

Advisory Board on Genetic Counseling

Virginia Board of Medicine

June 9, 2025

1:00 p.m.



Virginia Department of

Health Professions

Advisory Board on Genetic Counseling

Board of Medicine

Monday, June 9, 2025 at 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 1

Call to Order – Lydia Higgs, CGC, Chair

Emergency Egress Procedures – Kathleen LaMotte

i

Roll Call – Kathleen LaMotte

Introduction of Members – Lydia Higgs, CGC, Chair

Approval of minutes from the June 3, 2024 Meeting

1 – 3

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Legislative Report – Erin Barrett/Matthew Novak

4 – 7

2. Regulatory Update – Erin Barrett/Matthew Novak

8

3. Recommendation of draft amendments for licensure by endorsement –
Erin Barrett/Matthew Novak

9 – 11

4. Orientation to the Board – William Harp, MD

12 – 44

Announcements

Next meeting: October 20, 2025 at 1:00 p.m.

Agenda Meeting Format – Michael Sobowale

Adjournment



Virginia Department of
Health Professions

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 1

Exit the room using one of the doors at the back of the room. **(Point)**. Upon exiting the room, 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.

<<DRAFT>>

ADVISORY BOARD ON GENETIC COUNSELING

Minutes

June 3, 2024

The Advisory Board on Genetic Counseling met on Monday, June 3, 2024, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Lydia Higgs, GC, Chair
Martha Thomas, GC, Vice-Chair
Tahnee Causey, GC
Lori Swain, Citizen

MEMBERS ABSENT: Richard Lucidi, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Executive Director - Licensure
Roslyn Nickens, Licensing Supervisor
Matthew Novak, DHP Policy and Economic Analyst
Colanthia M. Opher, Deputy Executive Director - Administration
Janice Martin, Licensing Specialist
Kelly Smith, DHP Director of Communications

GUESTS PRESENT: None

Call to Order

Lydia Higgs, GC, Chair, called the meeting to order at 1:04 pm.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Janice Martin called the roll; a quorum was declared.

Approval of Minutes

There were no previous minutes needing approval.

Adoption of Agenda

Lydia Higgs, GC, Chair moved to adopt the agenda. Lori Swain seconded the motion. Motion carried.

Public Comment on Agenda Items

None

New Business

1. Report on Status of Regulatory/Policy Actions

Matthew Novak reviewed the status of the Advisory Board's regulatory actions.

2. Orientation to the Board of Medicine and Advisory Board

Dr. Harp gave a PowerPoint presentation on the Board of Medicine and its Advisory Boards.

Licensing Report

Janice Martin provided the licensing statistics report for genetic counselors. There are 20 genetic counselors with a temporary license of which 10 are current active in Virginia and 10 are current active out- of-state. A total of 591 genetic counselors have been fully licensed, of which 138 are current active in Virginia, 449 are current active out of state, and 4 are current inactive out of state. From September 19, 2022 to date, the Board has licensed a total of 134 new genetic counselors.

Announcements

Next Scheduled Meeting

The next scheduled meeting is Monday, October 7, 2024 at 1:00 pm.

Adjournment

With no other business to conduct, Lydia Higgs, Chair adjourned the meeting at 2:23 pm.

William L. Harp, MD, Executive Director

**Board of Medicine
Advisory Boards
Legislative Report
2025 General Assembly**

[HB 1649](#) - Board of Medicine; continuing education; unconscious bias and cultural competency.
Chief Patron: Hayes

DEAD BILL

Board of Medicine; continuing education; unconscious bias and cultural competency. Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine to report the number of licensees who have successfully completed such training to the Department of Health and the Virginia Neonatal Perinatal Collaborative. **This bill is identical to SB 740. This bill is nearly identical to HB1675, below.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on February 18, 2025
03/24/2025: Governor's recommendation received by House
04/02/2025: VOTE: Pass by for the day - Adoption (47-Y 46-N)
05/02/2025: Vetoed by Governor

[HB 1675](#) - Board of Medicine; continuing education; unconscious bias and cultural competency.
Chief Patron: Hayes

DEAD BILL

Board of Medicine; continuing education; unconscious bias and cultural competency. Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine to report on the training to the Department of Health. This bill is a recommendation of the Joint Commission on Health Care. **This bill is substantially similar to HB1649 and SB740.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025
03/24/2025: Governor's recommendation received by House
04/02/2025: VOTE: Pass by for the day - Adoption (47-Y 46-N)
05/02/2025: Vetoed by Governor

[HB 2269](#) - Hospitals; reports of threats or acts of violence against health care providers.
Chief Patron: Tran

Hospitals; reports of threats or acts of violence against health care providers. Requires hospitals in the Commonwealth to establish a workplace violence incident reporting system to document, track, and analyze any incident of workplace violence reported. The bill requires each hospital to (i) report the data collected via the reporting system to the chief medical officer and the chief nursing officer of such hospital on, at minimum, a quarterly basis and (ii) send a report to the Department of Health on an annual basis that includes, at a minimum, the number of incidents of workplace violence voluntarily reported by an employee. The bill also requires the Secretary of Health and Human Resources, in collaboration with the Department of Criminal Justice Services, to convene a stakeholder work group for the purpose of making recommendations on the workplace violence system and policies adopted pursuant to the bill.
This bill is identical to SB 1260.

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025

03/24/2025: Approved by Governor-Chapter 457 (Effective 07/01/25)

[HB 2489](#) - Physician assistants; Department of Health Professions to study expansion of scope of practice.

Chief Patron: Henson

Study; Department of Health Professions; expanding scope of practice for physician assistants; report. Directs the Department of Health Professions to conduct a study on expansion of the scope of practice for physician assistants in the Commonwealth as a means to increase autonomy in the profession. In addition to reviewing the education and training requirements for physician assistants in the Commonwealth and the other states, the study includes an analysis of the costs and benefits to patients of increased autonomy for physician assistants. The Department is directed to submit a report with its findings and recommendations to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2025.

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025

03/24/2025: Approved by Governor-Chapter 569 (Effective 07/01/25)

[SB 882](#) - Anesthesiologist assistants; establishes criteria for licensure.

Chief Patron: Locke

Board of Medicine; licensure of anesthesiologist assistants. Establishes criteria for the licensure of anesthesiologist assistants and directs the Board of Medicine to adopt regulations governing the practice of anesthesiologist assistants. The bill provides that no person shall use or

assume the title “anesthesiologist assistant” or hold himself out as an anesthesiologist assistant unless such person holds a license as an anesthesiologist assistant issued by the Board. This bill is a recommendation of the Joint Commission on Health Care.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 11, 2025

03/24/2025: Approved by Governor-Chapter 507 (Effective 07/01/25)

[HB 1861](#) - Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.

Chief Patron: Price

AGENCY BILL

Department of Health Professions; health regulatory boards; regulations; licensure by endorsement. Directs each health regulatory board regulated by the Department of Health Professions to enact regulations to provide a licensure by endorsement pathway for professions which do not currently have licensure by endorsement. **This bill is identical to SB 1438.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025

03/24/2025 Approved by Governor-Chapter 553 (Effective 07/01/25)

[SB 826](#) - Predetermination for licensing eligibility; prior convictions.

Chief Patron: Locke

Department of Professional and Occupational Regulation; Department of Health Professions; predetermination for licensing eligibility; prior convictions. Prohibits the use of “good moral character” or crimes of “moral turpitude,” despite existing statutory language which was not changed by this legislation allowing such use, by a regulatory board within DPOR or DHP when refusing a person a license, certificate, or registration to practice, pursue, or engage in any regulated occupation or profession. The bill requires such regulatory board denying a registration, license, or certificate based on information in the applicant's criminal history record to notify the applicant in writing of (i) the specific offense or offenses that contributed to such denial; (ii) how the criminal history directly relates to the occupation for which the registration, license, or certificate applies; and (iii) how the regulatory board weighed rehabilitation factors when making its decision.

The bill further allows an applicant to request a written predetermination from a regulatory board within DPOR or DHP concerning whether his criminal record would disqualify him from obtaining a license, certificate, registration, or other authority to engage in a particular occupation, trade, or profession in the Commonwealth. It appears no fee can be charged for this

determination, which will create a bifurcated licensure process and has significant legal and financial ramifications for DHP and its regulatory boards.

Legal advice has been requested regarding implementation and the requirements of this legislation.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 5, 2025

03/24/2025 Approved by Governor-Chapter 505 (Effective 07/01/25)

[SB 1293](#) - Autism spectrum disorder; school board employees, professional development and continuing education.

Chief Patron: Stanley

School board employees; professional development and continuing education; optional programs; children with autism spectrum disorder. This legislation is directed toward the Department of Education and available training for educators regarding communicating with children diagnosed with autism spectrum disorder.

An enactment clause requires boards of DHP to communicate a recommendation to licensees to complete continuing education on communicating with children diagnosed with autism spectrum disorder. **This is not a requirement, simply a communication with a recommendation.**

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 11, 2025

03/24/2025 Approved by Governor-Chapter 516 (Effective 07/01/25)

[SB 1363](#) - Health Professions, Board of; transfer of powers and duties.

Chief Patron: Pillion

Status: Acts of Assembly Chapter

AGENCY BILL

Elimination of Board of Health Professions; transfer of powers and duties. Eliminates the Board of Health Professions and transfers certain powers and duties from the Board to the Department of Health Professions.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 5, 2025

03/21/2025: Approved by Governor-Chapter 341 (Effective 07/01/25)

Board of Medicine – Advisory Board on Genetic Counseling
Regulatory Actions
As of May 12, 2025

In the Governor’s Office

None.

In the Secretary’s Office

None.

At DPB or OAG

None.

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Publication Date	Effective Date	Notes
18VAC85-170	Fast-track	Implementation of changes following 2022 periodic review of Chapter	5/19/2025	7/3/2025	Periodic review changes voted on at 2022 October Board meeting

Agenda Item: Recommendation of draft amendments for licensure by endorsement pursuant to SB1438

Included in your agenda packet:

- Draft regulatory changes to licensure requirements

Action Needed:

- Motion to recommend to the full Board the adoption of an exempt regulatory action to amend regulations pursuant to SB1438.

Part II. Requirements for Licensure as a Genetic Counselor.

18VAC85-170-50. ~~Application~~ Initial licensure requirements.

An applicant for initial licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-170-40.
2. Verification of a professional credential in genetic counseling as required in 18VAC85-170-60.
3. Verification of practice as required on the application form.
4. ~~If licensed or certified in any other jurisdiction, documentation of any disciplinary action taken or pending in that jurisdiction.~~

18VAC85-170-51. Licensure by endorsement

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is substantially similar and in good standing;
2. A completed application and fee; and
3. A current report from the National Practitioner Data Bank

18VAC85-170-60. Licensure requirements.

A. An applicant for a an initial 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.¹

~~B. Pursuant to § 54.1-2957.19 D of the Code of Virginia, applicants for initial 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.~~

¹ This is a requirement of section C in [§ 54.1-2957.19](#). Does it need to stay as is, or can the Board interpret “substantially similar” to mean this?

€ B. 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 failure of the ABGC certification examination, whichever comes first.

DRAFT

Orientation to the Board of Medicine & Your Advisory Board

May 2025

Executive Branch

- Governor Glenn Youngkin
- Secretary of Health and Human Resources – Janet Kelly
- DHP Director – Arne Owens
- Board of Medicine President – Randy Clements, DPM
- Board members cannot speak for the Board or anyone in the Executive Branch.

Department of Health Professions

- Umbrella Agency for 13 Health Regulatory Boards
- Director Owens appointed by the Governor
- Administration, Communications, Finance, Enforcement, Administrative Proceedings, Prescription Monitoring, Health Practitioners' Monitoring, Healthcare Workforce Data Center, IT
- Medicine joined the Department in 1977

Today's Board of Medicine

18 members
appointed by
the Governor

1 MD from each
Congressional
District

1 DO

1 DPM

1 DC

4 citizen
members

Today's Board

- Pure Board of Medicine – only licenses MD's
- Composite Board – licenses other professions as well
- Doctors of Medicine, Osteopathy, Podiatry & Chiropractic
- Physician Assistants, Acupuncturists, Athletic Trainers, Licensed Midwives, Licensed Certified Midwives, Occupational Therapists, Occupational Therapy Assistants, Radiologic Technologists, Radiologic Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Polysomnographic Technologists, Behavior Analysts, Assistant Behavior Analysts, Genetic Counselors, Licensed Surgical Assistants, Certified Surgical Technologists, Anesthesiologist Assistants & Advanced Practice Registered Nurses

Today's Advisory Boards

Today's Advisory Boards

- 11 Advisory Boards
- Similar structure & function
- 5 members
 - 3 of the profession
 - 1 physician
 - 1 citizen member

Today's Advisory Boards

Today's Advisory Boards (cont.)

- Chair & Vice-Chair
- Meet at least once a year
- May attend 1 meeting a year electronically for good cause
- Advise the Board of Medicine on:
 - Licensing
 - Discipline
 - Regulations

THE BOARD'S MISSION

- The protection of the public by
- Licensing only qualified applicants
- Disciplining for unprofessional conduct
- Promulgating regulations to implement law

THE BOARD'S DISCIPLINARY PROCESS

Begins with a complaint or a report



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graph TD; A[Begins with a complaint or a report] --> B[Investigated by the Enforcement Division of DHP]; B --> C[Completed investigation sent to the Board]; C --> D[Probable Cause Review];
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The diagram illustrates a four-step disciplinary process. It begins with a complaint or report, followed by an investigation by the Enforcement Division of DHP. The completed investigation is then sent to the Board, leading to a Probable Cause Review. The steps are represented by four horizontal bars of decreasing length and increasing indentation, connected by downward-pointing arrows.

Investigated by the Enforcement Division of DHP

Completed investigation sent to the Board

Probable Cause Review

PROBABLE CAUSE REVIEW



Board staff and Board members



Review to understand what happened in the case



Apply the law and the regulations to determine if a violation has occurred



Two Board members must agree on violations of standard of care for physicians



If specialized review is required, retain an expert reviewer for the standard of care

OPTIONS FOR RESOLVING THE MATTER

- 85% are closed administratively
- Other options
 - Advisory letters
 - Confidential Consent Agreements
 - Pre-Hearing Consent Orders
 - Informal Conferences
 - Formal Hearings
 - Summary Suspensions

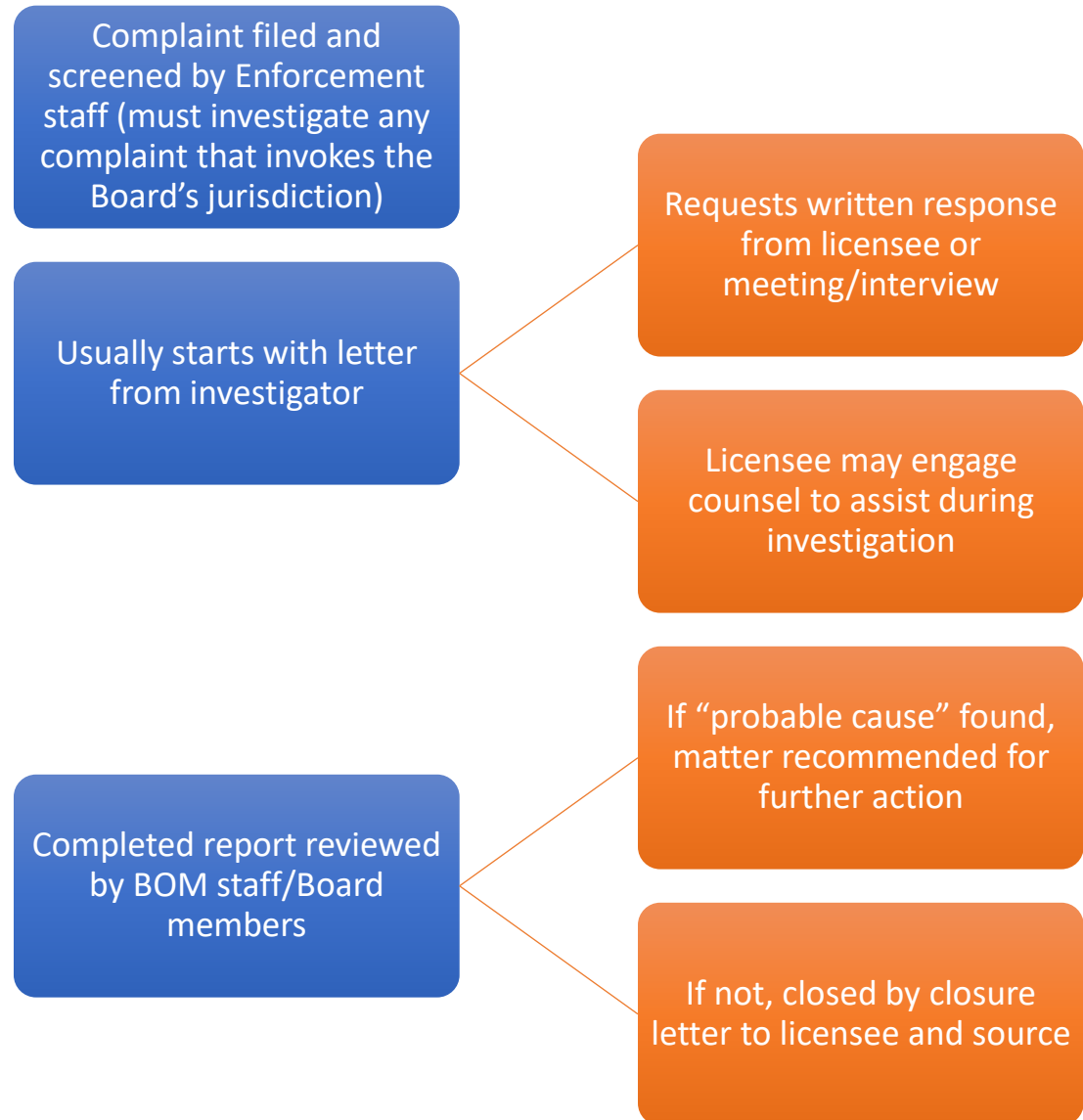
PRINCIPLES OF THE DISCIPLINARY PROCESS

- Confidentiality
- Protection of the public
- Due process for respondents
- Proportionate sanctions
- Strive to be fair to all parties

INVESTIGATIONS

- **Who Complains?**
 - The Public (e.g., patients, family members, anonymous, media)
 - Other licensees of the BOM (mandated reporters)
 - Employers
 - Healthcare institutions (e.g., hospital CEO = mandated reporter)
 - Medical malpractice insurance carriers

COMPLAINT PROCESS



ADVICE FOR RESPONDING TO COMPLAINTS

- Take the complaint seriously (even if you believe it to be frivolous)
- Fully cooperate w/the investigator (DHP/BOM is “health oversight agency” under HIPAA)
- You are responsible for ensuring a response and complete records are provided (not your office manager)
- Do NOT contact Board members to discuss your complaint
- Consult with an attorney (familiar with DHP/regulatory boards)

LAWS AND REGULATIONS TO KNOW

Fraud or Dishonesty

Substance abuse

Negligence in practice – standard of care

Mental or Physical Incapacity

Aiding and Abetting Unlicensed Practice

Ethical lapses – standards of professional conduct

LAWS AND REGULATIONS TO KNOW

Felony convictions or misdemeanors of moral turpitude

Any provision of the drug law

Failure to timely sign a death certificate

Opioid prescriptions submitted electronically

Surprise billing

Treating self and family

Patient records

LAWS AND REGULATIONS TO KNOW

Confidentiality

Communication/Termination

Subordinates and Disruptive Behavior

Sexual Boundary Violations

Reporting requirements

Continuing Medical Education

LAWS AND REGULATIONS TO KNOW



Office-Based Anesthesia



Prescription Monitoring Program



Health Practitioners' Monitoring Program



Renew License every 2 years

Hearing Protocol

Virginia Board of Medicine

June 14, 2018

Panel Members at Hearings



- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have a conflict, call staff! (procedure for potential conflict at hearing)
- Strive to be fair and impartial—goal is fairness to *respondent* and *also to the public*

Open vs. Closed Sessions

- Board business takes place in open, public forums to foster public accessibility and confidence of the public in the integrity of the regulatory process
- Any meeting of three or more members of the Board at which the members discuss *anything* related to the Board should be considered an open meeting for FOIA purposes (includes group emails).
- Closed meetings: for the Board to deliberate or receive legal advice
- Disciplinary proceedings may also close to deliberate and to protect health information of a respondent



Formal Hearings – You are on the record!



A court reporter attends formal hearings



Your words are recorded



The transcript will be reviewed by the Circuit Court if the respondent appeals for evidence of violations of a respondent's constitutional rights, failure of the Board to observe required procedure, indications that the Board may not have had substantial evidence (Erin ex.)

Hearings (IFC or formal)

- Cannot deviate earlier from noticed start time
- Choose your questions carefully (avoid answering questions from R)
- Hearings can be emotional; avoid engaging on emotional level (try not to be swayed by tears or manipulative behavior)
- Avoid texting board members (e.g., Loudoun meeting; FOIA Council)
- Do not state you have more knowledge than others-- or less-- based on specialty or non-MD status. All board members are experts in the matters before the board. This has been clearly stated by CAV.
- Do not give practice advice—do not want to bind the Board (especially if you are wrong)

Hearings (IFC or formal)

- Questions should relate to facts of the case and the allegations contained in the Statement of Particulars
- Do not sermonize, do not inject personal, religious, or political beliefs
- Do not express your personal opinion (i.e., " Well, I think your record-keeping was fine.")
- Do not argue with other panel members during hearings, or make statements disparaging other members' statements or questions
- Do not argue with witnesses, respondents, or counsel for respondents – we understand it can be hard with some!

Hearings (IFC or formal)



PANEL CHAIR WILL RULE ON ISSUES RELATED TO RELEVANCE OR THE ADMISSION OF EVIDENCE (WITH BOARD COUNSEL GUIDANCE)



AVOID "ATTORNEY TESTIMONY", THIS IS YOUR OPPORTUNITY TO HEAR FROM THE LICENSEE



DELIBERATION HAPPENS IN CLOSED SESSION



DO NOT ENGAGE, INFORM, INSTRUCT ONCE PROCEEDINGS ARE OVER (STAFF WILL HANDLE; E.G. FRIENDLY ATTORNEY AND PATIENT FAMILY IN AUDIENCE)

Procedural mysteries

Board counsel records and enters evidence

Evidence must be formally admitted even though Board members received evidence prior to hearing

Must initial and date evidence to provide record on appeal.

Procedural mysteries, cont.

Some cases appear old when they reach the formal hearing stage

Can be for any number of reasons (continuances prior to IFC or formal, length of investigation, etc.)

Staff and counsel will answer procedural questions in closed session – NOT open session!

What happens in closed session?



Decision on sanction



Craft order, including findings of fact
(refer to helpful notes you made
during proceeding)



Review conclusions of law alleged;
determine what stays



What are grounds for an appeal?

- (1) Violation of a Constitutional right, power, or privilege;
- (2) Failure to comply with statutory authority;
- (3) Failure to observe required procedure where the failure did not result in harmless error; and
- (4) Substantial evidence did not support Board decision.

(Va. Code § 2.2-4027.)

Helping to ensure that the Board's decisions do not get overturned

- Follow staff guidelines, procedures, and scripts for hearings.
- Ask legal questions in *closed session*. Do not state specific legal questions for board counsel on the record. This raises privilege issues.
- Only the chair of a panel may rule on motions made at a hearing.
- Avoid stating opinions on the record (i.e., "That does not sound like a standard of care issue to me.")
- Work with your fellow panel members, board counsel, and staff to craft well thought out orders.
- Be aware that any respondent can appeal.

A black and white photograph of a hand writing the words "Thank you" in a cursive script on a sheet of lined paper. The pen is visible at the end of the word "you". The paper is tilted slightly to the right. The background is a dark blue gradient with a large, lighter blue circular shape on the left side.

Thank you



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7). Vouchers submitted after the 30-day deadline cannot be approved.

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting on or before

July 8, 2025