VIRGINIA BOARD OF HEALTH PROFESSIONS
DEPARTMENT OF HEALTH PROFESSIONS
FULL BOARD MEETING
JULY 14, 2005

TIME AND PLACE:	The meeting was called to order at 1:03 p.m. on Thursday, July 14, 2005, at the Department of Health Professions, 6603 W. Broad St., Room A, Richmond, VA.
PRESIDING OFFICER:	Alan Mayer, Chair
MEMBERS PRESENT:	David R. Boehm, L.C.S.W. Lynne M. Cooper, Citizen Member, Nursing David H. Hettler, O.D Damien Howell, P.T. Juan M. Montero, II, M.D. Michael W. Ridenhour, Au.D. Harry S. Seigel, D.D.S. Demis L. Stewart, Citizen Member Joanne Taylor, Citizen Member Natale A. Ward, L.P.C. John T. Wise, D.V.M.
MEMBERS NOT PRESENT:	Michelle R. Easton, R. Ph. Joseph Jenkins, Jr., F.S.L. Nadia B. Kuley, Ph.D. Janet Payne, Citizen Member Mary M. Smith, N.H.A. Lucia Anna Trigiani, Esq., Citizen Member
STAFF PRESENT:	Robert A. Nebiker, Agency Director Howard Casway, Senior Assistant Attorney General Elizabeth A. Carter, Ph.D., Executive Director for the Board Elaine Yeatts, Senior Regulatory Analyst Betty Jolly, Assistant Director for Policy Education Susan Stanbach, Senior Management Analyst Faye Lemon, Director, Enforcement Elaine Yeatts, Senior Policy Analyst Carol Stamey, Administrative Assistant
OTHERS PRESENT:	Pat Hammond, DaVita Dialysis Dick Robins, DCA Shirley Yoakum, FMC Susan Ward, VHHA

QUORUM:	With twelve (12) members present, a quorum was established. Mr. Mayer noted the absence of six board members. He stressed the importance of attending all board meetings except when personal emergencies arise.
REAPPOINTMENTS:	Mr. Mayer reported that Ms. Stewart and Dr. Wise had been reappointed to serve on the Board of Health Professions.
PUBLIC COMMENT:	No public comment was presented.
APPROVAL OF MINUTES:	On properly seconded motion by Dr. Hettler, the Board voted unanimously to adopt the minutes of the April 13, 2005 meeting.
DEPARTMENT DIRECTOR'S REPORT:	Mr. Nebiker reported that the Executive Committee had begun its review of the 2006 through 2008 agency budget. He noted that there had been a proposed twenty-five (25) percent increase in the agency budget. He stated that it appeared the increase was driven mostly by the need for additional positions. Mr. Nebiker reported that the prescription monitoring program was now in effect statewide and that the agency was due to receive $350,000 in federal grant monies to fund the program. He also reported that data collection and reports are on track for reporting by the end of the year. He reported that the Executive Committee will meet again in August to focus on the critical issues of the agency budget and present its report to the full board in September.
EXECUTIVE DIRECTOR'S REPORT:	Dr. Carter presented an update to the 2005 workplan. She reported that new board member training will not be required and the Regulatory Research Committee had begun its review of the naturopathy study and review of the dialysis patient care technicians request to amend the new statutes and regulations. Dr. Carter reported that Ms. Jaspen will be presenting a brief summary on telehealth. Further, that Ms. Jolly will be presenting materials for review and approval on behalf of the Education Committee. Dr. Carter reported that the Enforcement Committee is continuing the Sanction Reference Study and the Nominating Committee will need to provide a slate of officers at the September meeting.
REVIEW OF LEGISLATION AND REGULATORY PROPOSALS:	Ms. Yeatts updated the Board on the 2005 legislation. A synopsis is incorporated into the minutes as Attachment 1. Ms. Yeatts informed the Board that the 2006 legislation is underway and the deadline for presenting legislation is August 22, 2005. Further, that any legislation to be presented in the agency's legislative package is August 1, 2005.

REPORT ON AGENCY PERFORMANCE:

Ms. Susan Stanbach presented the results of the agency's disciplinary case standards analysis. She stated that the report reflected an increase in case number and a drop in the number of days to close cases. The report is incorporated into the minutes as Attachment 2.

Dr. Carter and Ms. Lemon apprised the Board that the report does not reflect any measure of case complexity. Ms. Lemon indicated that she has included work toward the development of such a measure in Enforcement's 2006-2008 requested budget. Dr. Carter opined that the use of arithmetic mean as the measure for the standards makes it susceptible to fluxuation that could be due to a handful of aged cases, rather than overall general performance. She suggested that case standards may better be measured against the median rather than arithmetic mean. She noted that because the computer system does not populate the date, keying errors have lead to cases being closed before they are open, to cases having impossible dates (the years 9295 and 1942, for example). Since the system is vulnerable to such human keying errors, the median (i.e. midpoint) would more realistically reflect actual performance. Dr. Carter will work with Ms. Lemon and Ms. Stanbach in the revision of case standards methodology and report back to the Enforcement Committee.

It was requested by Dr. Seigel, Chair of the Enforcement Committee, that staff also prepare an overview of how the various boards are utilizing CCA's. Some are allowing negotiations while others are not. The rationale used by each board in its approach should be provided in the overview.

UPDATE ON SANCTION REFERENCE STUDY:

Dr. Carter presented an update on the status of the sanction reference study among the various boards. Medicine has been using their system since August without problems and has also noted a distinct drop in the number of informal conferences having to be held. Although it has not been empirically confirmed, it appears that attorneys for respondents have been negotiating pre-hearing consent orders in lieu of informals. On July 8, Dentistry adopted their sanction reference point system and will begin implementation in the early fall. Nursing's data collection is still underway but should be finalized within the month. A presentation will be provided to them in early fall. Veterinary Medicine has had its interviews completed and will begin data collection in the fall. Pharmacy's system is complete, implementation details are being worked through with staff.

UPDATE ON TELEHEALTH:

Dr. Carter introduced an overview prepared by Ms. Jaspen detailing the progress of telehealth since the Board's last review in 1988. A copy of the presentation is incorporated into the minutes as Attachment 3. Dr. Carter asked the members of the Board to relate feedback to her so that a full report can be presented at the Regulatory Research Committee meeting and full Board in September.

BRIEFING ON BROCHURES AND ISSUES FORUM:

Ms. Jolly apprised the Board that the Informal Conference Brochure was at the Attorney General's Office for review and approval. She stated that upon approval, the brochure will be forwarded to the printer and made available for all boards.

Ms. Jolly reported that the Issues Forum date and logistics had been changed and would be in conjunction with new board member training during October 26 and 27. Further, that the forum was revised to focus on one topic. A copy of the proposed Issues Forum agenda is incorporated into the minutes as Attachment 4.

Invitations will be extended to professional and consumer organizations as well as the press. Mr. Mayer also suggested that the National Council on State Legislatures be invited.

REGULATORY RESEARCH COMMITTEE REPORT:

Naturopathy

Dr. Ridenhour reported that the Committee had received public comment on the need to license naturopathy. He stated that additional information is being researched and will be presented at the September meeting. Additionally, the Committee will consider all collected information against the Criteria. Dr. Ridenhour stated that written public comment will be received through August 10, 2005.

Dialysis Care Technicians

On properly seconded motion by Dr. Ridenhour, the Board voted unanimously to accept the recommendation of the Committee to include proposed legislation amending section 54.1-2729.2 in the Department's legislative package to the Governor for 2006. The proposal is incorporated into the minutes as Attachment 5

EXECUTIVE COMMITTEE:

Mr. Mayer reported that the Committee had reviewed the agency budget and it appeared that the budget increase will be due largely to proposed new positions. He stated that the Committee will meet again on August 25, 2005 to make its final recommendations for presentation at the Board's September meeting.

BOARD REPORTS: The following Boards presented their board reports and they are incorporated into the minutes as Attachment 6:
Medicine, Nursing, Optometry, Physical Therapy, Audiology and Speech Language Pathology Dentistry, Counseling and Veterinary Medicine.

NEW BUSINESS: No new business was presented.

ADJOURNMENT: The meeting adjourned at 2:55 p.m.

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Alan E. Mayer
Chair

Elizabeth A. Carter, Ph.D.
Executive Director for the Board

Board of Audiology and Speech-Language Pathology

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 30-20 ID#: 1518/3205	Regulations of the Board of Audiology and Speech-Language Pathology	Delegation of informal fact-finding to an agency subordinate	Final Pub. Date: 6/27/2005

Board of Counseling

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 115-20 ID#: 1634/2949	Regulations Governing the Practice of Professional Counseling	Portability of licensure	NOIRA Pub. Date: 11/29/2004
18 VAC 115-20 ID#: 1370/2921	Regulations Governing the Practice of Professional Counseling	Consistency in standards of practice	Proposed Pub. Date: 5/30/2005
18 VAC 115-15 ID#: 1528/3236	Regulations Governing Delegation to an Agency Subordinate	New chapter	Final Pub. Date: 6/27/2005

Board of Dentistry

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 60-20 ID#: 1779/3214	Virginia Board of Dentistry Regulations	Expansion of duties to dental assistants	NOIRA Pub. Date: 7/25/2005
18 VAC 60-20 ID#: 1540/3153	Virginia Board of Dentistry Regulations	Temporary resident license	Final Pub. Date: 5/30/2005
18 VAC 60-20 ID#: 1539/3154	Virginia Board of Dentistry Regulations	Delegation to an agency subordinate	Final Pub. Date: 5/30/2005
18 VAC 60-20 ID#: 965/3155	Virginia Board of Dentistry Regulations	Periodic review changes; requirements for anesthesia and sedation	Final Pub. Date: 5/30/2005
18 VAC 60-20	Virginia Board of Dentistry Regulations	Licensure by Credentials	Emergency/NOIRA Adopted by Board: 7/8/05
18 VAC 60-20	Virginia Board of Dentistry Regulations	Increase in fees	NOIRA adopted by Board 7/8/05

Board of Funeral Directors and Embalmers

VAC	Chapter Name	Action Title	Last Stage / Status

18 VAC 65-40 ID#: 1795/3242	Resident Trainee Program for Funeral Service	Periodic review/flexibility in traineeship requirements	NOIRA Pub. Date: 7/25/2005
18 VAC 65-20 ID#: 1527/3149	Regulations of the Board of Funeral Directors and Embalmers	Delegation of informal fact-finding to an agency subordinate	Final Pub. Date: 5/16/2005
18 VAC 65-20	Regulations of the Board of Funeral Directors and Embalmers	Increase in fees	NOIRA adopted by Board 6/7/05

Board of Long-Term Care Administrators

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 95-20 ID#: 1668/3030	Regulations of the Board of Nursing Home Administrators	Qualifications for initial licensure and for preceptors	NOIRA Pub. Date: 1/24/2005
18 VAC 95-20 ID#: 1747/3170	Regulations of the Board of Nursing Home Administrators	Change in name of board and title of regulation	Final Pub. Date: 5/15/2005
18 VAC 95-10 ID#: 1746/3169	Public Participation Guidelines	Change in name of board	Final Pub. Date: 5/15/2005
18 VAC 95-20 ID#: 1572/3168	Regulations of the Board of Nursing Home Administrators	Delegation of informal fact-finding to an agency subordinate	Final Pub. Date: 5/30/2005
18 VAC 95-30	Regulations Governing the Licensure of Assisted Living Administrators	New regulations	Must be effective by 7/1/07 Awaiting appt. of new board

Board of Medicine

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 85-20 ID#: 1767/3203	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	Requirement for malpractice reporting on practitioner profile	NOIRA Pub. Date: 7/11/2005
18 VAC 85-20 ID#: 1768/3204	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	Post-graduate training for graduates of non-accredited medical schools	NOIRA Pub. Date: 7/11/2005
18 VAC 85-20 ID#: 1334/2830	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	Ethical standards for practice	Proposed Pub. Date: 11/29/2004
18 VAC 85-50 ID#: 1581/2856	Regulations Governing the Practice of Physician Assistants	Standards of practice	Proposed Pub. Date: 11/29/2004
18 VAC 85-40 ID#: 1580/2855	Regulations Governing the Practice of Respiratory Care Practitioners	Standards of Practice	Proposed Pub. Date: 11/29/2004

18 VAC 85-80 ID#: 1582/2857	Regulations for Licensure of Occupational Therapists	Standards of practice	Proposed Pub. Date: 11/29/2004
18 VAC 85-101 ID#: 1583/2858	Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited	Standards of practice	Proposed Pub. Date: 11/29/2004
18 VAC 85-110 ID#: 1584/2859	Licensed Acupuncturists	Standards of practice	Proposed Pub. Date: 11/29/2004
18 VAC 85-120 ID#: 1585/2860	Regulations Governing the Certification of Athletic Trainers	Standards of practice	Proposed Pub. Date: 11/29/2004
18 VAC 85-40 ID#: 1561/2973	Regulations Governing the Practice of Respiratory Care Practitioners	Acceptance of Category 1 CME	Proposed Pub. Date: 5/30/2005
18 VAC 85-20 ID#: 1663/3023	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	Reporting requirement on practitioner profile	Fast-Track Pub. Date: 7/11/2005
18 VAC 85-20 ID#: 1667/3029	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	Use of major conductive blocks in office-based anesthesia	Fast-Track Pub. Date: 5/30/2005
18 VAC 85-120 ID#: 1782/3220	Regulations Governing the Certification of Athletic Trainers	Current NATABOC certification for licensure	Fast-Track At DPB
18 VAC 85-20 ID#: 1769/3206	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	Change in Code cites	Final Pub. Date: 6/13/2005
18 VAC 85-15 ID#: 1547/3201	Regulations Governing Delegation to an Agency Subordinate	Criteria for delegation to an agency subordinate	Final Pub. Date: 6/27/2005
18 VAC 85-80 ID#: 1545/3202	Regulations for Licensure of Occupational Therapists	Certification for occupational therapy assistants	Final Pub. Date: 7/25/2005
18 VAC 85-130	Regulations for Licensure of Midwives	New regulations	Emergency regs Awaiting appt. of Advisory Board
18 VAC 85-20	Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic	Criteria for mixing of drugs in doctors' offices	Emergency regs – must be adopted in September & in effect by Dec. 05
All regulations		Increase in fees	Considered by Board 7/14/05

Board **Board of Nursing**

VAC	Chapter Name	Action Title	Last Stage /

			Status
18 VAC 90-60 ID#: 1765/3199	Regulations Governing the Registration of Medication Aides	Initial requirements for registration	NOIRA Pub. Date: 7/25/2005
18 VAC 90-25 ID#: 1674/3044	Regulations Governing Certified Nurse Aides	Increase in renewal fees	Proposed Pub. Date: 5/30/2005
18 VAC 90-20 ID#: 1764/3194	Regulations of the Board of Nursing	Change in reinstatement requirements for conformity to law	Final Pub. Date: 6/13/2005
18 VAC 90-20 ID#: 1517/3195	Regulations of the Board of Nursing	Implementation of Nurse Licensure Compact	Final Pub. Date: 6/27/2005
18 VAC 90-30 ID#: 1548/3197	Regulations Governing the Licensure of Nurse Practitioners	Implementation of Nurse Licensure Compact	Final Pub. Date: 6/27/2005
18 VAC 90-15 ID#: 1578/3196	Regulations Governing Delegation to an Agency Subordinate	New chapter	Final Pub. Date: 6/27/2005
18 VAC 90-30 ID#: 1549/3198	Regulations Governing the Licensure of Nurse Practitioners	Written protocol to include signature authorization	Final Pub. Date: 6/27/2005

Board **Board of Optometry**

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 105-20 ID#: 1610/3091	Regulations of the Virginia Board of Optometry	Incorporation of requirements for TPA certification	Proposed Pub. Date: 5/30/2005
18 VAC 105-20 ID#: 1560/3128	Regulations of the Virginia Board of Optometry	Delegation to an agency subordinate	Final Pub. Date: 5/16/2005

Board of Pharmacy

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 110-50 ID#: 1793/3240	Regulations Governing Wholesale Distributors, Manufacturers and Warehousers	Pedigree requirement	NOIRA Pub. Date: 7/25/2005
18 VAC 110-20 ID#: 1443/3053	Virginia Board of Pharmacy Regulations	Limitation on refills of Schedule VI drugs	Proposed Pub. Date: 5/30/2005
18 VAC 110-30 ID#: 1613/3065	Regulations for Practitioners of the Healing Arts to Sell Controlled Substances	Periodic review for consistency with changes to regulation of the practice of pharmacy	Proposed Pub. Date: 6/13/2005
18 VAC 110-	Virginia Board of Pharmacy	Oversight of wholesale	Proposed

20 ID#: 1531/3151	Regulations	distributors	At DPB
18 VAC 110-20 ID#: 1794/3241	Virginia Board of Pharmacy Regulations	Compounding requiremenst	Final Pub. Date: 7/11/2005
18 VAC 110-20 ID#: 1530/3244	Virginia Board of Pharmacy Regulations	Offsite data entry and DUR for prescriptions	Final At Governor's Office

Board of Physical Therapy

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 112-20 ID#: 1614/2906	Regulations Governing the Practice of Physical Therapy	Acceptance of credentialing bodies for graduates on non-approved physical therapy schools	NOIRA Pub. Date: 11/1/2004
18 VAC 112-20 ID#: 1495/3179	Regulations Governing the Practice of Physical Therapy	Delegation of fact-finding proceeding to an agency subordinate	Final Pub. Date: 5/30/2005

Board of Psychology

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 125-15 ID#: 1575/3186	Regulations Governing Delegation to an Agency Subordinate	New chapter for delegation	Final Pub. Date: 6/13/2005

Board of Social Work

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 140-20 ID#: 1799/3250	Regulations Governing the Practice of Social Work	Examination requirement	NOIRA At Governor's Office
18 VAC 140-20 ID#: 1806/3258	Regulations Governing the Practice of Social Work	Amendments to standards of practice	NOIRA At Governor's Office
18 VAC 140-20 ID#: 1516/3200	Regulations Governing the Practice of Social Work	Delegation of certain fact-finding proceedings to an agency subordinate	Final Pub. Date: 6/27/2005

Board of Veterinary Medicine

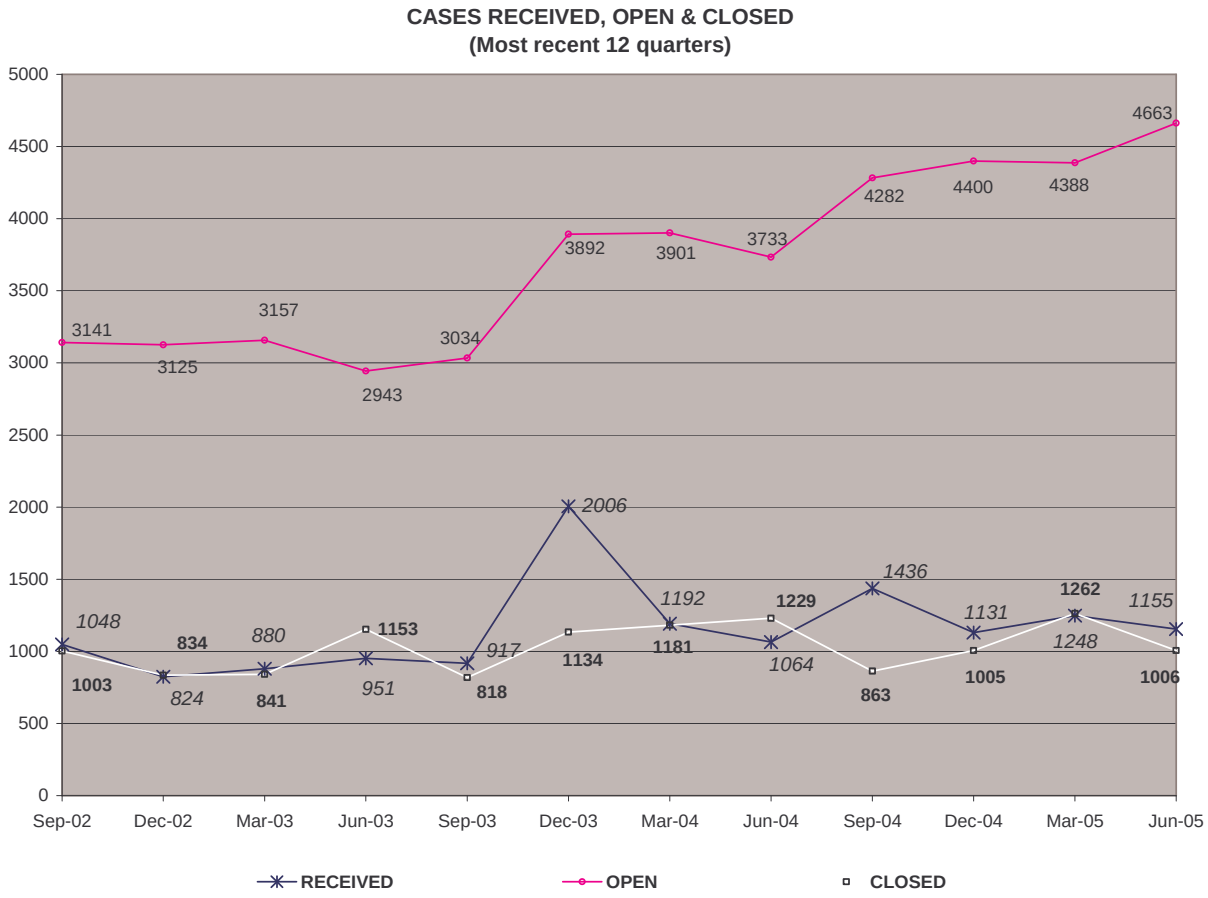
VAC	Chapter Name	Action Title	Last Stage /

			Status
18 VAC 150-20 ID#: 1739/3156	Regulations Governing the Practice of Veterinary Medicine	Notification on rabies certificat	Fast-Track Pub. Date: 7/25/2005
18 VAC 150-20 ID#: 1524/3216	Regulations Governing the Practice of Veterinary Medicine	Delegation of informal fact-finding to an agency subordinate	Final Pub. Date: 6/27/2005

Board Department of Health Professions

VAC	Chapter Name	Action Title	Last Stage / Status
18 VAC 76-20 ID#: 1800/3255	Regulations Governing the Prescription Monitoring Program	Expansion of PMP pursuant to 2005 legislation	Emergency/NOIRA At Governor's Office
18 VAC 76-40 ID#: 1658/3012	Regulations Governing Emergency Contact Information	Addition of licensed athletic trainers	Fast-Track Pub. Date: 5/30/2005
18 VAC 76-20 ID#: 1470/3064	Regulations Governing the Prescription Monitoring Program	Amendment to consent by patients for disclosure of prescription records to prescribers	Final Pub. Date: 5/30/2005

Attachment 2



BOARD	6/30/2002	9/30/2002	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003
Number of Cases Received							
Audiology/Speech Pathology	2	1	3	0	0	1	0
Counseling	11	10	9	13	14	8	7
Dentistry	102	88	100	90	95	78	90
Funeral Directing	20	23	17	17	16	14	28
Medicine	421	400	315	308	361	356	1258
Nurse Aide	143	147	138	170	142	149	159
Nursing	215	180	116	150	181	175	253
Long-Term Care Administrators	3	18	7	6	11	7	5
Optometry	21	10	4	14	8	6	8
Pharmacy	74	89	47	60	54	69	118
Physical Therapy	2	4	5	7	9	4	9
Psychology	15	18	13	13	10	7	14
Social Work	10	13	10	8	13	12	29
Veterinary Medicine	41	47	40	24	37	31	28
TOTAL	1080	1048	824	880	951	917	2006

BOARD	6/30/2002	9/30/2002	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003
Number of Cases Open							
Audiology/Speech Pathology	6	6	7	7	6	5	5
Counseling	28	29	24	21	22	27	26
Dentistry	290	286	317	321	306	331	320
Funeral Directing	70	73	75	78	64	68	64
Medicine	1324	1340	1414	1393	1215	1234	1963
Nurse Aide	475	474	481	494	475	483	498
Nursing	538	515	441	465	480	493	563
Long-Term Care Administrators	20	33	28	24	33	32	33
Optometry	44	34	27	35	30	28	29
Pharmacy	177	189	150	156	148	168	204
Physical Therapy	19	20	19	20	27	24	26
Psychology	22	22	18	23	17	14	19
Social Work	21	24	21	24	29	34	56
Veterinary Medicine	81	96	103	96	91	93	86
TOTAL	3115	3141	3125	3157	2943	3034	3892

BOARD	6/30/2002	9/30/2002	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003
Number of Cases Closed							
Audiology/Speech Pathology	0	1	2	0	2	2	0
Counseling	11	9	13	14	13	3	6
Dentistry	124	92	67	85	106	53	100
Funeral Directing	31	21	15	13	30	10	31
Medicine	268	374	241	329	539	336	525
Nurse Aide	163	147	128	154	159	139	142
Nursing	236	200	192	127	163	161	184
Long-Term Care Administrators	10	5	12	9	2	8	4
Optometry	24	20	11	6	13	8	6
Pharmacy	54	76	86	55	61	47	79
Physical Therapy	1	3	6	6	2	7	7
Psychology	13	16	16	9	15	9	8
Social Work	9	9	13	3	7	6	7
Veterinary Medicine	44	30	32	31	41	29	35
TOTAL	988	1003	834	841	1153	818	1134

BOARD	6/30/2002	9/30/2002	12/31/2002	3/31/2003	6/30/2003	9/30/2003	12/31/2003	3/31/20
Percent in Standard								
Audiology/Speech Pathology		100.00%	0.00%		0.00%	100.00%		0.00
Counseling	90.91%	71.43%	91.67%	44.44%	70.00%	66.67%	50.00%	77.78
Dentistry	63.39%	62.20%	59.68%	55.00%	52.63%	43.14%	44.09%	47.06
Funeral Directing	26.67%	50.00%	50.00%	50.00%	22.22%	0.00%	45.45%	64.29
Medicine	35.40%	40.06%	19.12%	31.85%	32.59%	37.58%	32.18%	57.77
Nurse Aide	47.65%	51.11%	51.38%	35.20%	36.36%	21.95%	31.03%	50.79
Nursing	55.92%	62.28%	60.78%	54.84%	53.24%	57.89%	70.86%	70.51
Nursing Home Administrator	50.00%	66.67%	40.00%	42.86%		16.67%	50.00%	50.00
Optometry	50.00%	42.86%	50.00%	40.00%	10.00%	20.00%	66.67%	70.00
Pharmacy	56.10%	61.11%	63.79%	75.68%	72.73%	67.65%	64.15%	61.90

Physical Therapy	0.00%	0.00%	0.00%	0.00%	0.00%	25.00%	40.00%	25.0
Psychology	81.82%	81.82%	86.67%	85.71%	60.00%	66.67%	85.71%	57.1
Social Work	40.00%	100.00%	83.33%	100.00%	71.43%	20.00%	66.67%	73.6
Veterinary Medicine	68.75%	60.87%	83.33%	64.00%	67.74%	45.83%	36.67%	68.4
TOTAL	50.30%	51.82%	48.02%	43.20%	41.20%	40.36%	42.69%	58.9

Telehealth Update **Attachment 3**
Virginia Board of Health Professions
July 14, 2005

Gail D. Jaspen
Chief Deputy Director

Purpose
•To update "Report on the Practice of Telehealth Across State Lines," presented to BHP on September 15, 1998

•To respond to interest expressed in the 2005 General Assembly in facilitating the practice of health care by electronic means and by out-of-state practitioners, *e.g.* HB 2005 (Del. Armstrong)

•To spotlight recent telehealth projects by Virginia's academic medical centers and other health care systems as examples of expanding technology

1998 Report
•Study examined the proper role of state regulation over practice across state lines.

•Defined "telehealth" as "*interactive, interstate health care delivery and the exchange of data in which the patient is in one jurisdiction and the practitioner is in another*."

•Note: Some commentaries use the term "*telemedicine*" to refer to the use of telecommunication and information technologies to provide clinical care at a distance. Those commentaries often include regard "*telehealth*" as a broader term, encompassing also distance education, consumer information and health administration by electronic means.

•Study cited both "*low tech*" and "*high tech*" applications, ranging from a Virginia pharmacist consulting with an out-of-state patient by telephone to the use of digital imaging and robotics to perform invasive surgery on a patient continents away.

•Key question relating to state regulation of "telehealth" is: *Is the practice occurring where the patient is located or where the practitioner is located when care is rendered?*

1998 Report (cont'd)
•Potential benefits of telehealth include *access* (extending medical care to remote and underserved area, correctional facilities, homebound patients, *quality* (improved timeliness and coordination of care), and *cost efficiency* (for patient and provider).

•Potential risks of telehealth include *using technology beyond its reasonable capacity or beyond the practitioner's skill, lack of accountability and patient redress*, and *loss of patient privacy*.

•Report cited alternative licensing schemes to address telehealth:
•**interstate compacts**

•"mini-licensing" or registration of non-resident practitioners
•full licensure requirement with modest exclusions for consultation, follow-up or emergency care
•federal licensure

1998 Report Recommendations

•That practice be regarded as occurring where the patient is located to best ensure that the patient has recourse through their state regulatory authority

•Recommended regulatory mechanisms to address telehealth:

•Interstate compact for mutual recognition

•Limited licensure to permit practice from a remote location but subject to disciplinary action by the appropriate health regulatory board

Telehealth in the New Millennium

•New trends and expanding technologies:

•Internet usage to access information, receive diagnostics and purchase pharmaceuticals
•Interactive video conferencing
•Store-and-forward imaging
•Streaming media
•Satellite and other wireless communications
•Wireless home monitoring, with two-way video and peripherals for blood pressure, cardiac monitoring and other biosensors.

2001 Telemedicine Report to Congress

•Presented by the U.S. Secretary of Health and Human Services Tommy Thompson

•The report cited expanding technologies and need for serving underserved and aging populations but also continuing barriers to expanded use of telemedicine:
•Lack of significant reimbursement
•Cross-state licensure problems
•Privacy issues
•Lack of universal standards
•High transmission costs

Telemedicine Licensure Report
Center for Telemedicine Law, June 2003
•Report notes that earlier telemedicine reports to Congress identified licensure as a major barrier to development of telemedicine.

•Even in states that permit licensure by endorsement (*i.e.*, issue an unrestricted license to a practitioner who holds a valid, unrestricted license in another jurisdiction), a multi-state telehealth practitioner must still apply for and obtain licensure in any state where he/she may practice.

•Medicine and Nursing professions appear to have taken the lead by adopting formal approaches for accommodating practice across state lines.
•Federation of State Medical Boards (FSMB) adopted Model Act to Regulate the Practice of Medicine Across State Lines – provided for "special purpose license" to authorize limited practice in states other than in licensure state.

•National Council of State Boards of Nursing (NCSBN) approved Nurse Licensure Compact by which compact states agree to grant reciprocal multistate licensure privileges.

Telemedicine Licensure Report
Center for Telemedicine Law, June 2003
•As of 2003, few other health care professions other than medicine and nursing had begun concerted efforts to address telepractice issues.

•The report recognized that it might be time to consider federal or national licensure for those professions where the qualifications among states are fairly uniform and where interstate practice has become increasingly prevalent. Countervailing factors remain:
•Strong history of state regulation
•Strong interest in accountability for the public's protection
•Health care practitioner anxiety about the bureaucracy of federal regulation
•Administrative complexity of issuing several million health practitioner licenses

•Emerging Trends Cited in the Report:
•Rapid escalation of Internet websites offering sale of prescription medications
•Physicians incorporating the Internet into their practices (e-mail, other electronic communications), prompting the Federation of State Medical Boards to develop Model Guidelines for the Appropriate Use of the Internet in Medical Practice

Telemedicine Licensure Report
Center for Telemedicine Law, June 2003
State Medical Practice laws as of June 2003:

◊ **19 states require license to practice in-state; telehealth not specifically addressed (*e.g.*, Virginia).**

▪ **Many states have a consultation exemption. Some support telemedicine use in emergencies or for services unavailable in-state.**

◊ **21 states explicitly require full licensure by law for out-of-state physicians providing services via telemedicine to patients in-state.**

◊ **3 states require full licensure by regulation/policy for out-of-state physicians providing services via telemedicine to patients in-state.**

◊ **9 states adopted versions of the FSMB model law authorizing a special purpose license for practice across state lines.**

◊ **1 state law implicitly allows for telemedicine practice**

Interstate Nurse Licensure Compact

- **The mutual recognition model of nurse licensure allows a nurse to have one license (in his or her state of residency) and to practice in other states (both physical and electronic), subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted.**

- **Current Compact states:**

- **Arizona**
- **Arkansas**
- **Delaware**
- **Idaho**
- **Iowa**
- **Maine**
- **Maryland**
- **Mississippi**
- **Nebraska**
- **New Jersey**
- **New Mexico**
- **North Carolina**
- **North Dakota**
- **South Dakota**
- **Tennessee**
- **Texas**
- **Utah**
- **Virginia**
- **Wisconsin**

Telemedicine Activities at the U.S. Department of Health and Human Services
May 2005

•Grant Programs: Office of Advancement of Telehealth will administer approximately 150 grant projects this year, including development of electronic health records systems, telepharmacy, rural home care projects and distance education.

•Rural Telemedicine Programs: Grant funded programs providing psychiatric services, dermatology services, neurology services, special wound care consultation, and genetic counseling in both clinical and home-care settings.

•Indian Health Service: Tele-radiology, tele-retinal screening, tele-dermatology, tele-mental health, and tele-cardiology are leading clinical examples of applications used in Indian Health.

Reimbursement Issues

•CMS has not formally defined telemedicine for the Medicaid program and Medicaid law does not define telemedicine as a distinct service. Nevertheless, reimbursement for services is available at a state's option as a cost-effective alternative to some traditional care.

•As of 2004, at least 23 states, including Virginia, reimbursed for telehealth services through Medicaid. Most of these states show low utilization, however.

•There is little data on reimbursement by private third party payers. A 2002 study by AMD Telemedicine, Inc, reported that only one major company among the top five companies surveyed in each state specifically prohibited reimbursement for telehealth services.

•States that enjoy widespread telemedicine reimbursement from Medicaid and private insurers tend to be those, such as Montana, where rural populations must travel long distances for health care services.

Telemedicine Applications in Virginia:
Utilizing Current Technology

•University of Virginia Health Systems Telemedicine Program offers telemedicine facilitated clinical consultations, educational programming and administrative conferences. Teleradiology offers transmission and receipt of diagnostic quality images with rapid interpretation by UVa radiologists.

•The Department of Corrections: Through linkages with the UVa Telemedicine Network, UVa physicians provide services to DOC inmates at 8 state facilities. Healthcare consultative services are offered in 28 clinical specialties.

•UVA Telemedicine – Rockingham Memorial joint venture serves 34 clinical sites.

·VCU School of Medicine first offered telemedicine services to the Blackstone family Practice Center in 1995. The program expanded to provide services to DOC inmates at the Powhatan Correctional Center.

·Sentara Home Care Services is the first home care agency in Virginia to use telemedicine to monitor patients who remain at home and receive ongoing treatment by visiting nurses. They are equipped with camera-mounted home computers and other bio-monitoring equipment that permits screening and monitoring to be performed and transmitted from home.

·Southwest Virginia Alliance for Telemedicine, US Department of HHS, Virginia Department of Health, and private organizations support various telehealth service applications in southwestern and rural southside Virginia.

Virginia Telehealth Initiative Consensus Conference:
"Developing a Vision and Strategic Plan for Telehealth in Virginia"

•VDH sponsored a conference in Natural Bridge on May 26, 2005. Focus was on issues such as rural health care, interoperability, emergency management, and barriers to telehealth.

•Observers continue to cite that licensing and regulatory issues, technology costs, lack of protocols, liability issues, need for infrastructure, practitioner "buy-in," and other obstacles remain as barriers to the expansion of telehealth services.

Attachment 4

Report to Board of Health Professions
July 14, 2005
By Betty Jolly, assistant director for policy education

Purpose: Board of Health Professions Conference on DHP's authority in the state for access to safe health care

When: October 26 (Wednesday) or 27 (Thursday)
Where: **Classroom A**

Focus: "Up to the Job: the Interface of Regulation and Professional Competence." Performance Measurement or how do healthcare professionals determine, measure, and assure the public concerning the healthcare professional's competence over the career of the professional

Agenda:

9:00 – 9:30: Registration
9:30-10:15: Welcome by Director of DHP; Overview of Agency
10:15 – 12 Panel One: The Act of Governing. Forging the Link between Regulation and Professional Competence
12-12:15 Break
12:15 – 1:15 Lunch and Key Note Speaker: the Challenge of Disclosing Quality to the Consumer.

Harry P. Hatry, Urban Institute & author, **Performance Measurement**

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1:15-1:30 Break
1:30 – 2:30 Panel Two: Leading Edge Initiatives in Virginia's DHP: Sanction Reference & uses of root cause analysis
2:30 – 4:00 Mega Trends Impacting the Next Decade

Rosemary Gibson	Robert Wood Johnson Foundation

Audience targeted: healthcare practioneers, associations, legislative and executive finance staff, General Assembly members, press, certification and accreditation organizations.

Attachment 5

§ 54.1-2729.2. Dialysis patient care technician; definition.

"Dialysis patient care technician" or "dialysis care technician" means a person who has obtained certification from an organization approved by the Board of Health Professions to provide, under the supervision of a licensed practitioner of medicine or a registered nurse, direct care to patients undergoing renal dialysis treatments in a Medicare-certified renal dialysis facility. Such direct care may include, but need not be limited to, the administration of heparin, topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers in accordance with the order of a licensed physician, nurse practitioner or physician assistant. However, a person who has completed a training program in dialysis patient care may be authorized to obtain practical experience in providing direct patient care in accordance with § 54.1-3408, until he has taken and received the results of any examination required by a certifying organization approved by the Board or for one year from the date of initial practice, whichever occurs sooner.

§ 54.1-2729.3. Prohibition on use of title without holding certification; continuing competency requirements; fees; penalty.

A. No person shall hold himself out to be or advertise or permit to be advertised that he is a dialysis patient care technician or dialysis care technician as defined in this chapter unless such person has obtained certification from an organization approved by the Board of Health Professions as examining candidates for appropriate competency or technical proficiency to perform as dialysis patient care technicians or dialysis care technicians.

B. The title restrictions provided by this section shall apply to the use of the terms "dialysis patient care technician" and "dialysis care technician" or any other term or combination of terms used alone or in combination with the terms "licensed," "certified," or "registered," as such terms also imply a minimum level of education, training, and competence. A person who has provisional authorization to provide direct patient care while obtaining practical experience shall be identified as a trainee while working in a renal dialysis facility.

C. The Board of Health Professions may require such continuing competency training as it may deem necessary for dialysis patient care technicians or dialysis care technicians.

D. Any person who willfully violates the provisions of this chapter shall be guilty of a Class 3 misdemeanor.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause them to be administered by a nurse, physician assistant or intern under his direction and supervision, or he may prescribe and cause drugs and devices to be administered to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the State Mental Health, Mental Retardation and Substance Abuse Services Board by other persons who have been trained properly to administer drugs and who administer drugs only under the control and supervision of the prescriber or a pharmacist or a prescriber may cause drugs and devices to be administered to patients by emergency medical services personnel who have been certified and authorized to administer such drugs and devices pursuant to Board of Health regulations governing emergency medical services and who are acting within the scope of such certification. A prescriber may authorize a licensed respiratory care practitioner as defined in § 54.1-2954 to administer by inhalation controlled substances used in inhalation or respiratory therapy.

C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.

D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may possess and administer epinephrine in emergency cases of anaphylactic shock.

E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs, or to possess and administer epinephrine for use in emergency cases of anaphylactic shock.

G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the immediate and direct supervision of a registered nurse to possess and administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent with applicable

guidelines developed by the Centers for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently implemented standards of the Occupational Safety and Health Administration and the Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles underlying tuberculin screening.

The Health Commissioner or his designee may authorize registered nurses, acting as agents of the Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies established by the Department of Health.

H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of a school board who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician or physician assistant is not present to perform the administration of the medication.

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, (i) by licensed pharmacists, (ii) by registered nurses, or (iii) licensed practical nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist or nurse when the prescriber is not physically present.

J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the course of his professional practice, a dentist may authorize a dental hygienist under his general supervision, as defined in § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, as well as any other Schedule VI topical drug approved by the Board of Dentistry.

K. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the

Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) a resident of a facility licensed or certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; or (v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services.

L. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living facility licensed by the Department of Social Services. A registered medication aide shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

M. In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

N. In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency caused by an act of terrorism or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control and supervision of the State Health Commissioner.

O. Nothing in this title shall prohibit the administration of normally self-administered oral or topical drugs by unlicensed individuals to a person in his private residence.

P. This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions.

Q. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care technicians who are certified by an organization approved by the Board of Health Professions or a person authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.) of this title, in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a licensed physician, nurse practitioner or physician assistant and under the immediate and direct supervision of a licensed registered nurse.

The dialysis care technician or dialysis patient care technician administering the medications shall have demonstrated competency as evidenced by holding current valid certification from an organization approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.) of this title.

Attachment 6

BOARD OF MEDICINE
REPORT TO THE
BOARD OF HEALTH PROFESSIONS

July 14, 2005

1. The Board will adopt final regulations for standards of professional conduct (ethics) at its meeting today. The regulations were a coordinated effort of the Legislative Committee, the Ad Hoc Committee on Ethics, the six Advisory Boards, and the full Board of Medicine.

2. The Board is currently in the process of notifying the 30,000+ practitioners required to provide information to the profiling system of their responsibility to update information in a timely manner. There has been an overwhelming response to the letters, with the Call Center handling upwards of 5,000 calls and e-mails in the last month.

3. At its meeting today, the Board will make decisions regarding the new statutory requirement that all practitioners that accrue three paid claims in a ten-year period must undergo a competency assessment. The Board will decide whether regulations are necessary for implementation, and the general approach for implementation of the assessment process.

4. The Board bids adieu to Jerry Ray Willis, DC and Gary Miller, MD, both of whom served from 1997 to 2005. Also leaving the Board is Alvin Edwards, MDiv, PhD, citizen member from Charlottesville. J. Thomas Hulvey, MD died on March 7, 2005, vacating the MD position from the 9th Congressional District. It is anticipated that three new Board members will attend today's meeting.

Board of Nursing Report to Board of Health Professions
July 2005

The Board of Nursing has met once since the April 13th meeting of the Board of Health Professions. At their May meeting, the Board of Nursing adopted final regulations governing the practice of nursing pertaining to the Nurse Licensure Compact. These regulations replace emergency regulations in effect. In addition, the Board adopted proposed regulations governing the practice licensed nurse practitioners (Nurse Licensure Compact) as final regulations and adopted final regulations to replace emergency rules in effect related to signature requirements for nurse practitioner protocols.

The Board adopted a Notice of Intended Regulatory Action (NOIRA) for registration of medication aides in assisted living facilities. The first meeting of the Medication Aide Task Force was held July 12th. A report from the task force is due December 1, 2005 and regulations are required to be in effect by July 1, 2007.

The Board of Nursing heard reports from 3 Board members who had conducted informal conferences (IFC's) acting as agency subordinates. To date, 5 days of IFC's for nurses and nurse aides have been conducted by agency subordinates and this process was reported to be effective. The Board continues to discuss suggestions for improvement of the process and anticipates scheduling more cases before agency subordinates in an effort to improve the rate of processing disciplinary cases.

Board staff and Board members continue to participate in meetings of the Governors Advisory Council on the Future of Nursing in Virginia and the Virginia Partnership for Nursing to discuss strategies to address work force issues related to the nursing shortage. Currently, nursing education programs which are all approved by the Board of Nursing do not have the physical capacity to increase enrollment significantly and in addition there is a shortage of faculty members.

The Board of Nursing has 6 new board members, which is almost half the Board's positions.

Board of Optometry
July 14, 2005

The Board of Optometry last met on June 8. The following were the major issues:

- The Board adopted its final regulations for delegation of informal fact-finding to an agency subordinate.
- It updated the web pages to provide new information to sponsors of continuing education and to direct prescribing optometrists with questions about prescriptive drugs to appropriate resources.
- They agreed to Board consider removing the requirement to register professional designations (i.e., trade names) and asked that staff prepare a background report with legal advice from Counsel for consideration by the Legislative/Regulatory Committee.
- They agreed to accept as approved continuing education those courses covering Medicare and HIPPA regulations pertaining to patient record keeping.
- Noncompliance with continuing education requirements appears to becoming an issue. The Board voted to offer a Confidential Consent Agreement for a first offense and an audit of the individual for the next three years. If there is a subsequent offence, the licensee is to be fined $300 for the first missing credit hour and $200 per missing hour for the remainder.

The Association of Regulatory Boards of Optometry is working toward a system to retain proof of continuing education for all licensees of the 50 states as a service to optometrists and to the member boards. Stay tuned. It is our understanding that the Federation of State Medical Boards is pursuing a similar system for the medical boards' licensees.

In other news since the last meeting, Dr. Paula Boone has been reappointed as a optometrist member of the Board for a second term.

BOARD OF PHYSICAL THERAPY
For BHP meeting of July 14, 2005

- Governor Warner appointed two new board members: Dr. George Maihafer, PT of Norfolk and Robert Izzo, PT of Richmond.

- The Board is seeking to amend its regulations governing the acceptance of more than one foreign credentialing service. In 2000, the Board amended its regulations to only accept the credential evaluations of the Foreign Commission on Credentialing of Physical Therapy.

- The Board is seeking to amend its regulations to clarify the licensure by endorsement for foreign educated applicants.

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
For BHP meeting of July 14, 2005

- Governor Warner appointed Sally Jones McNamara to the Board to complete the unexpired term of Dr. Katrina Eid. Ms. McNamara is a speech-language pathologist from Falls Church.

- The Board will submit its 2006 legislative proposal to the Department. The proposal establishes a provisional license in audiology. Due the changing degree requirements in the field of audiology, there is a need for a clinical internship after completing the Master‘s degree requirements.

- The Board will begin its period review of regulations this year.

Board of Dentistry Report

- On July 8, 2005, the Board adopted the Sanctioning Reference Points Instruction Manual as a guidance document. Three worksheets were developed for the Board's use one for inability to safely practice, one for standards of care and one for advertising and business practice issues.
- The Board voted to issue a NOIRA for fee increases.
- The Board is receiving public comment through 8/24/05 on a NOIRA to allow expanded duties for dental assistants to perform reversible procedures such as supragingival scaling and carving and packing amalgam.
- After review of the AG's Opinion on voting on testing agency membership, the Board decided not to pursue membership with a testing agency for 2006.
- The Board has comleted a 60 day trial of reviewing disciplinary cases for probable cause on-line. Two of the three special conference committees have decided to return to doing paper reviews and one SCC will continue use of the 0n-line review option.

BHP Report for the Board of Counseling

This June, 6 of the 14 members terms expired. Only one is eligible for reappointment, so when the Governor makes appointments in July the Board will likely have 5 new members.

For the first time licensees under the Board of Counseling (LPC's, MFT's , SATP's) had to attest to the completion of continuing education for the June 30 annual renewal.

Board of Veterinary Medicine
July 14, 2005

Dr. John Wise has been reappointed to the Board of Health Professions. Dr. James DeBell replaces Dr. Andrew Horner on the Board of Veterinary Medicine.

The Board last met on May 25, 2005. The Board created an ad hoc committee on equine dentistry which met earlier this week. Until February of this year, the Board had interpreted equine teeth floating as not constituting the practice of veterinary medicine. However, in February the issue of floating was re-examined in the light of it being performed by unlicensed persons using power tools and having the horse put under sedation. In February, in an effort that recognizes the threat to the public inherent in floating now (i.e., using power tools and sedation), the Board determined that floating equine teeth did constitute the practice of veterinary medicine. Unlicensed "equine dentists," "equine dental technicians," and others were upset that they could no longer practice their trade as a result of the Board's decision. So, at the May meeting the Board created the committee comprised of equine veterinarians, consumers, and "equine dental technicians." This week, the ad hoc committee determined that they would recommend to the Board that a guidance document be adopted which excludes from the practice of veterinary medicine hand planning and leveling of equine teeth without sedation. If sedation is required, a licensed veterinarian must administer it and maintains responsibility for the patient while under sedation. This recommendation will be presented to the Board on August 10.

The Board also held a question and answer session with the inspectors covering a variety of topics. This is in keeping with the Board's new policy of meeting periodically with all of the veterinary establishment inspectors and their supervisor to share insights.

The Board increased the number of times that it administers the national veterinary technician examination to twice a year so that graduates would not necessarily have to wait for up to two months past graduation to become licensed.

The Board has encouraged the development of continuing education on veterinary medical record keeping. Unlike other professions that have multiple courses on patient record keeping, someone seeking such CE has to piece it together from components of several courses. Because record keeping CE is often used as a disciplinary term, the Board has advocated that coursework devoted to it be developed. A faculty member at Blue Ridge Community College has begun the development. The Board will review a more detailed proposal at its August 10th meeting.