Advisory Board on Midwifery

Virginia Board of Medicine

September 21, 2018

10:00 a.m.

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

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

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 of Midwifery
Board of Medicine
Friday, September 21, 2018 @ 10:00 a.m.
9960 Mayland Drive, Suite 201, Henrico, VA
Training Room 2

Call to Order – Kim Pekin, CPM, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Beulah Archer	
Approval of Minutes of February 2, 2018	1-3
Adoption of the Agenda	
Public Comment on Agenda Items	

New Business

1. NARM Announces End of Internationally Educated Midwife Route	4-5
2. Periodic Review of Regulations	6-18
3. Board member badges	-----
4. Election of Officers	-----

Announcements

Adjournment

Next Meeting Date: January 25, 2019 @ 10:00 a.m.

ADVISORY BOARD ON MIDWIFERY
Minutes
February 2, 2018

The Advisory Board on Midwifery met on Friday, February 2, 2018, at 10:00 a.m., at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia, 23233.

MEMBERS PRESENT:

Kim Pekin, CPM, Chair
Maya Gunderson, CPM
Natasha Jones, MSC
Mayanne Zielinski, CPM

MEMBERS ABSENT:

Ami Keatts, M.D.

STAFF PRESENT:

William L. Harp, M.D. Executive Director
Alan Heaberlin, Deputy Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Morton, Operations Manager
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT:

Jennifer MacDonald, Public Health Nurse Manager, VDH

Willie Andrews, Director, Laboratory Operations, DGS

Janet Rainey, Director and Registrar, Office of Vital Records

Glenda Turner, VMA
Adrianne Ross, VMA
Marinda Shindler, VMA
Michelle Reid, VDH
Denise Cox, VDH
Misty Ward, Brookhaven Birth Center

CALL TO ORDER

Kim Pekin called the meeting to order at 10:09 a.m.

EMERGENCY EGRESS PROCEDURES – Alan Heaberlin announced the Emergency Egress Procedures.

ROLL CALL –Beulah Baptist Archer called the roll, and a quorum was declared.

APPROVAL OF MEETING MINUTES of September 29, 2017

Maya Gunderson moved to approve the September 29, 2017 minutes. The motion was seconded and carried.

ADOPTION OF THE AMENDED AGENDA

Maya Gunderson moved to amend the agenda to include a presentation by Janet M. Rainey from the Office of Vital Records on the Electronic Birth Certificate process. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. **Legislative Update**

Ms. Yeatts reviewed legislation introduced in the 2018 General Assembly that might be of interest to the Advisory Board. No action was required.

2. **Discussion regarding the timeliness and process for disseminating information to the midwifery community.**

   Jennifer MacDonald (VDH) and Willie Andrews (DCLS) addressed the Advisory Board on HB 449 and HB 1174 that clarifiy newborn screening tests and the timeliness in which the screenings are administered. They also discussed HB 1362 that will require the Department of General Services to ensure timely newborn screening services by offering the screenings seven days a week. Ms. Andrews impressed upon the Advisory Board the need to quickly discover time-critical illnesses and disorders on a state level and invited its members to become a part of this initiative.

3. **Janet M. Rainey from the Office of Vital Records on the Electronic Birth Certificates.**

Ms. Rainey and her staff provided a PowerPoint presentation for the Advisory Board that reviewed the process in detail for completing and submitting electronic birth certificates. They presented the tutorial of the Electronic Birth Certificate (EBC) process that begins training from March 2018 until May 2018; registration in June 2018, with the live rollout date of July 1, 2018. They spoke to several options for training that include computer-based independent training, group training at her office facilities, or satellite group training. The presentation included records retention strategies and several features of the EBC interview process that may be of concern to CPM's. Dr. Harp inquired of Ms. Rainey if she could draft a one-page document that the Board could disseminate to the 74 Virginia licensed midwives regarding this EBC initiative. The Advisory Board and Vital Records staff discussed deadlines for submission of the documents and training opportunities for the midwifery community to complete and submit electronic birth certificates.

ANNOUNCEMENTS

Mr. Heaberlin provided Midwifery licensure statistics in Virginia as of February 2, 2018.

Licensed Midwives	74

NEXT MEETING DATE

June 8, 2018, at 10:00 a.m.

ADJOURNMENT

Maya Gunderson moved to adjourn the meeting. Motion seconded and carried.

Kim Pekin, CPM, Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

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Colanthia Opher

From: Beulah Archer
Sent: Tuesday, July 17, 2018 12:08 PM
To: Harp, William L. (DHP); Colanthia Opher
Subject: FW: NARM Announces End of Internationally Educated Midwife Route

For our information,

Sincerely,

Beulah Baptist Archer
Allied Licensing Specialist for
Radiologic Technology, Licensed Acupuncture, and Licensed Midwifery

Virginia Board of Medicine

804.367.3051
804.527.4426 Fax

beulah.archer@dhp.virginia.gov

From: NARM - North American Registry of Midwives [mailto:info=narm.org@cmail20.com] **On Behalf Of** NARM - North American Registry of Midwives
Sent: Tuesday, July 17, 2018 11:42 AM
To: Beulah Baptist Archer <beulah.archer@dhp.virginia.gov>
Subject: NARM Announces End of Internationally Educated Midwife Route

NARM
North American Registry of Midwives

In This Issue

Internationally educated midwives can apply for certification in one of the following routes:

Tuesday July 17, 2018

NARM Announces End of Internationally Educated Midwife Route

The Internationally Educated Midwife (IEM) route for applicants who were trained outside of the United

States (with the exception of UK legally recognized midwives) has been discontinued.

If you are in the middle of your IEM application and have not yet heard from NARM, please contact the NARM applications department immediately at:

PO Box 420
Summertown, TN 38483
applications@narm.org
888-842-4784

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Internationally educated midwives can apply for certification in one of the following routes:

- Complete the PEP application with all PEP clinical experience in the U.S. or Canada or
- Attend a MEAC accredited educational program (meacschools.org).

All internationally educated midwives should be aware that licensure for midwives in the U.S. is different in every state. Obtaining a CPM credential is not the same as obtaining a state license to practice. Midwives who are seeking to work as a midwife in a specific state should research the requirements for licensure in that state.

Please visit our website at narm.org or contact us via 888-842-4784 if you have further questions.

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NARM - North American Registry of Midwives
5257 Rosestone Dr.- Lilburn, GA 30047.
Info@narm.org - Visit our web site. - 1-888-842-4784

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF LICENSED MIDWIVES

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-130-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*

Effective Date: September 20, 2018

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I. General Provisions.

18VAC85-130-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2957.7 of the Code of Virginia.
"Midwife"
"Practicing midwifery"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:
"Board" means the Virginia Board of Medicine.
"Client" means a person receiving midwifery care and shall be considered synonymous with the word "patient."
"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI as set out in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).
"CPM" means the Certified Professional Midwife credential issued by the North American Registry of Midwives.
"NARM" means the North American Registry of Midwives.

18VAC85-130-20. Public participation.

A separate board regulation, 18VAC85-11, entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-130-30. Fees.

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

1. The application fee for a license to practice as a midwife shall be $277.

2. The fee for biennial active license renewal shall be $312; the additional fee for late renewal of an active license within one renewal cycle shall be $105.

3. The fee for biennial inactive license renewal shall be $168; the additional fee for late renewal of an inactive license within one renewal cycle shall be $55.

4. The fee for reinstatement of a license that has expired for a period of two years or more shall be $367 in addition to the late fee. The fee shall be submitted with an application for licensure reinstatement.

5. The fee for a letter of good standing/verification of a license to another jurisdiction shall be $10.

6. The fee for an application for reinstatement if a license has been revoked or if an application for reinstatement has been previously denied shall be $2,000.

7. The fee for a duplicate wall certificate shall be $15.

8. The fee for a duplicate renewal license shall be $5.

9. The fee for a returned check shall be $35.

10. For 2019, the fee for renewal of an active license shall be $250, and the fee for renewal of an inactive license shall be $125.

18VAC85-130-31. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

Part II.
Requirements for Licensure and Renewal of Licensure.

18VAC85-130-40. Criteria for initial licensure.

A. An applicant for board licensure shall submit:
1. The required application on a form provided by the board and the application fee as prescribed in 18 VAC 85-130-30;
2. Evidence satisfactory to the board of current certification as a CPM; and
3. A report from NARM indicating whether there has ever been any adverse action taken against the applicant.

B. If an applicant has been licensed or certified in another jurisdiction, the applicant shall provide information on the status of each license or certificate held and on any disciplinary action taken or pending in that jurisdiction.

18VAC85-130-45. Practical experience under supervision.

A person may perform tasks related to the practice of midwifery under the direct and immediate supervision of a licensed doctor of medicine or osteopathic medicine, a certified nurse midwife, or a licensed midwife while enrolled in an accredited midwifery education program or during completion of the North American Registry of Midwives' Portfolio Evaluation Process Program without obtaining a license issued by the board until such person has taken and received the results of any examination required for CPM certification or for a period of 10 years, whichever occurs sooner.

18VAC85-130-50. Biennial renewal of licensure.

A. A licensed midwife shall renew licensure biennially during the midwife's birth month in each odd-numbered year by:
1. Paying to the board the renewal fee as prescribed in 18 VAC 85-130-30; and
2. Attesting to having current, active CPM certification by NARM.

B. A licensed midwife whose license has not been renewed by the first day of the month following the month in which renewal is required shall not be considered licensed in Virginia.

C. An additional fee to cover administrative costs for processing a late application renewal shall be imposed by the board as prescribed by 18 VAC 85-130-30.

18VAC85-130-60. Inactive licensure.

A. A licensed midwife who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license.
1. The holder of an inactive license shall not be required to maintain current, active certification by NARM.
2. An inactive licensee shall not be entitled to perform any act requiring a license to practice midwifery in Virginia.

B. An inactive licensee may reactivate licensure by:
1. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and
2. Submission of documentation of having current, active certification by NARM.
C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provision of this chapter.

18VAC85-130-70. Reinstatement.

A. A licensed midwife who allows licensure to lapse for a period of two years or more and chooses to resume practice shall submit to the board a reinstatement application, information on practice and licensure in other jurisdictions for the period in which the license was lapsed in Virginia, proof of current, active certification by NARM, and the fee for reinstatement of licensure as prescribed in 18 VAC 85-130-30.

B. A licensed midwife whose license has been revoked by the board and who wishes to be reinstated must make a new application to the board, hold current, active certification by NARM, and pay the fee for reinstatement of a revoked license as prescribed in 18 VAC 85-130-30.

Part III.
Practice Standards.

18VAC85-130-80. General disclosure requirements.

A licensed midwife shall provide written disclosures to any client seeking midwifery care. The licensed midwife shall review each disclosure item and obtain the client's signature as evidence that the disclosures have been received and explained. Such disclosures shall include:
1. A description of the licensed midwife's qualifications, experience, and training;
2. A written protocol for medical emergencies, including hospital transport, particular to each client;
3. A statement as to whether the licensed midwife has hospital privileges;

4. A statement that a licensed midwife is prohibited from prescribing, possessing or administering controlled substances;
5. A description of the midwife's model of care;
6. A copy of the regulations governing the practice of midwifery;
7. A statement as to whether the licensed midwife carries malpractice or liability insurance coverage and, if so, the extent of that coverage;
8. An explanation of the Virginia Birth-Related Neurological Injury Compensation Fund and a statement that licensed midwives are currently not covered by the fund; and
9. A description of the right to file a complaint with the Board of Medicine and with NARM and the procedures and contact information for filing such complaint.

18VAC85-130-81. Disclosures on health risks.

A. Upon initiation of care, a midwife shall review the client's medical history in order to identify pre-existing conditions or indicators that require disclosure of risk for home birth. The midwife shall offer standard tests and screenings for evaluating risks and shall document client response to such recommendations. The midwife shall also continually assess the pregnant woman and baby in order to recognize conditions that may arise during the course of care that require disclosure of risk for birth outside of a hospital or birthing center.

B. If any of the following conditions or risk factors are presented, the midwife shall request and review the client's medical history, including records of the current or previous pregnancies; disclose to the client the risks associated with a birth outside of a hospital or birthing center; and provide options for consultation and referral. If the client is under the care of a physician for any of the following medical conditions or risk factors, the midwife shall consult with or request documentation from the physician as part of the risk assessment for birth outside of a hospital or birthing center.

1. Antepartum risks:

Conditions requiring ongoing medical supervision or ongoing use of medications;
Active cancer;
Cardiac disease;
Severe renal disease -- active or chronic;
Severe liver disease -- active or chronic;
HIV positive status with AIDS;
Uncontrolled hyperthyroidism;
Chronic obstructive pulmonary disease;
Seizure disorder requiring prescriptive medication;
Psychiatric disorders;
Current substance abuse known to cause adverse effects;
Essential chronic hypertension over 140/90;
Significant glucose intolerance;
Genital herpes;
Inappropriate fetal size for gestation;
Significant 2nd or 3rd trimester bleeding;
Incomplete spontaneous abortion;
Abnormal fetal cardiac rate or rhythm;
Uterine anomaly;

Platelet count less than 120,000;
Previous uterine incision and/or myomectomy with review of surgical records and/or subsequent birth history;
Isoimmunization to blood factors;
Body mass index (BMI) equal to or greater than 30;
History of hemoglobinopathies;
Acute or chronic thrombophlebitis;
Anemia (hematocrit less than 30 or hemoglobin less than 10 at term);
Blood coagulation defect;
Pre-eclampsia/eclampsia;
Uterine ablation;
Placental abruption;
Placenta previa at onset of labor;
Persistent severe abnormal quantity of amniotic fluid;
Suspected chorioamnionitis;
Ectopic pregnancy;
Pregnancy lasting longer than 42 completed weeks with an abnormal nonstress test;
Any pregnancy with abnormal fetal surveillance tests;
Rupture of membranes 24 hours before the onset of labor;
Position presentation other than vertex at term or while in labor; or
Multiple gestation.

2. Intrapartum risks:

Current substance abuse;
Documented intrauterine growth retardation (IUGR)/small for gestational age (SGA) at term;
Suspected uterine rupture;
Active herpes lesion in an unprotectable area;
Prolapsed cord or cord presentation;
Suspected complete or partial placental abruption;
Suspected placental previa;
Suspected chorioamnionitis;
Pre-eclampsia/eclampsia;
Thick meconium stained amniotic fluid without reassuring fetal heart tones and birth is not imminent;
Position presentation other than vertex at term or while in labor;
Abnormal auscultated fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones;
Excessive vomiting, dehydration, or exhaustion unresponsive to treatment;
Blood pressure greater than 140/90 that persists or rises and birth is not imminent;
Maternal fever equal to or greater than 100.4°F; or
Labor or premature rupture of membrane (PROM) less than 37 weeks according to due date.

3. If a risk factor first develops when birth is imminent, the individual midwife must use judgment taking into account the health and condition of the mother and baby in determining whether to proceed with a home birth or arrange transportation to a hospital.

C. If the risks factors or criteria have been identified that may indicate health risks associated with birth of a child outside of a hospital or birthing center, the midwife shall provide evidence-based

information on such risks. Such information shall be specified by the board in guidance documents and shall include evidence-based research and clinical expertise from both the medical and midwifery models of care.

D. The midwife shall document in the client record the assessment of all health risks that pose a potential for a high risk pregnancy and, if appropriate, the provision of disclosures and evidence-based information.

18VAC85-130-90. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-130-100. Client records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of client records.
B. Practitioners shall provide client records to another practitioner or to the client or the client's personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage client records and shall maintain timely, accurate, legible and complete client records. Practitioners shall clearly document objective findings, decisions and professional actions based on continuous assessment for ongoing midwifery care.

D. Practitioners shall document a client's decisions regarding choices for care, including informed consent or refusal of care. Practitioners shall clearly document when a client's decisions or choices are in conflict with the professional judgment and legal scope of practice of the licensed midwife.

E. Practitioners shall maintain a client record for a minimum of six years following the last client encounter with the following exceptions:
1. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last client encounter regardless of the age of the child;
2. Records that have previously been transferred to another practitioner or health care provider or provided to the client or the client's personal representative do not have to be kept for a minimum of six years following the last client encounter; or
3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

F. Practitioners shall in some manner inform all clients concerning the time frame for record retention and destruction. Client records shall only be destroyed in a manner that protects client confidentiality, such as by incineration or shredding.

G. When a practitioner is closing, selling or relocating a practice, the practitioner shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the client's choice or provided to the client.

18VAC85-130-110. Practitioner-client communication; termination of relationship.

A. Communication with clients.
1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately inform a client or the client's legally authorized representative of the client's assessment and prescribed plan of care. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure directed by the practitioner.
2. A practitioner shall present information relating to the client's care to a client or the client's legally authorized representative in understandable terms and encourage participation in the decisions regarding the client's care.
3. Before any invasive procedure is performed, informed consent shall be obtained from the client. Practitioners shall inform clients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent licensed midwife practicing in Virginia would tell a client. In the instance of a minor or a client who is incapable of making an informed decision on the client's own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.
B. Termination of the practitioner/client relationship.
1. The practitioner or the client may terminate the relationship. In either case, the practitioner shall make a copy of the client record available, except in situations where denial of access is allowed by law.
2. Except as provided in § 54.1-2962.2 of the Code of Virginia, a practitioner shall not terminate the relationship or make services unavailable without documented notice to the client that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-130-120. Practitioner responsibility.

A. A practitioner shall:
1. Transfer care immediately in critical situations that are deemed to be unsafe to a client or infant and remain with the client until the transfer is complete;
2. Work collaboratively with other health professionals and refer a client or an infant to appropriate health care professionals when either needs care outside the midwife's scope of practice or expertise; and
3. Base choices of interventions on empirical and/or research evidence that would indicate the probable benefits outweigh the risks.

B. A practitioner shall not:
1. Perform procedures or techniques that are outside the scope of the midwife's practice or for which the midwife is not trained and individually competent;
2. Knowingly allow apprentices or subordinates to jeopardize client safety or provide client care outside of the apprentice's or subordinate's scope of practice or area of responsibility. Practitioners shall delegate client care only to those who are properly trained and supervised; and
3. Exploit the practitioner/client relationship for personal gain.

18VAC85-130-130. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted or free, for professional services that does not include the cost of all related procedures, services and products that, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the client and the practitioner.

C. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. A licensee shall disclose the complete name of the board that conferred the certification when using or authorizing the use of the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for the licensee's practice.

E. A licensee of the board shall not advertise information that is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner or practitioners responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.

18VAC85-130-140. Vitamins, minerals and food supplements.

A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable client outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual client's overall medical condition and medications.

C. The practitioner shall conform to the standards of the practitioner's particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

18VAC85-130-150. Solicitation or remuneration in exchange for referral.

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility as defined in § 37.2-100 of the Code of Virginia, or hospital as defined in § 32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b), as amended, or any regulations promulgated thereto.

18VAC85-130-160. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:
1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the client, or both; or
2. May reasonably be interpreted as romantic involvement with a client regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a client.
1. The determination of when a person is a client for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a client until the client-practitioner relationship is terminated.
2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a client does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former client after termination of the practitioner-client relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care. For purposes of this section, key third party of a client shall mean: spouse or partner, parent or child, guardian, or legal representative of the client.

E. Sexual contact between a supervisor and a trainee or apprentice shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on client care.

18VAC85-130-170. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Virginia Board of Medicine
2019 Board Meeting Dates

Full Board Meetings

February 14-16, 2019	DHP/Richmond, VA	Board Rooms TBA
June 13-15, 2019	DHP/Richmond, VA	Board Rooms TBA
October 17-19, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 5, 2019	DHP/Richmond, VA	Board Rooms TBA
August 2, 2019	DHP/Richmond, VA	Board Rooms TBA
December 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 11, 2019	DHP/Richmond, VA	Board Rooms TBA
May 17, 2019	DHP/Richmond, VA	Board Rooms TBA
September 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Credentials Committee Meetings

January 9, 2019	February 20, 2019	March 13, 2019
April 17, 2019	May 29, 2019	June 26, 2019
July 24, 2019	August 21, 2019	September 25, 2019
October 23, 2019	November 13, 2019	December (TBA), 2019

Times for the Credentials Committee meetings - TBA

Advisory Board on:

Behavioral Analysts			10:00 a.m.
January 21	May 20	September 30	
Genetic Counseling			1:00 p.m.
January 21	May 20	September 30	
Occupational Therapy			10:00 a.m.
January 22	May 21	October 1	
Respiratory Care			1:00 p.m.
January 22	May 21	October 1	
Acupuncture			10:00 a.m.
January 23	May 22	October 2	
Radiological Technology			1:00 p.m.
January 23	May 22	October 2	
Athletic Training			10:00 a.m.
January 24	May 23	October 3	
Physician Assistants			1:00 p.m.
January 24	May 23	October 3	
Midwifery			10:00 a.m.
January 25	May 24	October 4	
Polysomnographic Technology			1:00 p.m.
January 25	May 24	October 4	

Joint Boards of Medicine and Nursing

TBA