved areas of the Commonwealth, including the Eastern Shore, Southwest, Northern Neck, Southside, and Shenandoah Valley.

The complaint rate of both Autonomous NPs and physicians is higher compared to other professions regulated by the Department of Health Professions, but the violation rate is lower. The five (5) Autonomous LNP cases involved the inability to safely practice; drug-related, patient care, and criminal activity. These are similar case categories to other nursing and medicine cases.

Finally, the recommendations identified and discussed (but not voted on) by the Committee of the Joint Boards of Nursing and Medicine at its meeting on June 16 were compiled by DHP staff into an initial draft of this Report, which was then provided to the Boards of Nursing and Medicine for consideration at each board's subsequent business meeting.

At its meeting on July 20, 2021, the Board of Nursing approved the Report as written (see page 5). The Executive Committee of the Board of Medicine, at its meeting on August 6, 2021, accepted some but not all of the recommended modification of the Act (see table on page 6).

The key differences between the Board of Nursing and Board of Medicine recommendations are that the Board of Medicine supported continuing to require 5 years of collaboration with a physician before autonomous practice, while the BON supported requiring only 2 years of collaboration, with either a physician or experienced licensed nurse practitioner, or eliminating the practice agreement requirement entirely.

(*1) See House Bill 793 for the legislative summary, text, and history of the bill.

REPORTS TO THE GENERAL ASSEMBLY

HD18 - Report on Advanced Practice Registered Nurses (Chapter 552, Item 309.C., 2021)

Published: 2021

Author: Department of Health Professions

Enabling Authority: Appropriation Act - Item 309 C. (Special Session I, 2021)

Executive Summary:

This Report is in response to a request in the 2021 Special Session I Virginia General Assembly Budget Bill, which reads, *"The Department of Health Professions (DHP) shall study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and regulations on practice and patient outcomes. The department shall report its findings to the Governor and General Assembly by November 1, 2021."*

Regulation of APRNs varies significantly from state to state. In 2008, the National Council of State Boards of Nursing developed the Consensus Model for APRN regulation, which presents recommendations for state legislatures and boards regarding the regulatory structure for APRNs (Certified Nurse Practitioners, Certified Nurse Midwives, Clinical Nurse Specialists and Certified Registered Nurse Anesthetists).

Virginia has been moving towards alignment with the APRN Consensus Model but differs in two significant ways:

- 1) Virginia does not grant all APRNs the ability to practice independently; and
- 2) Virginia does not regulate APRNs solely through the Board of Nursing. DHP found a number of recent studies responsive to the impact of regulation on practice and patient outcomes. These studies indicate that granting APRNs independent practice authority may increase APRN supply without reducing quality of care.

Recommendations from DHP are to:

- 1) Amend statutory and regulatory definitions to conform to those in the APRN Consensus Model;
- 2) Consider amending Virginia laws and regulations to align with the APRN Consensus Model; and
- 3) Pursue participation in the APRN Licensure Compact.

REPORTS TO THE GENERAL ASSEMBLY

SD12 - Report on Midwifery Licensing Entity (Chapter 201, 2021 SSI)

Published: 2021

Author: Department of Health Professions

Enabling Authority: Chapter 201 Enactment Clause 2. (Special Session I, 2021)

Executive Summary:

***This report was replaced in its entirety by the Department of Health Professions on November 9, 2021.**

In the 2021 Special Session I of the Virginia General Assembly, HB 1953, patroned by Delegate Gooditis, established a new category of midwife, (Licensed Certified Midwife), and contained the following enactment clause:

That the Department of Health Professions (the Department) shall convene a work group to study the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals. The Department shall report its findings and conclusions to the Governor and the General Assembly by November 1, 2021.

The midwifery workgroup met on September 8, 2021 and September 27, 2021 with the following representatives:

Certified Midwife

Karen Kelly

Elle Schnetzler

Certified Nurse Midwife

Katie Page

Kwuan Paruchabutr

Licensed Midwife (Certified Professional Midwife)

Becky Banks

Tammi McKinley

Office of the Secretary of Health

Vanessa Walker Harris

Board of Nursing

Jay Douglas

Board of Medicine

William Harp

Professional Midwifery Associations

Becky Bowers-Lanier

Julianne Condrey

Department of Health Professions

Barbara Allison-Bryan

David Brown

REPORTS TO THE GENERAL ASSEMBLY

RD612 - Report on Development of Recommendations for Additional Duties and Tasks that Pharmacy Technicians May Perform: HB1304 and SB830 – October 19, 2021

Published: 2021

Author: Board of Pharmacy

Enabling Authority: Chapter 237 Enactment Clause 3. (Regular Session, 2020)

Executive Summary:

Pursuant to the third enactment clause of House Bill 1304 and Senate Bill 830 passed during the 2020 General Assembly Session, the Board of Pharmacy convened a work group on September 23, 2021 to develop recommendations related to the addition of duties and tasks that a pharmacy technician registered by the Board may perform. Regarding the current pharmacist to pharmacy technician ratio, the work group voted 6:2 to decline a recommendation to eliminate the pharmacist to pharmacy technician ratio.

Regarding vaccine administration, the work group voted 7:1 to include a recommendation in this report to permanently authorize a pharmacy technician, who has obtained and maintains national certification, to administer vaccines consistent with the authority and training required under the Health and Human Services PREP Act; this would require legislative action.

Regarding product verification, the work group voted unanimously to recommend that the Board of Pharmacy further explore the subject of pharmacy technician product verification.

Regarding the ability to clarify prescriptions, the work group voted unanimously to include a recommendation in this report to allow a pharmacy technician to clarify the number of refills and drug quantity for Schedule VI new prescriptions or refill prescriptions; this would require legislative action.

Regarding the acceptance of new oral prescriptions, the work group voted 6:2 to not allow pharmacy technicians to accept new prescriptions.

Regarding the transfer of prescriptions, the work group voted unanimously to recommend that a nationally certified pharmacy technician be allowed to electronically transfer a Schedule VI refill prescription that is not an on-hold prescription when authorized by the pharmacist-in-charge; this would require either legislative or regulatory action.

Regarding the ability to take medication histories from patients, the work group voted unanimously to recommend the Board of Pharmacy clarify regulations, if necessary, to clearly authorize pharmacy technicians to independently take medication histories to include drug name, dose, and frequency.

REPORTS TO THE GENERAL ASSEMBLY

RD620 - Report on the Development of Recommendations for Possible Statewide Protocols for Pharmacists to Initiate Treatment for Tobacco Cessation and other Specific Conditions: HB2079 – October 15, 2021

Published: 2021

Author: Board of Pharmacy

Enabling Authority: Chapter 214 Enactment Clause 4. (Special Session I, 2021)

Executive Summary:

Pursuant to the fourth enactment clause of House Bill 2079 passed during the 2021 General Assembly Session, the Board of Pharmacy convened a work group on August 16, 2021 to develop recommendations for possible statewide protocols for pharmacists to initiate treatment for tobacco cessation and conditions for which CLIA-waived tests may be used to guide clinical diagnosis and treatment, including influenza, Group A Streptococcus, and urinary tract infections. Motions regarding recommendations for statewide protocols for tobacco cessation, Group A Streptococcus, and urinary tract infections failed and therefore, no recommendations resulted. A motion to not recommend a statewide protocol for treating influenza passed 3:1.

Work Group Members:

Kris Ratliff, DPh

Work Group Chairman

Board of Pharmacy member*

Sarah Melton, PharmD

Board of Pharmacy member*

Jacob Miller, D.O.

Board of Medicine member*

Brenda Stokes, M.D.

Board of Medicine member*

Laurie Forlano, D.O., MPH

Deputy Director, Office of Epidemiology, Virginia Department of Health

Will Hockaday

Tobacco Control Program/Outreach Coordinator, Virginia Department of Health

Kristin Collins, MPH

Policy Analyst, Office of Epidemiology, Virginia Department of Health

Kelly Goode, PharmD, BCPS, FAPhA, FCCP

Virginia Commonwealth University School of Pharmacy

Iain Pritchard, PharmD, BCACP

Shenandoah University, Bernard J. Dunn School of Pharmacy

Zahra Raza, M.D.

Virginia Commonwealth University School of Pharmacy

John R. Lucas, D.O.

Edward Via College of Osteopathic Medicine

Michelle Thomas, PharmD, CDE, BCACP

Virginia Pharmacists Association

Wendy Klein, M.D.

Virginia Board of Health Professions
Meetings Held with Electronic Participation

Purpose:

To establish a written policy for holding meetings of the Board of Health Professions with electronic participation by some of its members and the public.

Policy:

This policy for conducting a meeting with electronic participation shall be in accordance with § 2.2-3708.2 of the Code of Virginia.

Authority:

§ [2.2-3708.2](#). *Meetings held through electronic communication means.*

A. The following provisions apply to all public bodies:

1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:

a. Such member is unable to attend the meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance or (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or

b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision b is limited each calendar year to two meetings or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to (i) a temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) a family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

3. Any public body, or any joint meetings thereof, may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § [44-146.17](#) or the locality in which the public body is located has declared a local state of emergency pursuant to § [44-146.21](#), provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to provide for the continuity of operations of the public body or the discharge of its lawful purposes, duties, and responsibilities. The public body convening a meeting in accordance with this subdivision shall:

- a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;
- b. Make arrangements for public access to such meeting through electronic communication means, including videoconferencing if already used by the public body;
- c. Provide the public with the opportunity to comment at those meetings of the public body when public comment is customarily received; and
- d. Otherwise comply with the provisions of this chapter.

The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

The provisions of this subdivision 3 shall be applicable only for the duration of the emergency declared pursuant to § [44-146.17](#) or [44-146.21](#).

B. The following provisions apply to regional public bodies:

1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.

2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.

If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

C. Participation by a member of a public body in a meeting through electronic communication means pursuant to subdivisions A 1 and 2 and subsection B shall be authorized only if the following conditions are met:

1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;

2. A quorum of the public body is physically assembled at one primary or central meeting location; and

3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. 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.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § 2.2-3707. Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.

8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:

- a. The total number of meetings held that year in which there was participation through electronic communication means;
 - b. The dates and purposes of each such meeting;
 - c. A copy of the agenda for each such meeting;
 - d. The primary or central meeting location of each such meeting;
 - e. The types of electronic communication means by which each meeting was held;
 - f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;
 - g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
 - h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;
 - i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;
 - j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
 - k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.
- E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

Procedures:

1. In order to conduct a meeting with electronic participation, a quorum of the board or a committee of the board must be physically present at a central location.
2. If a quorum is attained, one or more members of the board or committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to: 1) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; 2) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or 3) a personal matter, identifying with specificity the nature of the personal matter. Attendance by a member electronically for personal reasons is limited to two meetings per calendar year or no more than 25% of meetings held.

3. Participation by a member through electronic communication means must be approved by the board chair or president. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity
4. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location does not need to be open to the public.
5. The board or committee shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance or if the member participated electronically due to a personal matter, the minutes shall state the specific nature of the personal matter cited by the member. If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.
6. If a board or committee holds a meeting through electronic communication, it must also hold at least one meeting annually where members are in attendance at the central location and no members participate electronically.
7. Notice of a meeting to be conducted electronically, along with the agenda, should be provided to the public contemporaneously with such information being sent to board members at least three working days in advance of such meeting. Notice of special, emergency, or continued meetings must be given contemporaneously with the notice provided to members.
8. Meeting notices and agendas shall be posted on the Virginia Regulatory Townhall (which sends notice to Commonwealth Calendar and the Board's website). They should also be provided electronically to interested parties on the Board's public participation guidelines list.
9. The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary meeting location; shall include notice as to the electronic communication means by which members of the public may participate in the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. 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.
10. The board or committee must make arrangement for the voice of the remote participant(s) to be heard by all persons at the primary or central meeting location.

11. The agenda shall include a link to a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § 30-179 to allow members of the public to assess their experience with participation in the electronic meeting.

Form:

Link to Public comment form from the Freedom of Information Council
<http://foiacouncil.dls.virginia.gov/sample%20letters/welcome.htm>

Adopted on (date): _____

DRAFT

From the Code of Virginia

§ 54.1-2510. Powers and duties of Board of Health Professions.

The Board of Health Professions shall have the following powers and duties:

1. To evaluate the need for coordination among the health regulatory boards and their staffs and report its findings and recommendations to the Director and the boards;
2. To evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions of this title, to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation;
3. To review and comment on the budget for the Department;
4. To provide a means of citizen access to the Department;
5. To provide a means of publicizing the policies and programs of the Department in order to educate the public and elicit public support for Department activities;
6. To monitor the policies and activities of the Department, serve as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and have access to departmental information;
7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
8. To make bylaws for the government of the Board of Health Professions and the proper fulfillment of its duties under this chapter;
9. To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board;
10. To review and comment, as it deems appropriate, on all regulations promulgated or proposed for issuance by the health regulatory boards under the auspices of the Department. At least one member of the relevant board shall be invited to be present during any comments by the Board on proposed board regulations;
11. To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual boards to ensure the protection of the public and the fair and equitable treatment of health professionals;

12. To examine scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;

13. To receive, review, and forward to the appropriate health regulatory board any departmental investigative reports relating to complaints of violations by practitioners of Chapter 24.1 (§ 54.1-2410 et seq.) of this subtitle;

14. To determine compliance with and violations of and grant exceptions to the prohibitions set forth in Chapter 24.1 of this subtitle; and

15. To take appropriate actions against entities, other than practitioners, for violations of Chapter 24.1 of this subtitle.

Chapter 24.1 of Title 54.1 of the Code of Virginia

Practitioner Self-Referral Act

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§ 54.1-2410. Definitions.

As used in this chapter or when referring to the Board of Health Professions regulatory authority therefor, unless the context requires a different meaning:

"Board" means the Board of Health Professions.

"Community" means a city or a county.

"Demonstrated need" means (i) there is no facility in the community providing similar services and (ii) alternative financing is not available for the facility, or (iii) such other conditions as may be established by Board regulation.

"Entity" means any person, partnership, firm, corporation, or other business, including assisted living facilities as defined in § 63.2-100, that delivers health services.

"Group practice" means two or more health care practitioners who are members of the same legally organized partnership, professional corporation, not-for-profit corporation, faculty practice or similar association in which (i) each member provides substantially the full range of services within his licensed or certified scope of practice at the same location as the other members through the use of the organization's office space, facilities, equipment, or personnel; (ii) payments for services received from a member are treated as receipts of the organization; and (iii) the overhead expenses and income from the practice are distributed according to methods previously determined by the members.

"Health services" means any procedures or services related to prevention, diagnosis, treatment, and care rendered by a health care worker, regardless of whether the worker is regulated by the Commonwealth.

"Immediate family member" means the individual's spouse, child, child's spouse, stepchild, stepchild's spouse, grandchild, grandchild's spouse, parent, stepparent, parent-in-law, or sibling.

"Investment interest" means the ownership or holding of an equity or debt security, including, but not limited to, shares of stock in a corporation, interests or units of a partnership, bonds, debentures, notes, or other equity or debt instruments, except investment interests in a hospital licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1.

"Investor" means an individual or entity directly or indirectly possessing a legal or beneficial ownership interest, including an investment interest.

"Office practice" means the facility or facilities at which a practitioner, on an ongoing basis, provides or supervises the provision of health services to consumers.

"Practitioner" means any individual certified or licensed by any of the health regulatory boards within the Department of Health Professions, except individuals regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

"Referral" means to send or direct a patient for health services to another health care practitioner or entity outside the referring practitioner's group practice or office practice or to establish a plan of care which requires the provision of any health services outside the referring practitioner's group practice or office practice.

(1993, c. 869; 2000, c. 201.)

§ 54.1-2411. Prohibited referrals and payments; exceptions.

A. Unless the practitioner directly provides health services within the entity and will be personally involved with the provision of care to the referred patient, or has been granted an exception by the Board or satisfies the provisions of subsections D or E of this section or of subsections D or E of § 54.1-2413, a practitioner shall not refer a patient for health services to an entity outside the practitioner's office or group practice if the practitioner or any of the practitioner's immediate family members is an investor in such entity.

B. The Board may grant an exception to the prohibitions in this chapter, and may permit a practitioner to invest in and refer to an entity, regardless of whether the practitioner provides direct services within such entity, if there is a demonstrated need in the community for the entity and all of the following conditions are met:

1. Individuals other than practitioners are afforded a bona fide opportunity to invest in the entity on the same and equal terms as those offered to any referring practitioner;
2. No investor-practitioner is required or encouraged to refer patients to the entity or otherwise generate business as a condition of becoming or remaining an investor;
3. The services of the entity are marketed and furnished to practitioner-investors and other investors on the same and equal terms;
4. The entity does not issue loans or guarantee any loans for practitioners who are in a position to refer patients to such entity;
5. The income on the practitioner's investment is based on the practitioner's equity interest in the entity and is not tied to referral volumes; and
6. The investment contract between the entity and the practitioner does not include any covenant or clause limiting or preventing the practitioner's investment in other entities.

Unless the Board, the practitioner, or entity requests a hearing, the Board shall determine whether to grant or deny an exception within 90 days of the receipt of a written request from the practitioner or entity, stating the facts of the particular circumstances and certifying compliance with the conditions required by this subsection. The Board's decision shall be a final administrative decision and shall be subject to judicial review pursuant to the Administrative Process Act (§ 2.2-4000 et seq.).

C. When an exception is granted pursuant to subsection B:

1. The practitioner shall disclose his investment interest in the entity to the patient at the time of referral. If alternative entities are reasonably available, the practitioner shall provide the patient with a list of such alternative entities and shall inform the patient of the option to use an alternative entity. The practitioner shall also inform the patient that choosing another entity will not affect his treatment or care;

2. Information on the practitioner's investment shall be provided if requested by any third party payor;

3. The entity shall establish and utilize an internal utilization review program to ensure that practitioner-investors are engaging in appropriate and necessary utilization; and

4. In the event of a conflict of interests between the practitioner's ownership interests and the best interests of any patient, the practitioner shall not make a referral to such entity, but shall make alternative arrangements for the referral.

D. Further, a practitioner may refer patients for health services to a publicly traded entity in which such practitioner has an investment interest, without applying for or receiving an exception from the Board, if all of the following conditions are met:

1. The entity's stock is listed for trading on the New York Stock Exchange or the American Stock Exchange or is a national market system security traded under an automated interdealer quotation system operated by the National Association of Securities Dealers;

2. The entity had, at the end of the corporation's most recent fiscal year, total net assets of at least \$50,000,000 related to the furnishing of health services;

3. The entity markets and furnishes its services to practitioner-investors and other practitioners on the same and equal terms;

4. All stock of the entity, including the stock of any predecessor privately held company, is one class without preferential treatment as to status or remuneration;

5. The entity does not issue loans or guarantee any loans for practitioners who are in a position to refer patients to such entity;

6. The income on the practitioner's investment is not tied to referral volumes and is based on the practitioner's equity interest in the entity; and

7. The practitioner's investment interest does not exceed one half of one percent of the entity's total equity.

E. In addition, a practitioner may refer a patient to such practitioner's immediate family member or such immediate family member's office or group practice for health services if all of the following conditions are met:

1. The health services to be received by the patient referred by the practitioner are within the scope of practice of the practitioner's immediate family member or the treating practitioner within such immediate family member's office or group practice;
2. The practitioner's immediate family member or the treating practitioner within such immediate family member's office or group practice is qualified and duly licensed to provide the health services to be received by the patient referred to the practitioner;
3. The primary purpose of any such referral is to obtain the appropriate professional health services for the patient being referred, which are to be rendered by the referring practitioner's immediate family member or by the treating practitioner within such immediate family member's office or group practice who is qualified and licensed to provide such professional health services; and
4. The primary purpose of the referral shall not be for the provision of designated health services as defined in 42 U.S.C. § 1395nn and the regulations promulgated thereunder.

(1993, c. 869; 2005, c. 402.)

§ 54.1-2412. Board to administer; powers and duties of Board; penalties for violation.

A. In addition to its other powers and duties, the Board of Health Professions shall administer the provisions of this chapter.

B. The Board shall promulgate, pursuant to the Administrative Process Act (§ 2.2-4000 et seq.), regulations to:

1. Establish standards, procedures, and criteria which are reasonable and necessary for the effective administration of this chapter;
2. Establish standards, procedures, and criteria for determining compliance with, exceptions to, and violations of the provisions of § 54.1-2411;
3. Establish standards, procedures, and criteria for advising practitioners and entities of the applicability of this chapter to activities and investments;
4. Levy and collect fees for processing requests for exceptions from the prohibitions set forth in this chapter and for authorization to make referrals pursuant to subsection B of § 54.1-2411;
5. Establish standards, procedures, and criteria for review and referral to the appropriate health regulatory board of all reports of investigations of alleged violations of this chapter by practitioners and for investigations and determinations of violations of this chapter by entities;

6. Establish standards, procedures, and criteria for granting exceptions from the prohibitions set forth in this chapter; and

7. Establish such other regulations as may reasonably be needed to administer this chapter.

C. Upon a determination of a violation by the Board, pursuant to the Administrative Process Act, any entity, other than a practitioner, that presents or causes to be presented a bill or claim for services that the entity knows or has reason to know is prohibited by § 54.1-2411 shall be subject to a monetary penalty of no more than \$20,000 per referral, bill, or claim. The monetary penalty may be sued for and recovered in the name of the Commonwealth. All such monetary penalties shall be deposited in the Literary Fund.

D. Any violation of this chapter by a practitioner shall constitute grounds for disciplinary action as unprofessional conduct by the appropriate health regulatory board within the Department of Health Professions. Sanctions for violation of this chapter may include, but are not limited to, the monetary penalty authorized in § 54.1-2401.

(1993, c. 869.)

§ 54.1-2413. Additional conditions related to practitioner-investors.

A. No hospital licensed in the Commonwealth shall discriminate against or otherwise penalize any practitioner for compliance with the provisions of this chapter.

B. No practitioner, other health care worker, or entity shall enter into any agreement, arrangement, or scheme intended to evade the provisions of this chapter by inducing patient referrals in a manner which would be prohibited by this chapter if the practitioner made the referrals directly.

C. No group practice shall be formed for the purpose of facilitating referrals that would otherwise be prohibited by this chapter.

D. Notwithstanding the provisions of this chapter, a practitioner may refer a patient who is a member of a health maintenance organization to an entity in which the practitioner is an investor if the referral is made pursuant to a contract with the health maintenance organization.

E. Notwithstanding the provisions of this chapter, a referral to an entity in which the referring practitioner or his immediate family member is an investor shall not be in violation of this chapter if (i) the health service to be provided is a designated health service as defined in 42 U.S.C. § 1395nn(h)(6), as amended, and an exception authorized by 42 U.S.C. § 1395nn, as amended, or any regulations adopted pursuant thereto, applies, or (ii) the health service to be provided is not a designated health service as defined in 42 U.S.C. § 1395nn(h)(6), as amended, but would qualify for an exception authorized by 42 U.S.C. § 1395nn, as amended, or any regulations adopted pursuant thereto, if the health service were a designated health service.

(1993, c. 869; 2005, c. 402; 2010, c. 743.)

§ 54.1-2414. Applicability of chapter; grace period for compliance.

This chapter shall apply, in the case of any investment interest acquired after February 1, 1993, to referrals for health services made by a practitioner on or after July 1, 1993. However, in the case of any investment interest acquired prior to February 1, 1993, compliance with the provisions of this chapter is required by July 1, 1996.

(1993, c. 869.)

Commonwealth of Virginia



REGULATIONS
**GOVERNING PRACTITIONER SELF-
REFERRAL**
VIRGINIA BOARD OF HEALTH PROFESSIONS

Title of Regulations: 18 VAC 75-20-10 et seq.

**Statutory Authority: §§ 54.1-2400 and Chapter 24.1 of Title 54.1
of the *Code of Virginia***

Revised Date: September 10, 2007

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Part I. General Provisions.

18VAC75-20-10. Definitions.

Statutory definitions of words and terms related to the Practitioner Self-Referral Act are established in §54.1-2410 of the Code of Virginia.

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

"Act" means the Practitioner Self-Referral Act, Chapter 24.1 (§54.1-2410 et seq.) of Title 54.1 of the Code of Virginia.

"Applicant" means a practitioner or entity who has applied to the board for an advisory opinion on the applicability of the Act, or for an exception to the prohibitions of the Act.

"Appropriate regulatory board" means the regulatory board within the Department of Health Professions which licenses or certifies the practitioner.

"Board" means the Board of Health Professions.

"Committee" means an informal conference committee of the Board of Health Professions.

"Department" means the Department of Health Professions.

18VAC75-20-20. Public Participation Guidelines.

18VAC75-10-10 establishes the guidelines for participation by the public in rulemaking activities of the board.

18VAC75-20-30 to 18VAC75-20-50. [Repealed]

Part II. Advisory Opinions and Exceptions.

18VAC75-20-60. Application for advisory opinions.

A. Any practitioner or entity may request an advisory opinion on the applicability of the Act upon completion of an application and payment of a fee.

B. Requests shall be made on an application form prescribed by the board. The request shall contain the following information:

1. The name of the practitioner or entity;
2. Identification of the practitioner or entity and description of the health care services being provided or proposed;
3. The type and amount of existing or proposed investment interest in the entity;

4. A description of the nature of the investment interest and copies of any existing or proposed documents between the practitioner and the entity including but not limited to leases, contracts, organizational documents, etc.; and

5. Certification and notarized signature of the practitioner or principal of the entity requesting the advisory opinion that the information and supporting documentation contained therein is true and correct.

C. The application shall be reviewed for completeness, and the board may request such other additional information or documentation it deems necessary from the practitioner or entity.

D. Upon a determination that a request for an advisory opinion is complete and that it has sufficient information, the board shall notify the practitioner or entity that it will consider its request.

E. At the conclusion of an informal conference, the committee shall issue an advisory opinion to the practitioner or entity, which shall be presented for ratification by the board.

18VAC75-20-70. Application for exception.

A. A practitioner or entity may request an exception to the prohibitions of the Act upon completion of an application and payment of a fee.

B. Requests shall be made on an application form prescribed by the board. The application shall contain the following information:

1. The name and identifying information of the practitioner or entity;

2. The information and documentation regarding community need and alternative financing as required by §54.1-2411 B of the Code of Virginia;

3. Certification and notarized signature of the practitioner or principal of the entity requesting the exception that the information contained in the application and supporting documentation is true and correct.

C. The application shall be reviewed for completeness, and the board may request additional information and documentation from the applicant.

D. Upon a determination that an application is complete and that it has sufficient information, the board shall notify the applicant that it will consider the request.

E. At the conclusion of an informal conference, the committee shall issue a decision regarding the request for an exception to the applicant, which shall be presented for ratification by the board.

F. Exceptions to the Act shall be valid for a period of no more than five years.

G. Subject to verification by the board, an exception shall be renewed upon payment of a renewal fee and the receipt of certification from the practitioner or entity that the conditions under which the original exception was granted continue to warrant the exception.

18VAC75-20-80. Fees.

- A. An application fee for an opinion on applicability of the Act shall be \$500.
- B. An application fee for an exception to the Act shall be \$1,000.
- C. The renewal fee for board approval of exceptions to the Act shall be \$250.

Part III. Discipline.

18VAC75-20-90. Disciplinary action against entities.

The board shall determine violations of prohibitions of the Act on the part of an entity other than a practitioner as defined in §54.1-2410 of the Code of Virginia in accordance with the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC75-20-100. Disciplinary action against practitioners.

- A. Upon receipt of an investigative report of an alleged violation of the Act by a practitioner as defined in §54.1-2410 of the Code of Virginia, the department, on behalf of the board, shall provide a copy of the report to the appropriate regulatory board within the department as required by subdivision 13 of §54.1-2510 of the Code of Virginia.
- B. Violations of the Act by a practitioner shall be determined by the appropriate regulatory board within the department and shall be subject to disciplinary action by that board in accordance with §54.1-2412 D of the Code of Virginia.
- C. Upon closure of a case involving an alleged violation of the Act by a practitioner, the appropriate regulatory board shall provide a copy of the final order or of the letter of dismissal of the case to the board.
- D. The board shall review periodically the disposition of cases involving allegations of violation of the Act by practitioners to ensure the protection of the public and the fair and equitable treatment of health professionals, as authorized by subdivision 11 of §54.1-2510 of the Code of Virginia.

18VAC75-20-110. Hearings.

The provisions of the Administrative Process Act (§9-6.14:1 et seq. of the Code of Virginia) shall govern proceedings on questions of violations of the Act.

Part IV. Delegation to an agency subordinate

18VAC75-20-120. Decision to delegate.

In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal conference to an agency subordinate to consider an application for an advisory opinion or an exception to the provisions of the Act.

18VAC75-20-130. Criteria for delegation.

Applications that may be delegated shall be those approved by the chairman and executive director of the board.

18VAC75-20-140. Criteria for an agency subordinate.

A. An agency subordinate authorized by the board to conduct an informal conference may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in the organizational structure of entities providing the health care services identified in the application.

B. The board shall delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a conference based on the qualifications of the subordinate and the type of case being heard.

VIRGINIA BOARD OF HEALTH PROFESSIONS

BYLAWS

ARTICLE I. Name.

This body shall be known as the Virginia Board of Health Professions as set forth in the *Code of Virginia* Chapter 25, Title 54.1, Subtitle III, hereinafter referred to as the Board.

ARTICLE II. Powers and Duties.

The powers and duties of the Board (§54.1-2510 *Code of Virginia*) are:

1. To evaluate the need for coordination among the health regulatory boards and their staffs and report its findings and recommendations to the Director (of the Department of Health Professions) and the boards (within the Department of Health Professions);
2. To evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions of Title 54.1, Subtitle III, *Code of Virginia*, to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation;
3. To review and comment on the budget for the Department;
4. To provide a means of citizen access to the Department;
5. To provide a means of publicizing the policies and programs of the Department in order to educate the public and elicit public support for Department activities;
6. To monitor the policies and activities of the Department, serve as a forum for resolving conflicts among the health regulatory boards and between the health regulatory boards and the Department and have access to Departmental information;
7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;
8. To make bylaws for the government of the Board of Health Professions and the proper fulfillment of its duties under Chapter 25 of the *Code of Virginia*;

9. To promote the development of standards to evaluate the competency of the professions and occupations represented on the Board of Health Professions;
10. To review and comment, as it deems appropriate, on all regulations promulgated or proposed for issuance by the health regulatory boards under the auspices of the Department. At least one member of the relevant Board shall be invited to present during any comments by the Board on proposed board regulations;
11. To review periodically the investigatory, disciplinary and enforcement processes of the Department and the individual boards to ensure the protection of the public and the fair and equitable treatment of health professionals;
12. To examine the scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;
13. To receive, review, and forward to the appropriate health regulatory board any departmental investigative reports related to complaints of violations by practitioners to Chapter 24.1 (§54.1-2410 et seq.) of the *Code of Virginia*, entitled “Practitioner Self-Referral Act.”;
14. To determine compliance with and violations of and grant exceptions to the prohibitions set forth in the “Practitioner Self-Referral Act” (Chapter 24.1 §54.1-2410 et seq. of the *Code of Virginia*); and
15. To take appropriate actions against entities, other than practitioners as defined in §54.1-2410 et seq. of the *Code of Virginia*, for violations of the “Practitioner Self-Referral Act.”

ARTICLE III. Members.

1. The membership of the Board shall be the persons appointed by the Governor of the Commonwealth as set forth in the *Code of Virginia* (§54.1-2507).
2. Members of the Board shall attend all regular and special meetings of the Board unless prevented by illness or other unavoidable cause.

ARTICLE IV. Officers and Election.

1. The Officers of the Board shall be the Chair, the First Vice Chair, and the Second Vice Chair.
2. ~~The Officers shall be elected by the Board members at the Annual Meeting of the Board~~

each fall. At the first meeting of the organizational year, the Board shall elect its officers. Nominations for office shall be selected by open ballot. Voting will be by roll-call ballot and require a majority.

3. The organizational year for the Board shall be from July 1st through June 30th. At the first regularly scheduled meeting of the organizational year, the Board shall elect its officers with an effective date of January 1st. The term of office shall be for the next calendar year following the election, or until the successor shall be elected as herein provided.
4. A vacancy occurring in any elected position shall be filled by the Board at the next meeting.

ARTICLE V. Duties of Officers.

1. The Chair shall preside at all meetings of the Board; appoint all committees, except as where specifically provided by law; call special meetings; and perform duties as prescribed by parliamentary authority.
2. The First Vice Chair shall act as Chair in the absence of the Chair, and the Second Vice Chair shall act in the absence of both the Chair and the First Vice Chair.

ARTICLE VI. Executive Committee.

1. This Committee shall consist of the Officers.
2. The Committee shall review matters of interest to the Board and may make recommendations to the Board.
3. The Chair of the Board shall be the Chair of the Committee.

ARTICLE VII. Committees.

1. The Chair may appoint committees as necessary to assist in fulfilling the duties of the Board.
2. The committees shall be advisory to the Board and shall offer recommendations to the Board for final action.

ARTICLE VIII. Meetings.

1. The Board shall meet at least one time per year on a date at the discretion of the Board.
2. Special meetings shall be called by the Chair or by written request to the Chair of any three members of the board, provided that there is at least seven days' notice given to Board members.
3. A quorum for any Board meeting shall consist of a majority of the members of the board. A quorum for any committee shall consist of a majority of committee members. No member shall vote by proxy.
4. A majority vote of the members present shall determine all matters at any meeting, regular or special, unless otherwise provided herein.
5. Members shall attend all scheduled meetings of the Board and committees to which they serve. In the event of two consecutive absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE IX. Parliamentary Authority.

The rules contained in the current edition of Robert's Rules of Order shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules the Board may adopt and any statutes applicable to the Board.

ARTICLE X. Amendment of Bylaws.

~~The bylaws may be amended at any meeting of the Board by an affirmative vote of two thirds of the members present, provided the proposed amendment was distributed to all members of the Board at least 30 days in advance. A board member or staff personnel may propose an amendment to these bylaws by presenting the amendment in writing to the Executive Director for distribution to all board members, the Board's legal counsel and staff personnel prior to any regularly scheduled meeting of the Board. An amendment to the bylaws shall be adopted, upon favorable vote of at least two-thirds of the board members present at said meeting.~~

- [Board Home](#)
- [Board Members](#)
- [Meetings & Minutes](#)
- [FAQ](#)
- [Laws & Regulations](#)
- [License Lookup](#)
- [Practitioner Self-Referral](#)
- [Studies & Policy Reviews](#)
- [Guidance Documents](#)
- [File a Complaint](#)
- [Contact Us](#)
- [Inspections](#)
- [Administrative Proceedings Division](#)

Board of Health Professions

An eighteen member board with representatives from each of the 13 health regulatory boards and five citizen members. One of the chief responsibilities of the board is to advise the Department of Health Professions (DHP) Director, the Secretary of Health and Human Resources, the Governor, and the General Assembly on matters relating to the regulation of health care providers.

The Board advises the Governor, General Assembly, and DHP Director on matters concerning the need for and determination of the appropriate level of regulation of currently regulated or unregulated health care professions and occupations. A full listing of its powers and duties is provided in [§54.1-2510](#) of the Code of Virginia.

Contact Information

Please direct questions regarding

- A specific profession to the appropriate [health regulatory board](#) including [Freedom of Information \(FOIA\) Requests](#)
- Filing a complaint to the [Enforcement Division](#)

NOTE: Emails sent to the Board of Health Professions will be forwarded to the appropriate entity, which may result in a delayed response.

Audiology & Speech-Language Pathology Email: AudBD@dhp.virginia.gov Phone: (804) 597-4132	Optometry Email: optbd@dhp.virginia.gov Phone: (804) 597-4132
Counseling Email: coun@dhp.virginia.gov Phone: (804) 367-4610	Pharmacy Email: pharmbd@dhp.virginia.gov Phone: (804) 367-4456
Dentistry Email: denbd@dhp.virginia.gov Phone: (804) 367-4538	Physical Therapy Email: ptboard@dhp.virginia.gov Phone: (804) 367-4674
Funeral Directors and Embalmers Email: fanbd@dhp.virginia.gov Phone: (804) 367-4479	Psychology Email: psy@dhp.virginia.gov Phone: (804) 367-4697
Long Term Care Email: lrc@dhp.virginia.gov Phone: (804) 367-4595	Social Work Email: socialwork@dhp.virginia.gov Phone: (804) 367-4441
Medicine Email: medbd@dhp.virginia.gov Phone: 804-367-4600	Veterinary Medicine Email: vetbd@dhp.virginia.gov Phone: (804) 597-4133
Nursing Email: nursebd@dhp.virginia.gov Phone: (804) 367-4515	

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Leslie L. Knachel, Executive Director

**Board of Health Professions
2022 *DRAFT* Meeting Calendar**

Date	Location	Meeting/Informal Conference(s)
Tuesday, March 29, 2022	Board Room 4	Board Meeting & Committee Meetings
Thursday, May 5, 2022	Board Room 4	Committee Meetings
Tuesday, July 26, 2022	Board Room 4	Committee Meetings
Thursday, August 25, 2022	Board Room 4	Committee Meetings
Thursday, September 27, 2022	Board Room 4	Board Meeting & Committee Meetings