

Advisory Board on Genetic Counseling

Virginia Board of Medicine

January 29, 2018

1:00 p.m.

Advisory Board on Genetic Counseling

Board of Medicine
Monday, January 29, 2018; 1:00 p.m.
9960 Mayland Drive, Suite 201
Richmond, Virginia
Training Room 2

Call to Order – John Quillin, ScM CGC

Emergency Egress Procedures – Alan Heaberlin i

Roll Call - Denise Mason

Approval of Meeting Minutes dated October 2, 2017 1-3

Adoption of the Agenda

New Business

1. Legislative Update
Elaine Yeatts 4-20

2. Review of regulations Regarding Temporary License and
Active Candidate Status - 21-23
Matthew Thomas, ScM, CGC

Next Meeting Date: June 4, 2018 @ 1:00 p.m.

Announcements:

Adjournment:

**PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)**

Training Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**ADVISORY BOARD ON GENETIC COUNSELING
MINUTES**

October 2, 2017

The Advisory Board on Genetic Counseling met on Monday, October 2, 2017, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Matthew Thomas, ScM, CGC, Chair
Heather Creswick, MS, CGC, Vice-Chair
John Quillin, PhD, MPH, MS
Lori Swain

MEMBER ABSENT: Marilyn Foust, MD

STAFF PRESENT: Elaine Yeatts, DHP Senior Policy Analyst
Alan Heaberlin, Deputy Executive Director
Colanthia Morton Opher, Operations Manager
Denise Mason, Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Mr. Thomas called the meeting to order at 1:03 p.m.

EMERGENCY EGRESS PROCEDURES

Mr. Thomas announced the Emergency Egress Instructions.

ROLL CALL

The roll was called, and a quorum was declared.

APPROVAL OF MINUTES OF June 5, 2017

Ms. Swain moved to amend the minutes of June 5, 2017 to correct Dr. Quillin's title. The motion was seconded and carried.

ADOPTION OF AGENDA

Ms. Swain moved to approve the agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. Expiration of Active Candidate Status and Temporary License

Mr. Thomas led the Advisory Board in a discussion regarding the terminology of active candidate status expiration and the temporary license. He noted there may have been an oversight in the statute in that it does not allow for an applicant with a temporary license to continue working if he or she fails the first attempt of the ABGC certification exam. No action was required.

2. Discussion of Student Exemption and License Applicant Status

Mr. Heaberlin led the Advisory Board in a discussion of student status and license applicant status legislation that is pending for the Polysomnography Technologists and noted that other Advisory Boards are discussing these items as well. The Advisory Board agreed that having temporary licensure in place is sufficient. No action was required.

3. Bill to Amend the Code of Virginia by Amending Section 54.1-2957.19

Ms. Yeatts stated that the terminology *or its predecessor organization* that was requested to be included into Section 54.1-2057.19(C) by the Advisory Board was not approved by the agency. Mr. Thomas and Dr. Quillin both noted that there should be an extension of time for the temporary license to allow these license holders to continue working during the intermediate period of receiving their board scores, board certification and licensure.

Lori Swain moved to request Board staff to contact the American Board of Genetic Counseling and ask that it extend the Active Candidate Status for 90 days after receiving a passing score report. The motion was seconded and carried.

John Quillin moved to request that Section 54.1-2957.19(C) be amended to reinstate the “or its predecessor organizations,” and to amend Section 54.1-2957.19(E) “...An applicant shall not be eligible for a temporary license ~~renewal~~ upon expiration of Active Candidate Status as defined by the American Board of Genetic Counseling or after 90 days of passing a licensure examination whichever occurs first.” The motion was seconded and carried.

4. Meeting Calendar of 2018

Mr. Heaberlin informed the Board of the calendar for 2018. The Board members were advised that if any changes needed to be made, now would be the time. Ms. Swain stated that she would be unable to attend the January 29, 2018 meeting.

5. Election of Officers

Mr. Thomas nominated Dr. Quillin as Chair. The motion was second and carried. Ms. Swain was nominated as Vice-Chair by Mr. Thomas. The motion was second and carried.

ANNOUNCEMENTS

Mr. Heaberlin told the Advisory Board that they would now be receiving a \$50.00 per diem payment if they are not employed by the Commonwealth.

There are new regulations effective 10/4/2017 which change the grandfathering application date from 7/1/2016 to 12/31/2018. He also announced that the Board currently has 46 genetic counselors licensed, 36 which are in Virginia and 10 out-of-state. There are 38 pending applications.

NEXT MEETING DATE

January 29, 2018

ADJOURNMENT

The Advisory board meeting was adjourned at 2:14 p.m.

Matthew Thomas, Chair

William L. Harp, M.D., Executive Director

Denise Mason, Licensing Specialist

Report of 2018 General Assembly

HB 132 Controlled substances containing opioids; limits on prescription.

Chief patron: Bell, John J.

Summary as introduced:

Limits on prescription of controlled substances containing opioids. Prohibits a prescriber providing treatment for a patient in an emergency department of a corporation, facility, or institution licensed to provide health care from prescribing a controlled substance containing an opioid in a quantity greater than a 10-day supply, as determined in accordance with the prescriber's directions for use. The bill also prohibits a pharmacist from dispensing a controlled substance containing an opioid pursuant to a prescription issued by a prescriber providing treatment to a patient in the emergency department of a corporation, facility, or institution licensed to provide health care unless the prescription complies with the requirements of the bill.

01/23/18 House: Subcommittee recommends striking from docket (10-Y 0-N)

HB 137 Marijuana; possession or distribution for medical purposes.

Chief patron: Levine

Summary as introduced:

Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of cancer. Provides an affirmative defense to prosecution for possession of marijuana if a person has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.

01/23/18 House: Assigned Courts sub: Subcommittee #1

HB 148 Prescription Monitoring Program; requirements of prescribers, prescriptions for opioids.

Chief patron: Rasoul

Summary as introduced:

Prescription Monitoring Program; requirements of prescribers; prescriptions for opioids. Requires a prescriber to request and review information from the Prescription Monitoring Program prior to issuing a prescription for opioids, including a refill of an existing prescription for opioids. Currently, a prescriber is only required to request information from the Prescription Monitoring Program prior to initiating a new course of treatment that includes the prescribing of opioids anticipated at the onset to last more than seven consecutive days.

01/23/18 House: Subcommittee recommends striking from docket (10-Y 0-N)

HB 157 Right to Treat Act; requirement of Maintenance of Certification prohibited, etc.

Chief patron: Rasoul

Summary as introduced:

Right to treat; requirement of Maintenance of Certification prohibited. Prohibits hospitals and other entities that have organized medical staff or a process for credentialing physicians as members of staff or employ or enter into contracts for employment with physicians and are required to be licensed from requiring any Maintenance of Certification or Osteopathic Continuous Certification, as defined in the bill, as a condition of granting or continuing staff membership or professional privileges to a licensed physician. The bill prohibits accident and sickness insurance plans, health services plans, and health maintenance organizations from requiring any Maintenance of Certification or Osteopathic Continuous

Certification as a condition of participation or reimbursement for a physician licensed by the Board of Medicine; and prohibits the Board of Medicine from requiring any Maintenance of Certification or Osteopathic Continuous Certification as a condition of licensure to practice medicine in the Commonwealth.

01/17/18 House: Assigned C & L sub: Subcommittee #2

HB 169 Lyme disease; information disclosure requirement, sunset.

Chief patron: Murphy

Summary as introduced:

Lyme disease information disclosure requirement; sunset. Extends to July 1, 2023, the sunset of the provision requiring disclosure of certain information to a patient when a Lyme disease test is ordered. Under current law, the disclosure requirement will expire on July 1, 2018.

01/18/18 House: Stricken from docket by Health, Welfare and Institutions (21-Y 0-N)

HB 184 Drug Control Act; dispensing drugs without a prescription.

Chief patron: Hayes

Summary as introduced:

Dispensing drugs without a prescription. Authorizes a pharmacist to dispense up to a five-day supply of a Schedule VI drug to an individual who has been displaced from his residence by a natural or man-made disaster; has had his supply of the drug lost, destroyed, or otherwise rendered unusable as a consequence of the disaster; and is unable to tell the pharmacist the identity of the prescriber or his regular pharmacist or pharmacy. The bill also requires the individual to present evidence sufficient to establish, among other things, that the individual had been in lawful possession of the drug pursuant to a prescription provided to another pharmacist and that his health would be in danger without the benefits of the drug. Before prescribing the drug, the pharmacist is required to determine with a reasonable degree of certainty that the requested drug and dosage level are consistent with the drug and its dosage level that had been prescribed to the individual at the time of his displacement from his residence. During the period for which the drug has been dispensed, the pharmacist is required to diligently attempt to ascertain the identity of the prescriber and the identity of the pharmacist or pharmacy in possession of the prescriber's prescription. Upon obtaining such information, the pharmacist is required to take such additional reasonable action as will permit the individual to obtain a new or renewal prescription and resume obtaining the drug pursuant to his prescription.

01/17/18 House: Assigned HWI sub: Subcommittee #1

HB 197 Prescription monitoring program; definitions, requirement for filling prescriptions.

Chief patron: Mullin

Summary as introduced:

Prescription monitoring program.

01/23/18 House: Subcommittee recommends striking from docket (10-Y 0-N)

HB 226 Patients; medically or ethically inappropriate care not required.

Chief patron: Stolle

Summary as introduced:

Medically or ethically inappropriate care not required. Establishes a process whereby a physician may cease to provide health care that has been determined to be medically or ethically inappropriate for a patient.

01/22/18 House: Assigned HWI sub: Subcommittee #3

HB 298 Birth control; definition.

Chief patron: Watts

Summary as introduced:

Definition of birth control. Defines "birth control" as contraceptive methods that are approved by the U.S. Food and Drug Administration and provides that birth control shall not be considered abortion for the purposes of Title 18.2.

01/03/18 House: Referred to Committee for Courts of Justice

HB 313 Prescription Monitoring Program; notification of top prescribers by quantity covered substances.

Chief patron: Head

Summary as introduced:

Prescription Monitoring Program; notification of top prescribers. Provides that the Director of the Department of Health Professions shall annually review data collected by the Prescription Monitoring Program to identify those prescribers who, based on such data, fall within the top 10 percent of prescribers by quantity of covered substances prescribed and shall notify such prescribers thereof.

01/23/18 House: Subcommittee recommends reporting with substitute (10-Y 0-N)

HB 322 Naloxone or other opioid antagonist; possession & administration.

Chief patron: Bourne

Summary as introduced:

Possession and administration of naloxone. Adds employees of the Department of Corrections who are designated as probation and parole officers or correctional officers to the list of individuals who may possess and administer naloxone or other opioid antagonist, provided that they have completed a training program.

01/24/18 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

HB 333 Prescription Monitoring Program; requirements of prescribers, exceptions.

Chief patron: Yancey

Summary as introduced:

Prescription Monitoring Program; requirements of prescribers; exceptions. Provides that a prescriber initiating a new course of treatment to a human patient that includes the prescribing of opioids, anticipated at the onset of treatment to last more than seven consecutive days, shall not be required to request information about the patient from the Prescription Monitoring Program if the purpose of the prescription is the management of pain associated with cancer.

01/23/18 House: Subcommittee recommends passing by indefinitely (10-Y 0-N)

HB 363 Sexual orientation change efforts; prohibited as training for certain health care providers, etc.

000006

Chief patron: Hope

Summary as introduced:

Sexual orientation change efforts prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in sexual orientation change efforts with any person under 18 years of age. The bill defines "sexual orientation change efforts" as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Sexual orientation change efforts" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity. The bill provides that no state funds shall be expended for the purpose of conducting sexual orientation change efforts, referring a person for sexual orientation change efforts, extending health benefits coverage for sexual orientation change efforts, or awarding a grant or contract to any entity that conducts sexual orientation change efforts or refers individuals for sexual orientation change efforts.

01/05/18 House: Referred to Committee on Health, Welfare and Institutions

HB 385 Health care providers; meeting, trial, and deposition charges.

Chief patron: Habeeb

Summary as introduced:

Health care providers; meeting, trial, and deposition charges. Provides that, in any case, a health care provider may only charge a patient or the patient's attorney, executor or administrator, or authorized insurer a reasonable fee on an hourly basis for such health care provider's actual time spent at or preparing for (i) a meeting related to pending or probable litigation, (ii) a trial, or (iii) a deposition. The bill further specifies that such fee shall not be more than the amount of actual lost revenue incurred due to such time spent at or preparing for such meeting, trial, or deposition.

01/16/18 House: Assigned Courts sub: Subcommittee #2

HB 450 Abortion; informed written consent.

Chief patron: Rodman

Summary as introduced:

Abortion; informed written consent. Repeals the statutory requirements that a physician obtain a pregnant woman's informed written consent and perform fetal transabdominal ultrasound imaging before performing an abortion.

01/06/18 House: Referred to Committee for Courts of Justice

HB 452 Prescription Monitoring Program; requirements of prescribers, exceptions.

Chief patron: Yancey

Summary as introduced:

Prescription Monitoring Program; requirements of prescribers; exceptions. Provides that a prescriber initiating a new course of treatment to a human patient that includes the prescribing of opioids, anticipated at the onset of treatment to last more than seven consecutive days, shall not be required to request information about the patient from the Prescription

Monitoring Program if the purpose of the prescription is the management of pain associated with fibromyalgia, provided that management of the patient's pain through means other than the prescription of opioids has been unsuccessful.

01/23/18 House: Subcommittee recommends passing by indefinitely (10-Y 0-N)

HB 458 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Filler-Corn

Summary as introduced:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively. The bill provides that any agent or employee of a pharmaceutical processor is authorized to deliver CBD oil or THC-A oil. Finally, the bill provides that no agent or employee of a pharmaceutical processor can be prosecuted for the possession or manufacture of marijuana or the possession, manufacture, or distribution of CBD oil or THC-A oil if such agent or employee is acting in accordance with certain statutes and regulations. Under current law, such agents and employees may be prosecuted but it is considered an affirmative defense if such agents or employees act in accordance with such statutes and regulations.

01/23/18 House: Assigned Courts sub: Subcommittee #1

HB 503 Prescription Monitoring Program; disclosure of information, fitness to work evaluations.

Chief patron: Mullin

Summary as introduced:

Prescription Monitoring Program; disclosure of information; fitness to work and return to work evaluations. Adds the following individuals to the list of individuals to whom the Director of the Department of Health Professions (the Director) may disclose information about a specific recipient contained in the Prescription Monitoring Program: (i) a physician licensed in the Commonwealth or another state who is performing an evaluation of the recipient's fitness for work or to return to work in a safety-sensitive position, as defined by the recipient's employer, at the request of the recipient's employer and (ii) a physician licensed in the Commonwealth or another state who is performing an evaluation of the recipient's fitness for work at a place of employment with a written drug-free workplace policy following an offer of employment but prior to hiring the recipient, upon request of the employer and when the request is consistent with the employer's written drug-free workplace policy. In both cases, the bill requires that the information be requested and released only for the purpose of establishing the recipient's treatment history and that notice be made, in a manner specified by the Director in regulation, to the recipient that information from the Prescription Monitoring Program may be requested and received by the physician performing the fitness for work or return to work evaluation.

01/23/18 House: Subcommittee recommends passing by indefinitely (8-Y 0-N)

HB 533 Medicine and Dentistry, Boards of; acceptance of substantially equivalent military training, etc.

Chief patron: Freitas

Summary as introduced:

Professions and occupations; qualifications for licensure; acceptance of substantially equivalent military training, education, and experience. Requires the Board of Medicine and the Board of Dentistry to accept the military training, education, or experience of a service member honorably discharged from active military service in the Armed Forces of

the United States, to the extent that such training, education, or experience is substantially equivalent to the requirements established by law and regulations of the respective board for the issuance of any license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth. Current law exempts the Board of Medicine and the Board of Dentistry from this requirement and provides that they may accept the military training, education, or experience of a service member under certain circumstances. The bill also directs the Department of Veterans Services to take steps to promote awareness among veterans of the acceptance of such substantially equivalent military training, education, or experience by the Department of Professional and Occupational Regulation, the Department of Health Professions, or any other board named in Title 54.1 (Professions and Occupations).

01/17/18 House: Assigned HWI sub: Subcommittee #1

HB 621 Cobalt poisoning; notice to patients of risk.

Chief patron: Bell, Robert B.

Summary as introduced:

Notice to patients of risk of cobalt poisoning.

01/18/18 House: Subcommittee recommends continuing to 2019

HB 641 Prescription Monitoring Program; recipients of dispensed Schedule II drugs.

Chief patron: Mullin

Summary as introduced:

Prescription Monitoring Program; recipients of dispensed Schedule II drugs. Requires pharmacists who dispense Schedule II drugs pursuant to a valid prescription to include the name, address, and government-issued identification number of the person to whom the covered substance was actually delivered in the report submitted to the Prescription Monitoring Program.

01/15/18 House: Assigned HWI sub: Subcommittee #2

HB 793 Nurse practitioners; practice agreements.

Chief patron: Robinson

Summary as introduced:

Nurse practitioners; practice agreements. Eliminates the requirement for a practice agreement with a patient care team physician for nurse practitioners who are licensed by the Boards of Medicine and Nursing and have completed at least 1,040 hours of clinical experience as a licensed, certified nurse practitioner. The bill replaces the term "patient care team physician" with the term "collaborating provider" and allows a nurse practitioner who is exempt from the requirement for a practice agreement to enter into a practice agreement to provide collaboration and consultation to a nurse practitioner who is not exempt from the requirement for a practice agreement. The bill establishes title protection for advanced practice registered nurses, nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists. The bill contains technical amendments.

01/17/18 House: Assigned HWI sub: Subcommittee #1

HB 842 Controlled paraphernalia; possession or distribution, hypodermic needles and syringes, naloxone.

Chief patron: LaRock

Summary as introduced:

Possession or distribution of controlled paraphernalia; hypodermic needles and syringes; naloxone. Provides that a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy may dispense or distribute hypodermic needles and syringes in conjunction with such dispensing of naloxone and that a person to whom naloxone has been distributed by such individual may possess hypodermic needles and syringes in conjunction with such possession of naloxone.

01/23/18 House: Subcommittee recommends reporting with amendments (10-Y 0-N)

HB 854 Polysomnographic technology; students or trainees, licensure.

Chief patron: Peace

Summary as introduced:

Practice of polysomnographic technology; licensure; students or trainees. Provides that a student enrolled in an educational program in polysomnographic technology or a person engaged in a traineeship does not require a license to practice polysomnographic technology, provided that such student or trainee is under the direct supervision of a licensed polysomnographic technologist or a licensed doctor of medicine or osteopathic medicine. The bill requires any such student or trainee to be identified to patients as a student or trainee in polysomnographic technology. The bill also provides that any such student or trainee is required to have a license to practice after 18 months from the start of the educational program or traineeship or six months from the conclusion of such program or traineeship, whichever is earlier.

01/23/18 House: Assigned HWI sub: Subcommittee #1

HB 860 Prescription drugs; delivery of orders.

Chief patron: Peace

Summary as introduced:

Delivery of prescription drug orders. Provides that whenever any pharmacy delivers a prescription drug order for which refrigeration is required by mail, common carrier, or delivery service, when the drug order is not personally hand delivered directly, to the patient or his agent at the person's residence or other designated location, the shipment shall include a means for the (i) detection of temperature variations that may cause chemical degradation of the drugs and (ii) notification of the patient of the variation.

01/17/18 House: Assigned HWI sub: Subcommittee #3

HB 882 Prescribers; notice of administration of naloxone.

Chief patron: Stolle

Summary as introduced:

Prescribers; notice of administration of naloxone. Requires every hospital that operates an emergency department to develop and implement a protocol for (i) identifying every prescriber who has prescribed opioids to a patient to whom naloxone is administered for the purpose of reversing an opioid overdose in the emergency department or by emergency medical services personnel or a law-enforcement officer prior to admission to the emergency department in the twelve month period immediately preceding the administration of naloxone and (ii) notifying each such prescriber that the patient has been treated with naloxone for the purpose of reversing an opioid overdose. Such notification shall be made in each case in which naloxone is administered for the purpose of reversing an opioid overdose by a health care provider in a

hospital emergency department, emergency medical services personnel, or a law-enforcement officer to a patient to whom opioids have been prescribed by a prescriber.

01/18/18 House: Impact statement from VDH (HB882)

HB 884 Treatment pursuant to judicial order; when provider not liable.

Chief patron: Stolle

Summary as introduced:

Treatment pursuant to judicial order; when provider not liable. Provides that a health care professional or licensed hospital shall not be liable for any cause of action arising from a claim that a person who received treatment pursuant to an emergency custody, temporary detention, or involuntary commitment order was not capable of consenting to such treatment or from a claim that a person who consented to treatment lacked the capacity to consent, if a judge or special justice has denied a petition for an emergency custody, temporary detention, or involuntary commitment order.

01/16/18 House: Assigned Courts sub: Subcommittee #2

HB 915 Military medical personnel program; supervision of personnel by chief medical officer.

Chief patron: Stolle

Summary as introduced:

Military medical personnel program; supervision. Provides that military medical personnel in a program, established by the Department of Veterans Services, who may perform certain delegated acts that constitute the practice of medicine while under the supervision of a physician or podiatrist may also perform such acts under the supervision of the chief medical officer, or his designee, of an organization participating in the program. In addition, the bill removes the designation of this program as a pilot program.

01/09/18 House: Referred to Committee on Health, Welfare and Institutions

HB 974 Medical marijuana; written certification by physician for treatment.

Chief patron: Guzman

Summary as introduced:

Medical marijuana; written certification. Allows a person to possess marijuana or tetrahydrocannabinol pursuant to a valid written certification issued by a physician for the treatment of any medical condition deemed terminal or debilitating by a licensed health care professional, pain management, cancer, glaucoma, intractable epilepsy, human immunodeficiency virus, osteoporosis, or arthritis. The bill allows a physician or pharmacist to distribute such substances without being subject to prosecution. Under current law, a person has an affirmative defense to prosecution for possession of marijuana if the marijuana is in the form of cannabidiol oil or THC-A oil and the person has been issued a written certification by a physician that such marijuana is for the purposes of treating or alleviating the person's symptoms of intractable epilepsy. The bill expands the authority for a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy and under the supervision of a licensed pharmacist, to manufacture and provide marijuana in any form to be used for the treatment of any medical condition deemed terminal or debilitating by a licensed health care professional, pain management, cancer, glaucoma, intractable epilepsy, human immunodeficiency virus, osteoporosis, or arthritis, not just marijuana in the form of cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. Finally, the bill clarifies that the penalties for forging or altering a written certification for medical marijuana or for making or uttering a false or forged written certification are the same as the penalties for committing the same acts with regard to prescriptions.

01/09/18 House: Referred to Committee for Courts of Justice

HB 1014 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Toscano

Summary as introduced:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy.

01/23/18 House: Assigned Courts sub: Subcommittee #1

HB 1037 Abortions; performance, eliminates certain requirement.

Chief patron: Convirs-Fowler

Summary as introduced:

Performance of abortions. Eliminates the requirement that two other physicians certify that a third trimester abortion is necessary to prevent the woman's death or impairment of her mental or physical health.

01/09/18 House: Referred to Committee for Courts of Justice

HB 1064 Medical marijuana; written certification issued by physician.

Chief patron: Heretick

Summary as introduced:

Medical marijuana; written certification. Allows a person to possess marijuana or tetrahydrocannabinol pursuant to a valid written certification issued by a physician for the treatment of any medical condition and allows a physician or pharmacist to distribute such substances without being subject to prosecution. Under current law, a person has an affirmative defense to prosecution for possession of marijuana if the marijuana is in the form of cannabidiol oil or THC-A oil and the person has been issued a written certification by a physician that such marijuana is for the purposes of treating or alleviating the person's symptoms of intractable epilepsy. The bill expands the authority for a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy and under the supervision of a licensed pharmacist, to manufacture and provide marijuana in any form to be used for the treatment of any medical condition, not just marijuana in the form of cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. Finally, the bill clarifies that the penalties for forging or altering a written certification for medical marijuana or for making or uttering a false or forged written certification are the same as the penalties for committing the same acts with regard to prescriptions.

01/10/18 House: Referred to Committee for Courts of Justice

HB 1071 Health regulatory boards; electronic notice of license renewal.

Chief patron: Heretick

Summary as introduced:

Health regulatory boards; license renewal; electronic notice. Provides that the Board of Funeral Directors and Embalmers, the Board of Medicine, and the Board of Nursing may send notices for license renewal electronically.

01/10/18 House: Referred to Committee on Health, Welfare and Institutions

HB 1173 Controlled substances; limits on prescriptions containing opioids.

Chief patron: Pillion

Summary as introduced:

Limits on prescription of controlled substances containing opioids. Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. Under current law, a prescriber is not required to request certain information from the PMP for opioid prescriptions of up to 14 days to a patient as part of treatment for a surgical or invasive procedure. The provisions of the bill will expire on July 1, 2022.

01/18/18 House: Assigned HWI sub: Subcommittee #2

01/23/18 House: Subcommittee recommends reporting (10-Y 0-N)

HB 1175 Prescribers; notice of administration of naloxone.

Chief patron: Pillion

Summary as introduced:

Prescribers; notice of administration of naloxone. Requires every hospital that operates an emergency department to develop and implement a protocol for (i) identifying every prescriber who has prescribed opioids to a patient to whom naloxone is administered for the purpose of reversing an opioid overdose in the emergency department or by emergency medical services personnel or a law-enforcement officer prior to admission to the emergency department and (ii) notifying each such prescriber that the patient has been treated with naloxone for the purpose of reversing an opioid overdose. Such notification shall be made in each case in which naloxone is administered for the purpose of reversing an opioid overdose by a health care provider in a hospital emergency department, emergency medical services personnel, or a law-enforcement officer to a patient to whom opioids have been prescribed by a prescriber.

01/18/18 House: Assigned HWI sub: Subcommittee #1

HB 1182 Perinatal hospice and palliative care; notice to woman of agencies.

Chief patron: LaRock

Summary as introduced:

Perinatal hospice and palliative care; notice. Requires every health care provider that diagnoses a fetus with a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth to provide the pregnant women with geographically indexed materials prepared by the Department of Health that are designed to inform the woman of public and private agencies providing perinatal hospice and palliative care services available to the woman if she chooses to continue the pregnancy, and requires the Department of Health to make such information available both to health care providers and on a website maintained by the Department. The bill also requires health care providers to annually report data and information about cases in which information regarding perinatal hospice and palliative care services is provided.

01/10/18 House: Referred to Committee on Rules

HB 1194 Schedule I controlled substances; adds various drugs to list.

Chief patron: Garrett

Summary as introduced:

Schedule I controlled substances. Adds drugs to the list of Schedule I controlled substances.

01/10/18 House: Referred to Committee on Health, Welfare and Institutions

HB 1231 Abortion; a pregnant person has a fundamental right to obtain.

Chief patron: Boysko

Summary as introduced:

Right to abortion; provision of abortion. Provides that a pregnant person has a fundamental right to obtain a lawful abortion and that no statute or regulation shall be construed to prohibit the performance of an abortion prior to viability or if necessary to protect the life or health of the pregnant person. The bill also provides that any statute that places a burden on a pregnant person's access to abortion without conferring any legitimate health benefit is unenforceable. The bill expands who can perform first trimester abortions to include, in addition to physicians, physician's assistants and midwives licensed by the Board of Medicine, nurse practitioners or certified nurse midwives jointly licensed by the Board of Medicine and the Board of Nursing, and persons acting pursuant to orders and under the appropriate supervision of a physician. The bill also expands who can perform second trimester abortions to include persons acting pursuant to orders and under the appropriate supervision of a physician. The bill eliminates the requirement that second trimester abortions be performed in a licensed hospital. The bill eliminates the requirement that two other physicians certify that a third trimester abortion is necessary to prevent the pregnant person's death or impairment of her mental or physical health as well as the need to find that the pregnant person's health would be substantially and irremediably impaired. The bill permits a third trimester abortion if the pregnancy is not viable. The bill eliminates all the procedures and processes, including the performance of an ultrasound, required to effect a pregnant person's informed written consent to the performance of an abortion; however, the bill does not change the requirement that a pregnant person's informed written consent first be obtained. The bill removes language classifying facilities that perform five or more first trimester abortions per month as hospitals for the purpose of complying with regulations establishing minimum standards for hospitals. The bill also removes the prohibition on the sale of health insurance policies that provide coverage for abortions through an exchange established or operating in the Commonwealth pursuant to the federal Patient Protection and Affordable Care Act. The bill eliminates the crime, punishable as a Class 4 felony, of administering a drug or other thing to a pregnant person or using other means with the intent to destroy such person's unborn child or to produce an abortion or miscarriage.

01/10/18 House: Referred to Committee for Courts of Justice

HB 1251 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Cline

Summary as introduced:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. This bill is a recommendation of the Joint Commission on Health Care.

01/18/18 House: Referred to Committee for Courts of Justice

01/23/18 House: Assigned Courts sub: Subcommittee #1

HB 1295 Prescription Monitoring Program; disclosure of info to a public institution of higher education.

Chief patron: Rasoul

Summary as introduced:

Prescription Monitoring Program; disclosure of information; public institution of higher education. Allows the Director of the Department of Health Professions to disclose certain information included in the Prescription Monitoring Program to a public institution of higher education for the purpose of bona fide research or education.

01/18/18 House: Assigned HWI sub: Subcommittee #2

01/23/18 House: Subcommittee recommends passing by indefinitely (5-Y 4-N)

HB 1303 Prescribing controlled substances; veterinarian-client-patient relationship.

Chief patron: Garrett

Summary as introduced:

Prescribing controlled substances; veterinarian-client-patient relationship. Provides that a veterinarian shall not prescribe medication unless a bona fide veterinarian-client-patient relationship exists and establishes the requirements for a bona fide veterinarian-client-patient relationship.

01/19/18 House: Assigned HWI sub: Subcommittee #1

HB 1377 Epinephrine; possession and administration at outdoor educational programs.

Chief patron: Torian

Summary as introduced:

Possession and administration of epinephrine; outdoor educational programs. Provides that an employee of an organization that provides outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

01/19/18 House: Assigned HWI sub: Subcommittee #2

HB 1378 Surgical assistants; renewal of registration.

Chief patron: Robinson

Summary as introduced:

Registration of surgical assistants; renewal of registration. Requires proof of a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, the National Surgical Assistant Association, or the National Commission for the Certification of Surgical Assistants or their successors for renewal of registration as a surgical assistant.

01/19/18 House: Assigned HWI sub: Subcommittee #1

HB 1422 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Marshall

Summary as introduced:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease, including epilepsy, cancer, glaucoma, human immunodeficiency virus, acquired immunodeficiency syndrome, amyotrophic lateral sclerosis, multiple sclerosis, post-traumatic stress disorder, traumatic brain injury, chronic pain, or other chronic or terminal condition or disease. Under current law, a practitioner may issue such certification only for the treatment or to alleviate the symptoms of intractable epilepsy.

01/23/18 House: Assigned Courts sub: Subcommittee #1

HB 1440 Schedule I and Schedule II drugs; adds various drugs to lists.

Chief patron: Garrett

Summary as introduced:

Schedule I and Schedule II drugs. Adds MT-45 (1-cyclohexyl-4-(1,2-diphenylethyl)piperazine) to Schedule I of the Drug Control Act and Dronabinol [(-)-delta-9-*trans* tetrahydrocannabinol] in an oral solution in a drug product approved for marketing by the U.S. Food and Drug Administration to Schedule II of the Drug Control Act and removes naldemedine from Schedule II of the Drug Control Act.

01/16/18 House: Referred to Committee on Health, Welfare and Institutions

HB 1524 Medicine, Board of; regulations related to retention of patient records, minimum time for retention.

Chief patron: Ingram

Summary as introduced:

Board of Medicine; regulations related to retention of patient records; time. Directs the Board of Medicine to amend regulations governing retention of patient records by health practitioners to require health care providers to maintain patient records (i) for a minimum of 10 years from the date the record was created for an adult patient and (ii) until the patient reaches the age of 18 or becomes emancipated, with a minimum time for record retention of 10 years from the date the record was created, for records of a minor child patient. Currently, patient records must be maintained (a) for a minimum of six years from the date of the last patient encounter for adult patients and (b) until the patient reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the date of the last patient encounter, for minor child patients.

01/22/18 House: Assigned HWI sub: Subcommittee #1

SB 25 Drug Control Act; dispensing drugs without a prescription.

Chief patron: Spruill

Summary as introduced:

Dispensing drugs without a prescription. Authorizes a pharmacist to dispense up to a five-day supply of a Schedule VI drug to an individual who has been displaced from his residence by a natural or man-made disaster; has had his supply of the drug lost, destroyed, or otherwise rendered unusable as a consequence of the disaster; and is unable to tell the pharmacist the identity of the prescriber or his regular pharmacist or pharmacy. The bill also requires the individual to present evidence sufficient to establish, among other things, that the individual had been in lawful possession of the drug pursuant to a prescription provided to another pharmacist and that his health would be in danger without the benefits of the drug. Before prescribing the drug, the pharmacist is required to determine with a reasonable degree of certainty that the requested drug and dosage level are consistent with the drug and its dosage level that had been prescribed to the individual at the time of his displacement from his residence. During the period for which the drug has been dispensed, the pharmacist is required to diligently attempt to ascertain the identity of the prescriber and the identity of the pharmacist or pharmacy in possession of the prescriber's prescription. Upon obtaining such information, the pharmacist is required to take such additional reasonable action as will permit the individual to obtain a new or renewal prescription and resume obtaining the drug pursuant to his prescription.

01/22/18 Senate: Assigned Education sub: Health Professions

SB 293 Controlled substances and devices, certain; dispensing.

Chief patron: McClellan

Summary as introduced:

Dispensing of certain controlled substances and devices. Authorizes a prescriber to dispense controlled substances and devices without obtaining a license from the Board of Pharmacy, provided that such controlled substances and devices have been prescribed for the purposes of reproductive health and are dispensed in good faith within the course of his professional practice. The bill provides that facilities from which prescribers dispense only such controlled substances and devices are not required to obtain a permit from the Board. The bill requires the Board to establish a list of controlled substances and devices that may be so dispensed that includes controlled substances and devices used for contraception, maternal health, hormone replacement therapy, and sexually transmitted and reproductive tract infections.

01/16/18 Senate: Assigned Education sub: Health Professions

SB 330 THC-A oil; dispensing, tetrahydrocannabinol levels.

Chief patron: Dunnivant

Summary as introduced:

THC-A oil; dispensing. Requires the Board of Pharmacy to promulgate regulations that (i) ensure the percentage of tetrahydrocannabinol in dispensed THC-A oil is within 10 percent of the level of tetrahydrocannabinol measured for labeling and (ii) require stability testing of any pharmaceutical processor producing THC-A oil.

01/17/18 Senate: Read third time and passed Senate (40-Y 0-N)

SB 357 Death certificates; electronic filing required.

Chief patron: McClellan

Summary as introduced:

Death certificates; electronic filing required. Requires a death certificate, for each death that occurs in the Commonwealth, to be electronically filed with the State Registrar. Under current law, death certificates may be filed electronically or nonelectronically.

01/16/18 Senate: Assigned Education sub: Health

SB 436 Schedule I drugs; classification for fentanyl derivatives.

Chief patron: Wexton

Summary as introduced:

Schedule I drugs; classification for fentanyl derivatives. Adds to Schedule I of the Drug Control Act a classification for fentanyl derivatives.

01/09/18 Senate: Referred to Committee on Education and Health

SB 505 Doctorate of medical science; establishes requirements for licensure and practice.

Chief patron: Carrico

Summary as introduced:

Doctorate of medical science; licensure and practice. Establishes requirements for licensure and practice as a doctorate of medical science. The bill provides that it is unlawful to practice as a doctorate of medical science unless licensed by the Board of Medicine (Board) and requires that an applicant for licensure, among other requirements, (i) hold an active unrestricted license to practice as a physician assistant in the Commonwealth or another jurisdiction and be able to demonstrate engagement in active clinical practice as a physician assistant under physician supervision for at least three

years and (ii) be a graduate of at least a two-year doctor of medical science program or an equivalent program that is accredited by a regional body under the U.S Department of Education and an accrediting body approved by the Board. The bill provides that doctorates of medical science can practice only as part of a patient care team at a hospital or group medical practice engaged in primary care and are required to maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. The bill requires the Board to establish the scope of practice for doctorates of medical science and to promulgate regulations regarding collaboration and consultation among a patient care team and requirements for the practice agreement. The bill outlines the prescriptive authority of doctorates of medical science. The bill also authorizes various powers and requires various duties of a doctorate of medical science where such powers and duties are, under current law, given to and required of physician assistants and nurse practitioners.

01/09/18 Senate: Referred to Committee on Education and Health

SB 511 Optometry; scope of practice.

Chief patron: Suetterlein

Summary as introduced:

Optometry; scope of practice. Provides that the practice of optometry includes the evaluation, examination, diagnosis, and treatment of abnormal or diseased conditions of the human eye and its adnexa by the use of medically recognized and appropriate devices, procedures, or technologies but that it does not include treatment by laser surgery; treatment by surgery except for treatment of styes, chalazia, or anterior segment lesions that does not require the use of general anesthesia or sutures; or the use of injections, including venipuncture and intravenous injections, except for certain injections by TPA-certified optometrists and for the treatment of emergency cases of anaphylactic shock with intramuscular epinephrine.

01/09/18 Senate: Referred to Committee on Education and Health

SB 544 Prescription drugs; donation of used medicines.

Chief patron: Obenshain

Summary as introduced:

Prescription drug donation program. Requires that the existing prescription drug donation program regulated by the Board of Pharmacy accept eligible unused drugs from individuals, manufacturers, nursing homes, assisted living facilities, intermediate care facilities established for individuals with intellectual disability (ICF/IID), licensed hospitals, or any facility operated by the Department of Behavioral Health and Developmental Services. The bill also provides that pharmacies may re-dispense such drugs to the indigent. Under the current program, only hospitals and indigent care clinics may re-dispense such drugs to the indigent. The bill also provides liability protection for those who donate, accept, and dispense such unused drugs.

01/22/18 Senate: Assigned Education sub: Health Professions

SB 597 Marijuana; possession or distribution for medical purposes.

Chief patron: Vogel

Summary as introduced:

Possession or distribution of marijuana for medical purposes; affirmative defense for treatment of certain conditions. Provides an affirmative defense to prosecution for possession of marijuana if a person has a valid written certification issued by a practitioner for cannabidiol oil or THC-A oil for treatment of, or to alleviate the symptoms of, cancer, glaucoma, human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, Alzheimer's disease, nail patella, cachexia or wasting syndrome, multiple sclerosis, or

complex regional pain syndrome. Under current law, only the treatment of intractable epilepsy is covered by the affirmative defense.

01/09/18 Senate: Referred to Committee for Courts of Justice

SB 632 Controlled substances; limits on prescriptions containing opioids.

Chief patron: Dunnavant

Summary as introduced:

Limits on prescription of controlled substances containing opioids. Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. Under current law, a prescriber is not required to request certain information from the PMP for opioid prescriptions of up to 14 days to a patient as part of treatment for a surgical or invasive procedure. The provisions of the bill will expire on July 1, 2022.

01/10/18 Senate: Referred to Committee on Education and Health

01/22/18 Senate: Assigned Education sub: Health Professions

SB 726 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Dunnavant

Summary as introduced:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. This bill is a recommendation of the Joint Commission on Health Care.

01/22/18 Senate: Assigned Education sub: Health Professions

SB 728 Prescription Monitoring Program; prescriber and dispenser patterns.

Chief patron: Dunnavant

Summary as introduced:

Prescription Monitoring Program; prescriber and dispenser patterns. Requires the Director of the Department of Health Professions to annually review controlled substance prescribing and dispensing patterns. The bill requires the Director to conduct such review in consultation with an advisory panel consisting of representatives from the relevant health regulatory boards, the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services. The bill requires the Director to make any necessary changes to the criteria for unusual patterns of prescribing and dispensing and report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year.

01/22/18 Senate: Assigned Education sub: Health Professions

SB 735 Prescription Monitoring Program; disclosure of information; Department of Medical Assistance.

Chief patron: Dunnavant

Summary as introduced:

Prescription Monitoring Program; disclosure of information; Department of Medical Assistance Services. Allows the Director of the Department of Health Professions to disclose information about a specific recipient of covered substances who is a recipient of medical assistance services to a physician or pharmacist licensed in the Commonwealth or his designee who holds a multistate licensure privilege to practice nursing or a license issued by a health regulatory board within the Department of Health Professions and is employed by the Department of Medical Assistance Services, for the purpose of determining eligibility for and managing the care of the recipient in a Patient Utilization Management Safety or similar program.

01/22/18 Senate: Assigned Education sub: Health Professions

SB 795 CBD oil and THC-A oil; certification for use; dispensing.

Chief patron: Dunnivant

Summary as introduced:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. The bill also reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively.

01/22/18 Senate: Assigned Education sub: Health Professions

SB 832 Prescription Monitoring Program; adds controlled substances included in Schedule V and naloxone.

Chief patron: Carrico

Summary as introduced:

Prescription Monitoring Program; covered substances. Adds controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program.

01/15/18 Senate: Referred to Committee on Education and Health

SB 882 Prescription refill; protocol.

Chief patron: DeSteph

Summary as introduced:

Prescription refill; protocol. Provides that a prescriber may authorize a registered nurse or licensed practical nurse to initiate a protocol for a prescription refill for Schedule VI controlled substances, provided that (i) the practitioner has established a bona-fide practitioner-patient relationship with the individual to receive the refill provided; (ii) there is a standing protocol written and maintained by the prescriber; (iii) there is a written order by the prescriber for the registered nurse or licensed practical nurse to initiate the protocol; (iv) the prescription refill is for a maintenance medication prescribed for chronic, long-term conditions and the medication is taken on a regular, recurring basis; (v) the prescription refill is for no more than 90 consecutive days; (vi) documentation sufficient to the Board of Pharmacy is maintained; and (vii) other requirements established by the Board of Pharmacy are met.

01/18/18 Senate: Referred to Committee on Education and Health

Heaberlin, Alan (DHP)

Subject: FW: 012918 1:00 PM Genetic Counselor Advisory Board Meeting

Hey guys,

I hope this finds you all doing well. If you're getting an email from me that means the the story continues... and I need help to understand whether we might be able to fix the problem we spent a lot of time discussing at our last meeting.

The problem: once someone takes the board exam their active candidate status expires, so even if they pass they lose their temporary license. This means anyone who is a new genetic counselor will need to have almost their entire application complete, take the exam, immediately send in the "you passed the exam" documentation and wait a few days to practice as a genetic counselor until they receive the full license.

It appears is though our regulations and not the law are responsible for why a temporary license expires after the loss of active candidate status. Remember, active candidate status expires whether someone fails OR passes the exam. This was not how the law itself was written.

I could not recall why we added the expiration of active candidate status to the reasons for someone would lose a temporary license since it goes beyond what the law says. I spoke to Alan this afternoon and he believes it's because other licensed health providers in Virginia lose their license immediately after failing the exam. The unintended consequence of this is that active candidate status expires after someone passes the exam too, so there is a window of time (at LEAST a few days if the application is almost complete) where someone passes the exam but can not legally practice because their temp license is gone and they haven't received a full license yet.

I admit, I don't consider it an emergency for us to meet, but do consider this to be a very urgent issue for any new graduate who may have to take valuable vacation time or a leave of absence from work as a genetic counselor if they PASS the exam. I find that to be harmful to functioning clinics and personal income even if it's only for a few days. I would prefer to address this as soon as we can, if that is possible. If not, then I understand it will need to be deferred until our scheduled February.

Here are my requests:

1. Can you confirm that my statement above and the comments below from a genetic counselor colleague are the correct read of the law and regulations?
2. Can we modify our regulations so that they match the law (i.e. the temp license expires after one year. period)? If we must have someone who fails lose their license due to precedent in Virginia for other licensed healthcare providers, then we should could change the expiration period to one year and/or failure of the board exam, whichever comes first
3. If we can modify our regulations to fix this problem, can the change be fast tracked or will it need to go through the full new regulation requirement of public comment and multiple meetings?
4. Does this request reach the bar for setting up a meeting before our scheduled one in February since I think our regulations unnecessarily harm new genetic counselors who PASS the exam and have to not work for a period of time, whether it's only a few days or longer. This also requires for clinics to be delayed or cancelled, which is not ideal for patients.

I always appreciate your help. One of these days I'll just send a simple email saying things like "hi" and "Have a nice Thanksgiving"

Take care,

Matt

p.s. One of our genetic counseling members noticed something that is explained succinctly below in italics.

I'll paste the text I received from her below:

The actual language in the Virginia licensure bill does not seem to dictate to me that temporary licenses expire with expiration of active candidate status - that seems to come from the regulations.

Here is the text in the actual bill:

"The Board may grant a temporary license to an applicant who has been granted Active Candidate Status by the American Board of Genetic Counseling and has paid the temporary license fee. Temporary licenses shall be valid for a period of up to one year. An applicant shall not be eligible for temporary license renewal upon expiration of Active Candidate Status as defined by the American Board of Genetic Counseling. A person practicing genetic counseling under a temporary license shall be supervised by a licensed genetic counselor or physician."

It does not actually specify that expiration of active candidate status leads to expiration of temporary licenses. To me, that just says you can't renew once your active candidate status expires, but it sounds like your temp license should still be valid for up to a year. If it actually stayed valid for a year, that could help both with those who pass and are awaiting their full licenses AND possibly those who could sit for another exam 6 months later.

However, here is the text in the regulations:

"An applicant for a temporary license shall provide documentation of having been granted the active candidate status by the ABGC. Such license shall expire 12 months from issuance or upon expiration of active candidate status, whichever comes first."

18VAC85-170-60. Licensure requirements.

A. An applicant for a license to practice as a genetic counselor shall provide documentation of (i) a master's degree from a genetic counseling training program that is accredited by the Accreditation Council of Genetic Counseling and (ii) a current, valid certificate issued by the ABGC or ABMG to practice genetic counseling.

B. Pursuant to § 54.1-2957.19 D of the Code of Virginia, applicants for licensure who do not meet the requirements of subsection A of this section may be issued a license provided they (i) apply for licensure before December 31, 2018; (ii) comply with the board's regulations relating to the NSGC Code of Ethics; (iii) have at least 20 years of documented work experience practicing genetic counseling; (iv) submit two letters of recommendation, one from a genetic counselor and another from a physician; and (v) have completed, within the last five years, 25 hours of continuing education approved by the NSGC or the ABGC. For the purpose of this subsection, the board deems the provisions of Part IV (18VAC85-170-110 et seq.) of this chapter to be consistent with the NSGC Code of Ethics.

C. An applicant for a temporary license shall provide documentation of having been granted the active candidate status by the ABGC. Such license shall expire 12 months from issuance or upon expiration of active candidate status, whichever comes first.

18VAC85-170-125. Responsibilities of a temporary licensee.

A. A person holding a temporary license as a genetic counselor shall practice under the clinical supervision of a genetic counselor or a physician licensed in the Commonwealth.

B. Clinical supervision shall require that:

1. The supervisor and temporary licensee routinely meet to review and evaluate patient care and treatment; and
2. The supervisor reviews notes on patient care entered by the temporary licensee prior to reporting study results and making recommendations to a patient. Such review shall be documented by some method in a patient record.