Meeting of the Virginia Board of Medicine

June 22, 2023
8:30 a.m.

Virginia Department of Health Professions

Board of Medicine

Thursday, June 22, 2023 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Call to Order for:

Public Hearing on Proposed Regulations for Implementation of the Occupational Therapy Compact

Call to Order and Roll Call for Full Board Meeting

Other Reports

- Board Counsel.....-----
- Board of Health Professions .....-----
- Podiatry Report .....-----
- Chiropractic Report.....-----
- Committee of the Joint Boards of Nursing and Medicine .....

New Business:

1. Current Regulatory Actions – Erin Barrett 47
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====No motion needed to adjourn if all business has been conducted====

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

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Board Room 2

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

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **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.

Agenda Item: **Approval of Minutes of the February 23, 2023**

Staff Note: Draft minutes that have been posted on Regulatory Townhall and the Board's website are presented. Review and revise if necessary.

Action: Motion to approve minutes.

VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES

February 23, 2023 Department of Health Professions Henrico, VA 23233

CALL TO ORDER: Mr. Marchese called the meeting to order at 8:35 a.m.

ROLL CALL: Ms. Opher called the roll; a quorum was established.

MEMBERS PRESENT:
Blanton Marchese – President, Chair
Peter Apel, MD
David Archer, MD – Vice-President
John R. Clements, DPM
Alvin Edwards, MDiv, PhD – Secretary-Treasurer
Jane Hickey, JD
Oliver Kim, JD, LLM
Krishna Madiraju, MD
Pradeep Pradhan, MD
Karen Ransone, MD
Jennifer Rathmann, DC
Joel Silverman, MD
Ryan Williams, MD

MEMBERS ABSENT:
Manjit Dhillon, MD
Hazem Elariny, MD
Madge Ellis, MD
Williams Hutchens, MD
Jacob Miller, DO

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Colanthia Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Danielle Sangiuliano – Administrative Assistant
Arne Owens, LtC, USARet, MS - DHP Director
James Jenkins, RN – DHP Chief Deputy Director
Erin Barrett – DHP Director of Legislative and Regulatory Affairs
Matthew Novak – DHP Policy Analyst
M. Brent Saunders, JD – Senior Assistant Attorney General
Laura Booberg, JD – Senior Assistant Attorney General

OTHERS PRESENT: Clark Barrineau – MSV Assistant V-P of Government Affairs
Jennie Wood – Board Staff
Tamika Hines – Board Staff
Roslyn Nickens – Board Staff
Beulah Archer – Board Staff
ShaRon Clanton – Board Staff
Delores Cousins – Board Staff
Trish Sturrock – Board Staff

EMERGENCY EGRESS INSTRUCTIONS

Dr. Archer provided the emergency egress instructions for Board Room 2.

APPROVAL OF MINUTES OF OCTOBER 6, 2022

Dr. Edwards moved to approve the minutes as presented. The motion was properly seconded by Dr. Ransone and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to approve the minutes as presented. The motion was properly seconded by Dr. Ransone and carried unanimously.

PUBLIC COMMENT

No public comment.

DHP DIRECTOR'S REPORT

Mr. Owens addressed the full Board for the first time since his appointment as Director of DHP. He noted he had previously served as the Deputy Director several years ago and was happy to be here again. He provided an update on several of the agency's activities, including the focus on healthcare workforce issues. He then introduced James Jenkins as DHP's Chief Deputy Director.

Mr. Jenkins introduced himself to the Board and noted that he was briefly on the Board of Medicine several years ago prior to his appointment to the Board of Pharmacy. He said he was enthusiastic about being able to serve as Deputy Director and thanked the Board members for the work they do to keep the citizens of the Commonwealth safe.

HWDC Presentation – Virginia's Physician Workforce 2022 and Virginia's Licensed Nurse Practitioner Workforce 2022

Dr. Yetty Shobo first presented the 2022 findings for the physician workforce. She covered numerous trends in the workforce – geography, demography, age and gender, education and education debt by gender and race/ethnicity, retirement plans and more. She highlighted that over the past year, underemployment increased from an average of 1% to 2%. Job

satisfaction has declined from 94% to 92%, and the percentage of those intending to retire has steadily been increasing since 2014. Dr. Shobo concluded her presentation by noting: 1) there has been some increase in the number of licensees, the workforce, and FTE's; 2) age distribution is stable; 3) gender and racial/ethnic diversity has increased overall but has declined for physicians under 40 years of age; 4) an increase in education debt among females and some races/ethnicities; and 5) generally no change in income and geographical distribution.

After fielding some questions from Board members, Dr. Shobo provided an update on the Nurse Practitioner workforce highlighting the same trends as in the physician presentation. She noted the diversity index in education and debt by specialty.

Mr. Marchese thanked Dr. Shobo for providing these informative reports and advised that Board members may come up with questions and topics of interest they would like to have included in future presentations. Two such topics are data relevant to Mental Health Nurse Practitioners and educational debt at the time of graduation.

Mr. Owens stated that in conjunction with the HCWD, the Administration will have a report in the fall that will identify gaps in medical services and provide a basis for strategic planning to address shortfalls. He indicated that there are a range of issues to be addressed, and there is no silver bullet.

Mr. Marchese called for a recess at 9:52 a.m. and the meeting reconvened at 10:03 a.m.

REPORTS OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Mr. Marchese advised that a delegation of members from the Board will be attending the 2023 Annual Meeting of the Federation of State Medical Boards in Minneapolis this May.

VICE-PRESIDENT

No report.

SECRETARY-TREASURER

No report.

EXECUTIVE DIRECTOR

Dr. Harp gave the floor to Michael Sobowale who introduced Roslyn Nickens as the new Licensing Supervisor at the Board of Medicine.

Cash balance: Dr. Harp began his report with the Board's cash balance, which is north of 12 million. He reminded the members that the balance will dwindle over the year as this is the renewal year for professions with lesser fees. Currently, the Board is in good financial shape.

He also noted that the Board has not been advised of any upcoming reductions in renewal fees.

Opioid Regulations Periodic Review: Dr. Harp informed the Board that a petition for rulemaking was received in October 2022 to expand the opioid antagonist section of the regulations to include other drugs besides naloxone. At that time, the suggestion was made to wait until the CDC published its updated guideline and deal with the petition during periodic review. The composition of the Regulatory Advisory Panel for the periodic review will include 2 pain management physicians, 2 addiction specialists, 1 pharmacist, and a representative from the Department of Health, Department of Behavioral Health and Developmental Services, and the Department of Medical Assistance Services. The Panel will meet on March 31, 2023 to perform the periodic review.

85-10 Disclosure by Licensed Midwives for High-Risk Pregnancy Conditions: Dr. Harp provided an update on the Advisory Board on Midwifery's request to have Guidance Document 85-10 reviewed and revised to incorporate new practices and new technology. He said this workgroup will include Dr. Ransone, Dr. Archer, the 4 members of the Advisory Board that includes Ami Keatts, MD, an OB/GYN physician.

Reciprocity Update: Dr. Harp advised that the Board is on the cusp of starting reciprocal licensing. The final version of the Memorandum of Agreement (MOA) will be forwarded to DC and Maryland for signatures. Once the 3 jurisdictions sign the MOA, the process can be started soon thereafter.

Board Briefs: Dr. Harp advised that the next edition will be published soon and will include the minutes of this meeting, the removal of the X-Waiver for buprenorphine, and other topics of interest.

COMMITTEE, ADVISORY BOARD, AND OTHER REPORTS

Dr. Ransone moved to accept all reports since October 6, 2022, en bloc. The motion was properly seconded by Dr. Edwards and carried unanimously.

Board Counsel – Brent Saunders, JD - Senior Assistant Attorney General

No report.

Board of Health Professions

No report.

Podiatry Report

No report.

Chiropractor Report

No report.

Committee of the Joint Boards of Nursing and Medicine

No report.

NEW BUSINESS

1. Current Regulatory Actions

Ms. Barrett provided a brief overview of the Board's regulatory actions as of February 6, 2023. This report was for informational purposes only and did not require any action.

2. 2023 General Assembly Report

Ms. Barrett shared the status of the 4 agency bills that will soon become law. Individuals will no longer have to come to DHP to copy their application materials; the new law authorizes them to be sent electronically or by snail mail. Other bills address the use of agency subordinates and criminal backgrounds checks.

Ms. Barrett then referred to her handout listing bills of interest to the Board and briefly reviewed each.

She noted 2 specific bills that affect the Board of Medicine. The first was **HB 1426 – Human trafficking; continuing education required for biennial renewal of licensure.** This bill requires that any licensee of the Board of Medicine may be required to complete 2 hours of continuing education on a specific topic prior to renewal. The bill states that if the Board of Medicine designates a topic for renewal, the first shall be on human trafficking.

The second bill was **HB173 – Mental health conditions & impairment; health regulatory board w/in DHP to amend its applications.** Ms. Barrett noted that this bill directs each health regulatory board within DHP to amend its licensure, certification, and registration applications to remove any existing questions pertaining to mental health conditions and impairment. It requires the boards to include the following questions: (1) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? She stated that this bill will become immediately effective when signed by the Governor.

Ms. Barrett's report was for informational purposes only and did not require any action.

3. Consideration of CE Waiver for Years 2020-2022

Mr. Marchese reviewed the staff note regarding the significant number of licensees who had not answered YES to meeting the continuing education requirement during the 2020, 2021 & 2022 renewal periods. He noted that some of the NO answers were inadvertent. He pointed out that some jurisdictions relaxed their enforcement of CE requirements during the pandemic.

Board staff has asked that consideration be given to a relaxed approach to CE enforcement during the 2020, 2021 & 2022 renewal periods. Mr. Marchese said that Board staff did not have the bandwidth to pursue each instance of failing to obtain the hours.

MOTION: After a brief discussion, Dr. Pradhan moved to waive enforcement of the CE requirement for the renewal periods of 2020, 2021, and 2022. The motion was properly seconded and carried unanimously.

4. Increase in Expert Witness Fee

Mr. Marchese led the discussion as to whether the Board's $150 per hour paid to experts who review disciplinary cases is sufficient, or whether an increase should be considered. He noted that experts who review for the Office of the Chief Medical Examiner are contracted at $300 per hour.

Dr. Harp stated that many potential experts believe, like Board members, that it is their duty to serve. Most say they are not doing it for the money.

MOTION: Dr. Williams moved to increase the amount of compensation for expert reviewers to $300 per hour. The motion was seconded by Dr. Edwards. After further discussion, the motion was amended to include "without a restriction on total amounts". The amended motion passed unanimously.

5. Licensing Report

Mr. Sobowale provided an update on the trends in licensing and introduced the Licensing Staff who issued over 11,000 licenses in calendar year 2022. To recognize their efforts, the Board offered its applause. Additionally, Mr. Sobowale noted that the endorsement pathway to licensure is picking up in popularity.

6. Discipline Report

Ms. Deschenes said that the Board was holding fewer summary suspension conference calls. She reminded all that these calls are very important and asked that participation be a top priority. She pointed out that if a quorum of Board members fails to join the call, it will be ended with no business accomplished.

7. Nominating Committee

Mr. Marchese thanked Dr. Apel, Ms. Hickey, and Dr. Miller for volunteering to serve on the Nominating Committee and appointed them. The Committee will develop a slate of officers for consideration at the June 2023 full Board meeting. An email will be sent to all Board members with instructions on how to express interest in an office to the members of the Nominating Committee.

8. Board Members with Expiring Terms

Thanks were expressed to Dr. Edwards and Ms. Hickey for their time and dedication to the

work of the Board. Both will be completing their 2nd term in June and will not be eligible for reappointment. Completion of 1st terms by Dr. Silverman and Dr. Williams was also acknowledged; both are eligible for reappointment.

ADJOURNMENT

With no additional business, the meeting adjourned at 11:03 a.m.

William L. Harp, MD
Executive Director

Agenda Item: **HWDC Update**

Staff Note: None.

Action: Informational presentation. No action required.

Agenda Item: **Report of Officers**

Staff Note:

- President
- Vice-President
- Secretary-Treasurer
- Executive Director

Action: Informational presentation. No action required.

Agenda Item: **Committee and Advisory Board Reports**

Staff Note: Please note Committee assignments and minutes of meetings since February 23, 2023.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2022-2023

EXECUTIVE COMMITTEE (8)
L. Blanton Marchese, President, Chair
David Archer, MD, **Vice-President**
Alvin Edwards, PhD, **Secretary/Treasurer**
Jane Hickey, JD
Karen Ransone, MD
Joel Silverman, MD
Jacob Miller, DO
Ryan Williams, MD

LEGISLATIVE COMMITTEE (7)
David Archer, MD, Vice-President, Chair
Randy Clements, DPM
Manjit Dhillon, MD
Jane Hickey, JD
William Hutchens, MD
Oliver Kim, LLM
Joel Silverman, MD

CREDENTIALS COMMITTEE (9)
Jacob Miller, DO, Chair
Peter Apel, MD
Alvin Edwards, PhD, **Secretary/Treasurer**
Hazem Elariny, MD
Jane Hickey, JD
William Hutchens, MD
Krishna Madiraju, MD
Pradeep Pradhan, MD
Jennifer Rathmann, DC

FINANCE COMMITTEE
L. Blanton Marchese, **President**
David Archer, MD, **Vice-President**
Alvin Edwards, PhD, **Secretary/Treasurer**

BOARD BRIEFS COMMITTEE
William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE
Jennifer Rathmann, DC

BOARD OF HEALTH PROFESSIONS
Vacant

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Blanton Marchese, **President**
Joel Silverman, MD
Ryan Williams, MD

ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
June 13, 2023

The Advisory Board on Occupational Therapy met on Tuesday, June 13, 2023 at 10:00 am at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: Dwayne Pitre, OT, Chair
Breshae Bedward, OT

MEMBERS ABSENT: Raziuddin Ali, MD
Kathryn Skibek, OT, Vice-Chair
Karen Lebo, Citizen

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director for Licensure
Matt Novak, JD - DHP Policy Analyst
Roslyn Nickens - Licensing Supervisor
Jamie Culp – Licensing Specialist
Joshlynn Jones – Licensing Specialist
Shelby Smith – Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Dwayne Pitre, OTR, Chair called the meeting to order at 10:17 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions. He also made a brief introduction of the newly hired Board staff present.

ROLL CALL

Roll was called; no quorum was declared.

APPROVAL OF MINUTES

The minutes from the meeting from September 20, 2022 were not approved as no quorum was present.

ADOPTION OF AGENDA

The meeting agenda was not adopted as no quorum was present. The Chair considered a request from Board staff to amend the agenda to include approval of the minutes from the October 2, 2018 meeting which were not approved at a subsequently held meeting. Members present agreed to amend the agenda to include review of the October 2018 minutes. Ms. Bedward and Mr. Pitre thought they reflected what was discussed in 2018.

PUBLIC COMMENT

None

NEW BUSINESS

1. **Report on Status of Regulatory/Policy Actions**

   Matt Novak made a presentation on the status of the regulatory actions for the Advisory. The proposed regulations for implementation of the occupational therapy compact are currently in the public comment period. There will be a public hearing on the regulations next week at the June 22nd Board of Medicine meeting.

2. **Dry Needling by Occupational Therapists**

   Members present reaffirmed that dry needling does not appear to be within the scope of practice for occupational therapists. The history of this issue at the Advisory was reviewed. The conclusion has always been that legislative action would be required for occupational therapists to be able to perform dry needling.

3. **Update on Implementation of the Occupational Therapy Licensure Compact**

   Michael Sobowale presented an update on the Occupational Therapy Licensure Compact. As of May 2023, 27 states have joined the compact and 16 other states have introduced legislation to join the compact. The Association and Society Management International, Inc. (ASMI) will serve as the secretariat for the Compact Commission. A new Executive Director has also been hired for the Compact Commission. It is currently projected that member states may begin to grant compact privileges sometime in mid-2024.

Announcements:

Licensing Statistics

Michael Sobowale provided the licensing statistics. There are a total of 5,068 licensed occupational therapists. 3,897 are current active in Virginia; 1,046 are current active out-of-state. There are 65 current inactive within the state, and 59 are current inactive out-of-state.
1,797 occupational therapy assistants are currently licensed of which the vast majority, 1,547 are current active in Virginia with 215 current active out of state. 24 are current inactive in Virginia, and 11 are current inactive out-of-state. One licensee is current active on probation. So far, this year, the Board has licensed 186 new occupational therapists and 44 new occupational therapy assistants.

Next Scheduled Meeting

The next scheduled meeting date is October 3, 2023 @ 10:00 a.m.

Adjournment:

With no other business to conduct, the meeting adjourned at 10:58 a.m.

---DRAFT UNAPPROVED---

Virginia Board of Medicine
Regulatory Advisory Panel on Opioids and Buprenorphine

Friday, March 31, 2023 Department of Health Professions Henrico, VA 23223

CALL TO ORDER: Mr. Marchese called the meeting to order at 9:10 a.m.

MEMBERS PRESENT:
Blanton Marchese - Board President & Chair
Albert Arias, MD - VCU
Mark Blackwell - DBHDS
Ashley Carter - PMP
Ashley Harrel - DMAS
Kathrin Hobron - OCME
Lynn Kohan, MD - UVA
Tony McDowell - OAA
Sarah Melton, PharmD - ETSU
Antonio Quidgley-Nevares, MD
Gilbert Schmidt, Jr., MD
Pat Selig, NP
Justin Wood - DEA

MEMBERS ABSENT: None

STAFF PRESENT:
William L. Harp, MD - Executive Director
Colanthia Morton Opher - Deputy Exec. Director for Administration
Deirdre Brown - Administrative Assistant

OTHERS PRESENT:
Ben Traynham, JD - MSV
Marti Williams, - Into the Neighborhood
Chauncie Beaston - Where You're At Foundation
Blake Williams - Imagine the Freedom Recovery Foundation
Tess Bettles - Indivior
Jason Love - DMAS
Bart Devon - Eggleston
Amanda Reeves - You Matter

EMERGENCY EGRESS INSTRUCTIONS

Mr. Marchese announced the emergency egress instructions.

INTRODUCTION OF PANEL MEMBERS AND SPEAKERS

Mr. Marchese asked all the participants to introduce themselves.

PUBLIC COMMENT

Mr. Marchese opened the floor for public comment. There being none, the floor was closed.

NEW BUSINESS

1. Charge of the Work Group – Mr. Marchese

Mr. Marchese advised that in March of 2017, Governor McAuliffe signed emergency regulations for prescribing opioids for pain and buprenorphine for opioid use disorder. 18VAC85-21-10 et seq became effective immediately upon his signing. The emergency regulations had to be replaced by final regulations which became effective in August 2018. It is now time for the current regulations to be reviewed, given that more data and literature on these topics exist.

2. Speakers

- Kathrin Hobron – Office of the Chief Medical Examiner
  - Presentation Title: "Overdose Deaths Due to Prescription Opioids and Buprenorphine"
- Ashley Carter – Prescription Monitoring Program
  - Presentation Title: "Analysis of Data from Virginia's Prescription Monitoring Program"
- Justin Wood – Drug Enforcement Administration
- Anthony McDowell – Opioid Abatement Authority
  - Presentation Title: "Update on the Opioid Abatement Authority and Opioid Settlement Funds"

3-4. Section-by-Section Review and Discussion of the Regulations to Reach Consensus on Recommended Changes

Dr. Harp led the Panel members through a review of the current regulations with suggested amendments. After discussion of each section, the Panel unanimously agreed to the proposed changes as indicated below.

Part I. General Provisions

18VAC85-21-10. Definitions.

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

~~"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances may be prescribed for no more than three months.~~

"Acute pain" is pain of any origin which has existed < 1 month.

"Board" means the Virginia Board of Medicine.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances may be prescribed for a period > three months.

"Controlled substance" means drugs listed in The Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) in Schedules II through ~~I~~IV.

DEA means the U.S. Drug Enforcement Administration

"DMAS" means the Department of Medical Assistance Services.

"FDA" means the U.S. Food and Drug Administration.

"Induction" with buprenorphine means the initial 7-14 days of treatment.

"MME" means morphine milligram equivalent.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

~~"SAMHSA" means the federal Substance Abuse and Mental Health Services Administration.~~

"Subacute pain" is that which has existed for 1-3 months.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-20. Applicability.

A. This chapter shall apply to doctors of medicine, osteopathic medicine, and podiatry and to physician assistants.

B. This chapter shall not apply to:

1. The treatment of acute or chronic pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;

2. The treatment of acute or chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

C. A practitioner shall not request payment from a DMAS recipient for services involving the prescription of an opioid for pain management of opioid use disorder. The prohibition on payment shall not apply to the recipient's cost-sharing amounts set by DMAS.

D. Practitioners that participate or do not participate in DMAS shall provide written notice to DMAS recipients that the services described in 18VAC85-21-20(C) will be covered by DMAS if medical necessity criteria are met.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-21. Electronic prescribing.

A. ~~Beginning July 1, 2020,~~ A prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia, unless the prescription qualifies for an exemption as set forth in subsection C of § 54.1-3408.02.

B. Upon written request, the board may grant a one-time waiver of the requirement of subsection A of this section for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

C. A practitioner may prescribe to a patient via telemedicine Schedule II-V drugs if a prior in-person evaluation has been done or if the patient is referred by a practitioner who has conducted a prior in-person evaluation.

D. A practitioner may prescribe to a patient via telemedicine Schedule III-V drugs for up to 30 days who has not previously been evaluated in-person. To prescribe past 30 days, the patient must be seen in-person.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 37, Issue 19, eff. June 9, 2021.

Part II. Management of Acute Pain

18VAC85-21-30. Evaluation of the acute pain patient.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance misuse.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-40. Treatment of acute pain with opioids.

A. Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids.

1. A prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.
2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days ~~in accordance with manufacturer's direction and within the immediate perioperative period,~~ unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.
2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.
3. ~~Naloxone~~ A FDA-approved opioid reversal agent shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120

MME/day, or concomitant benzodiazepine are present.

C. Due to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

~~D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.~~

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-50. Medical records for acute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

Part III. Management of Subacute Pain

18VAC85-21-60. Evaluation of the subacute pain patient.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of subacute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring

Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance misuse.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-70. Treatment of subacute pain with opioids.

A. Initiation of opioid treatment for patients with subacute pain shall be with short-acting opioids.

1. A prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a fourteen-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.
2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days ~~in accordance with manufacturer's direction and within the immediate perioperative period,~~ unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.
2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.
3. ~~Naloxone~~ A FDA-approved opioid reversal agent shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME/day, or concomitant benzodiazepine are present.

C. Due to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering

plan to achieve the lowest possible effective doses if these medications are prescribed.

D. The practitioner shall continually assess the need for treatment with opioids to reduce the risk of opioid use disorder and other health conditions.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-80. Medical records for subacute pain.

The medical record shall include a description of the pain, a diagnosis for the origin of the pain, a thorough history and examination appropriate to the patient's complaint, a treatment plan including informed consent and a treatment agreement, the medications prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Part IV. Management of Chronic Pain

18VAC85-21-90. Evaluation of the chronic pain patient.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. To support the decision to initiate management ~~of chronic pain~~ with a controlled substance containing an opioid, a medical history, physical examination, mental status examination, assessment of the patient's history and risk of substance misuse, and consideration of potentially reversible causes for the pain ~~and~~ shall be documented in the medical record, including:

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;

5. Psychiatric, addiction, and substance misuse history of the patient and any family history of addiction or substance misuse;

6. A urine drug screen or serum medication level;

7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance misuse; and

9. A request for prior applicable records.

B. Prior to initiating opioid treatment for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-100. Treatment of chronic pain with opioids.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating and treating with an opioid, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME per day;
2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist;

3. Prescribe ~~naloxone~~ a FDA-approved opioid reversal agent for any patient

when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present; and

4. Document the rationale to continue opioid therapy every three months.

C. Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications if prescribed.

E. The practitioner (i) shall regularly evaluate the patient for opioid use disorder and (ii) shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation and treatment if indicated.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-110. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall document in the medical record the presence ~~or absence~~ of any indicators of and any efforts taken to address medication misuse or diversion. ~~and shall take appropriate action.~~

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-120. Informed consent and agreement for treatment for chronic pain.

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement signed by the patient in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screens or serum medication levels when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-130. Opioid therapy for chronic pain.

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain and the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation

of continued benefit from such prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. If the treatment plan includes opioid tapering, the rate should be individualized based on the patient's clinical situation.

C. The practitioner shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and thereafter randomly at the discretion of the practitioner but at least once a year.

E. The practitioner (i) shall regularly evaluate the patient for opioid use disorder and (ii) shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-140. Additional consultations.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a prescriber makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-150. Medical records for chronic pain.

The prescriber shall keep current, accurate, and complete records in an

accessible manner readily available for review to include:

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;

4. Diagnostic, therapeutic, and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications (including date, type, dosage, and quantity prescribed and refills);

11. Patient instructions; and

12. Periodic reviews.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

Part V. Prescribing of Buprenorphine for ~~Addiction Treatment~~ Opioid Use Disorder

18VAC85-21-160. General provisions pertaining to prescribing of buprenorphine for ~~addiction treatment~~ opioid use disorder.

~~A. Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a SAMHSA waiver and the appropriate U.S. Drug Enforcement Administration registration.~~

~~B~~. A. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. Physician assistants ~~and nurse practitioners who have obtained a SAMHSA waiver~~ shall ~~only~~ prescribe buprenorphine for opioid use disorder ~~addiction~~ pursuant to a practice agreement with a ~~waivered~~ patient care team doctor of medicine or doctor of osteopathic medicine.

D. Practitioners shall encourage patients to seek counseling as an adjunct to medications for opioid use disorder. ~~engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling. The practitioner shall document provision of counseling or referral in the medical record.~~

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-170. Patient assessment and treatment planning for addiction treatment.

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance misuse history including fentanyl exposure, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for human immunodeficiency virus, hepatitis B, hepatitis C, tuberculosis and liver function tests.

B. The treatment plan shall include the practitioner's rationale for selecting ~~medication-assisted treatment,~~ medications for opioid use disorder, patient education, written informed consent, how ~~counseling will be accomplished~~, and a signed treatment agreement that outlines the responsibilities of the patient and the prescriber.

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-180. Treatment with buprenorphine for opioid use disorder

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant;

2. When converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days;

3. In formulations other than tablet form for indications approved by the FDA; or

4. For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3.0% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient's medical record.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opioid treatment programs. With the exception of those conditions listed in subsection A of this section, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program.
C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

D. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. Prior to starting ~~medication-assisted treatment,~~ medications for opioid use disorder, the practitioner shall perform a check of the Prescription Monitoring Program.

F. During the induction phase~~, except for medically indicated circumstances as documented in the medical record, patients should be started on no more than eight milligrams of buprenorphine per day.~~ consideration shall be given to dose based upon the patient's history and current status, including recent exposure to high-potency opioids. The patient shall be seen by the prescriber at least once a week.

G. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

H. Practitioners shall take steps to avoid ~~reduce the chances of~~ buprenorphine ~~diversion~~ misuse by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the

first year of treatment and at least every six months thereafter.

I. Documentation of the rationale for prescribed doses exceeding ~~16~~ 24 milligrams of buprenorphine per day shall be placed in the medical record. ~~Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.~~

J. The practitioner shall inform patients of the benefit of ~~incorporate~~ seeking counseling inclusive of relapse prevention strategies. ~~into counseling. or assure that they are addressed by a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling.~~

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-190. Special populations in medication for opioid use disorder

~~A. Pregnant women may be treated with the buprenorphine mono-product, usually 16 milligrams per day or less.~~

~~B.~~ A. Patients younger than the age of 16 years shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

~~C.~~ B. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives that can be identified, quantified, and independently verified.

D. C. Practitioners shall (i) evaluate patients with medical comorbidities by history, physical exam, and appropriate laboratory studies and (ii) be aware of interactions of buprenorphine with other prescribed medications.

~~E. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and is not stable. A patient who is determined by the prescriber to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.~~

Statutory Authority

§§ 54.1-2400 and 54.1-2928.2 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 34, Issue 23, eff. August 8, 2018.

18VAC85-21-200. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete, and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR Part 2 shall be followed.

D. Compliance with 18VAC85-20-27, which prohibits willful or negligent breach of confidentiality or unauthorized disclosure of confidential Prescription Monitoring Program information, shall be maintained.

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5. Next Steps

Mr. Marchese advised the Panel that staff will forward a copy of the regulations with their proposed recommendations for review after which they will be presented to the Full Board on June 22, 2023.

Adjournment

Mr. Marchese provided the travel reimbursement instructions to the Panel. With no other business to conduct, the meeting adjourned at 1:40 p.m.

William L. Harp, MD
Executive Director

Agenda Item: **Other Reports**

- Assistant Attorney General*
- Board of Health Professions
- Podiatry Report*
- Chiropractic Report*
- Committee of the Joint Boards of Nursing and Medicine

Staff Note: *Reports will be given orally at the meeting

Action: These reports are for information only. No action needed unless requested by presenter.

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 22, 2023

TIME AND PLACE:	The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., February 22, 2023 in Board Room 4, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
MEMBERS PRESENT:	Brandon A. Jones, MSN, RN, CEN, NEA-BC; Board of Nursing - **Chair** Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing Helen M. Parke, DNP, FNP; Board of Nursing Blanton Marchese; Board of Medicine Joel Silverman, MD; Board of Medicine Ryan Williams, MD; Board of Medicine
MEMBERS ABSENT:	None
ADVISORY COMMITTEE MEMBERS PRESENT:	Kevin E. Brigle, PhD, RN, ANP David A. Ellington, MD Stuart Mackler, MD Olivia Mansilla, MD Jean Snyder DNaP, CRNA – **joined at 9:29 A.M.**
STAFF PRESENT:	Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice Huong Vu, Operations Manager Claire Morris, RN, LNHA; Deputy Executive Director – **joined at 11 A.M.**
OTHERS PRESENT:	James Rutkowski, Assistant Attorney General; Board Counsel Laura Booberg, Assistant Attorney General Arne Owens, DHP Director James Jenkins, Jr., RN, DHP Chief Deputy Erin Barrett, DHP Director of Legislative Affairs and Policy William L. Harp, MD, Executive Director; Board of Medicine – **joined at 9:06 A.M.**
IN THE AUDIENCE:	Scott Castro, Medical Society of Virginia (MSV) Matthew Novak, Assistant to the DHP Director of Legislative Affairs and Policy Patricia Selig, Board of Nursing staff
INTRODUCTIONS:	Committee members, Advisory Committee members, and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM:

Mr. Jones called the meeting to order and established that a quorum was present.

ANNOUNCEMENT:

Mr. Jones noted that there are no announcements on the Agenda.

REVIEW OF MINUTES:

The minutes of the October 12, 2022 Business Meeting (**A1**), and October 12, 2022 Formal Hearing (**A2**) were reviewed.

Ms. Buchwald alerted staff to a typographical error that the word "**remind**" on the second page of the October 12, 2022 Formal Hearing minutes under Action, should read "***remain.***" All agreed.

Dr. Williams moved to accept the minutes as presented and further amended. The motion was seconded by Ms. Buchwald and passed unanimously.

Mr. Jones noted that **A3** was removed from the Agenda.

Mr. Jones added that **A4** and **A5** are provided for information only.

DIALOGUE WITH AGENCY DIRECTOR:

Mr. Owens reported the following:

- The transition from Dr. Brown to him went well.
- **Healthcare Workforce** – Virginia leadership is looking broadly across the workforce requesting recommendations for solutions from stakeholders across the state. Many stakeholders are already taking actions to remedy the shortage of workers.
- **Behavioral Health redesign** – Project BRAVO (Behavioral Health Redesign for Access, Value & Outcomes) is being operationalized
- **General Assembly** – will adjourn on February 27 and some DHP bills have moved forward
- **Data X-Waiver** – In late December of 2022, U.S. Congress removed the special SAMSHA registration requirement for prescribing buprenorphine to treat opioid use disorder (OUD). The intent of the removal of this barrier is to increase the prescribing of Medication-Assisted Treatment (MAT) in the primary care setting. DHP has already sent a blast email to licensees (MD/DO/NP/PA/ Pharmacists/ Pharmacy Tech) regarding the change.

Mr. Jones asked if audio visual equipment will be updated in the Conference Center soon. Mr. Owens said it is scheduled to be updated in April.

Mr. Jones thanks Mr. Owens for the report.

PUBLIC COMMENT: No public comments were received.

LEGISLATION/ REGULATIONS:

B1 Chart of Regulatory Actions:
Ms. Barrett reviewed the Chart provided in the agenda. The Licensed Certified Midwife regulations are at the Secretary's office. She explained that the Fast-Track action regarding CNS practice agreement requirement only goes through the approval once and when it is approved by the Governor, it can be effective in 45 days.

B2 Report of the 2023 General Assembly (GA):
Ms. Barrett reviewed the 2023 GA report provided in the agenda and noted that the report included dead bills also.

Ms. Barrett noted that the GA passed one nurse practitioner (NP) bill:

SB 975 – Changed applicable references to licensed nurse practitioners in the Code to advanced practice registered nurses (APRNs) in order to align the Code with the professional designations established by the Consensus Model for APRN Regulation supported by the National Council of State Boards of Nursing (NCSBN).

The GA did not pass the following NP bills:

- **HB 2183** – would grant full practice authority to NPs upon licensure
- **HB 2287** – would replace CRNA supervision with collaboration
- **SB 1105** – would change regulation of APRNs and Licensed Certified Midwives from being jointly regulated by the Boards of Nursing and Medicine to the Board of Nursing only in preparation to adopt the APRN Compact. Bill pulled by the patron with intention of reintroducing next session having addressed several aspects of the Code not addressed in the current bill.

The GA passed the following 4 DHP bills:

- **HB 1573** – removes 2 existing mental health and impairment questions from all DHP applications
- **HB 1622** – removes the requirement that Boards receive information that a licensee is subject to disciplinary action in order for Boards to delegate to a qualified Agency Subordinate. Enables Agency Subordinates to conduct informal conference regarding application cases.
- **HB 1638** – instead of having to appear in-person, permits subject individual to receive application files via mail or email upon request
- **SB 1054** – The Central Criminal Records Exchange to the FBI will be involved when compacts are adopted in Virginia that require criminal background checks.

Ms. Buchwald commented that it was a disappointment that the NP bills were not passed. Dr. Snyder agreed.

Dr. Silverman noted that removal of the 2 mental health/impairment questions across DHP is a step forward toward healthcare professionals seeking mental health care.

Mr. Jones thanked Ms. Barrett for the report.

Mr. Jenkins left the meeting at 9:31 A.M.

Drs. Shobo and Hodgdon joined the meeting at 9:31 A.M.

NEW BUSINESS:

Healthcare Workforce Data Center (HWDC) Reports:

- Virginia's Licensed Nurse Practitioner Workforce: 2022
- Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Dr. Shobo provided key findings of the 2022 reports:
Virginia's Licensed Nurse Practitioner (NP) Workforce: 2022

- Trends in the NP Workforce – increase in Full Time Equivalency Unit (FTE) and number of licenses
- Demographic Trends – percent female is stable and younger workforce
- NP Population Pyramid – numerical gain in all age groups and proportional gain in younger age group
- Educational Debt and Diversity – educational attainment stable, slight increase in % of debt, and significant increase in diversity
- Retirement Intentions – percent retiring in the next decade increased and those retiring by age 65 declined
- Northern Virginia has high concentration of NPs

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty – data from the 2021 and 2022 NP surveys

- NP Workforce by Specialty – Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CNM) and Certified Nurse Practitioners (CNP)
- Age and Gender Distribution
- Education and Debt
- Median Income
- Primary Employment Sector
- Top Establishments
- Future Plans
- Conclusion – the three groups have good employment prospects. However, significant differences by specialty exist on some measures.

Ms. Barrett and Mr. Novak left the meeting at 9:58 A.M.

Ms. Buchwald asked how metro status is defined. Dr. Shobo stated that she utilized the USDA Codes for county. Dr. Shobo added that non metro includes rural areas that have populations size of 25K.

Dr. Williams asked why there was a decrease in debt? Was SES data considered? Dr. Shobo stated that there is no data but thought it may be influenced by fellowships and grants.

Mr. Marchese asked if there is a breakdown of NPs with the autonomous practice designation by practice location. Dr. Shobo replied that this data are not collected and there is no breakdown of the "other" practice setting category.

Dr. Ellington noted that Virginia Performs maps per 1,000 are used by the General Assembly for funding.

Mr. Owens asked if there are shortages of primary care physicians in rural areas. Dr. Shobo stated that there is a shortage of primary care physicians in rural areas. This gap has been filled by NPs in many rural areas.

Mr. Jones noted that it would be beneficial to have the data regarding autonomous practice locations per 1,000.

Mr. Jones thanked Drs. Shobo and Hodgdon for the reports.

Mr. Owens left the meeting at 10:36 A.M.

RECESS: The Committee recessed at 10:36 A.M.

RECONVENTION: The Committee reconvened at 10:47 A.M.

Advisory Committee MD Appointment:

Mr. Jones invited Dr. Hills to proceed with the recommendations for filling the MD position vacancy due to the ending of Dr. Hobgood's term in December 2022. Mr. Jones thanked Dr. Hobgood for her service on the Advisory Committee.

- CV – Rizwan Ali, MD for consideration
- CV – Adam T. Kaul, MD for consideration

Dr. Hills stated that both of the physicians nominated are in psychiatry. Dr. Hills added that she heard back from Dr. Kaul and he is interested in serving but did not receive an update from Dr. Ali.

Mr. Jones asked if there were any additional nominations from the floor. None was received.

Mr. Jones asked for a vote by show of hands regarding the nominations:
Dr. Ali received one vote.
Dr. Kaul received five votes.

Mr. Jones announced that Dr. Kaul has been appointed to the Advisory Committee.

ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS

Mr. Jones asked for updates from the Advisory Committee Members.

Dr. Snyder noted that there is CRNA workforce shortage and disappointed that the CRNA bill was not passed which would have helped address this shortage.

Dr. Ellington reported that Dr. Sterling Ransone, Jr., MD, a Virginia Physician, has been elected as Board Chair of the American Academy of Family Physicians (AAFP). Dr. Ellington added that it is great to have VA physicians in the national organization leadership.

Dr. Brigle reported that VCNP is disappointed at the outcome of the bill that would have allowed all eligible NPs to obtain autonomous practice.

Mr. Jones thanked Advisory Committee Members for their participation.

Members of the Advisory Committee, Dr. Harp, and the public left the meeting at 10.55 A.M.

RECESS: The Committee recessed at 10:55 A.M.

RECONVENTION: The Committee reconvened at 11:00 A.M.

Ms. Morris joined the meeting at 11:00 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Donna Marie Greenfield, LNP **0024-166424**
Ms. Greenfield did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Donna Marie Greenfield, LNP.** The motion was seconded by Dr. Williams and carried unanimously.

Kimberly Butler Vivaldi, LNP **0024-119875**
Ms. Vivaldi appeared and addressed the Committee.

CLOSED MEETING: Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:06 A.M., for the purpose of consideration of the agency subordinate recommendation regarding **Kimberly Butler Vivaldi, LNP**. Additionally, Ms. Buchwald moved that Ms. Morris, Ms. Vu, Ms. Booberg, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:15 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Marchese and carried unanimously.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate regarding **Kimberly Butler Vivaldi, LNP** removing the monetary penalty of $1,000, and requiring Ms. Vivaldi, within 90 days from date of entry of the Order, to provide written proof of successful completion of a Committee of the Joint Boards-approved course of at least three contact hours in the subject of medical ethics and professionalism. The motion was seconded by Mr. Marchese and carried unanimously.

Winter Marie McFarland, LNP **0024-176125**
Ms. McFarland did not appear. Ms. McFarland's legal counsel, Nora T. Ciancio, Esq., appeared on her behalf and addressed the Committee.

CLOSED MEETING: Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:21 A.M., for the purpose of consideration of the agency subordinate recommendation regarding **Winter Marie McFarland, LNP**. Additionally, Ms. Buchwald moved that Ms. Morris, Ms. Vu, Ms. Booberg, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:24 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Marchese and carried unanimously.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Winter Marie McFarland** to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded by Dr. Silverman and carried unanimously.

Christina Pacileo Blottner, LNP **0024-167023**

Ms. Blottner did not appear. Ms. Blottner's legal counsel, Nora T. Ciancio, Esq., appeared on her behalf and addressed the Committee.

CLOSED MEETING:

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:27 A.M., for the purpose of consideration of the agency subordinate recommendation regarding **Christina Pacileo Blottner, LNP**. Additionally, Ms. Buchwald moved that Ms. Morris, Ms. Vu, Ms. Booberg, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:28 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Marchese and carried unanimously.

Dr. Williams moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to require **Christina Pacileo Blottner,** within 90 days from date of entry of the Order, to provide written proof of successful completion of a Committee of the Joint Boards-approved course of at least three contact hours in the subject of professional boundaries, and a review of the NP regulations. The Order will also include a statement that Ms. Blottner will comply with the laws and regulations governing the practice of licensed

nurse practitioners. The motion was seconded by Ms. Buchwald and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:29 A.M.

Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
REQUEST FOR RECONSIDERATION OF FINAL DECISION
TELEPHONE CONFERENCE CALL - MINUTES
April 13, 2023

Pursuant to §2.2-4023.1, a telephone conference call of the Virginia Committee of the Joint Boards of Nursing and Medicine was held April 13, 2023, at 4:30 P.M. regarding the Request for Reconsideration of the final decision in the matter of **Melanie Dorion, LNP** received March 24, 2023.

The Committee of the Joint Boards members participating in the call were:
Brandon Jones, MSN, RN, CEN, NEA-BC; BON Member; **Chair**
Laurie Buchwald, MSN, WHNP, FNP, BON Member
Helen Parke, DNP, FNP-BC; BON Member
Blanton Marchese; BOM Member
Joel Silverman, MD; BOM Member

Others participating in the meeting were:
Laura Booberg, Senior Assistant Attorney General, Board Counsel
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist
Nathan Kottkamp, Esq, attorney for Ms. Dorion

The meeting was called to order by Mr. Jones. With five members of the Committee participating, a quorum was established.

CLOSED MEETING: Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Melanie Dorion, LNP.** Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Silverman and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 5:42 P.M.

Mr. Kottkamp rejoined.

Dr. Parke moved that the Committee certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.

Committee of the Joint Boards of Nursing and Medicine
Request for Reconsideration of Final Decision
Telephone Conference Call - April 13, 2023

Dr. Parke moved to modify the March 9, 2023 decision in the matter of Melanie Dorion, LNP. The motion was seconded by Ms. Buchwald and carried unanimously. A reconsideration decision letter that includes the reasons for the action will be forthcoming within 30 days from receipt of the petition for reconsideration.

The meeting was adjourned at 5:44 P.M.

Robin L. Hills

Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
CONSIDERATION MEETING MINUTES
April 26, 2023

TIME AND PLACE: The consideration meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:00 A.M., April 26, 2023 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Brandon A. Jones, MSN, RN, CEN, NEA-BC; Board of Nursing - **Chair**
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing
Joel Silverman, MD; Board of Medicine
Ryan Williams, MD; Board of Medicine

STAFF PRESENT: Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Huong Vu, Operations Manager

OTHERS PRESENT: Laura Booberg, Senior Assistant Attorney General; Board Counsel

INTRODUCTIONS: Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM: Mr. Jones called the meeting to order and established that a quorum was present.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATION
Nancy Elaine Hussar, LNP **0024-171389**

Ms. Hussar appeared and addressed the Committee.

CLOSED MEETING: Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:07 A.M., for the purpose of consideration of the agency subordinate recommendation regarding **Nancy Elaine Hussar, LNP**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Vu, and Ms. Booberg, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:17 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Williams and carried unanimously.

Dr. Williams moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate regarding **Nancy Elaine Hussar, LNP** to suspend her right to prescribe Schedule II-V controlled substances in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order and within six months from the date of entry of the Order, Ms. Hussar shall provide written proof satisfactory to the Committee of the Joint Boards of her review of Parts V (Management of Acute Pain) and VI (Management of Chronic Pain) of the Regulations Governing the Prescriptive Authority of Nurse Practitioners (18VAC90-40-150 through 18VAC90-40-170 of the Prescribing Regulations and 18VAC90-40-180 through 18VAC90-40-240 of the Prescribing Regulations). The motion was seconded by Dr. Silverman and carried unanimously.

CONSIDERATION OF CONSENT ORDER

Ania B. Ramondo, LNP **0024-173902**

CLOSED MEETING: Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:21 A.M., for the purpose of consideration of the consent order regarding **Ania B. Ramondo, LNP**. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Vu, and Ms. Booberg, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:29 A.M.

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Williams and carried unanimously.

Dr. Silverman moved that the Committee of the Joint Boards of Nursing and Medicine reject the consent order of **Ania B. Ramondo** as presented. The motion was seconded by Dr. Williams and carried unanimously.

ADJOURNMENT: The meeting was adjourned at 10:30 A.M.

Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

Agenda Item: **Current Legislative and Regulatory Actions/Considerations**

Staff Note: Ms. Barrett will speak to the Board of Medicine actions underway.

Action: If any action is required, guidance will be provided.

Board of Medicine
Current Regulatory Actions
As of May 24, 2023

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Date submitted*	Time in office	Notes
18VAC85-150	NOIRA	Conforming licensure requirements to Code	7/1/2022	327 days	Amendment to 18VAC85-150-60, which sets out requirements for licensure as a behavior analyst or assistant behavior analyst, to conform to Virginia Code § 54.1-2957.16(B)(1). **Note:** This action will be withdrawn after HB1946/SB1406 become effective.
18VAC85-160	Final	Changes consistent with a licensed profession	7/5/2022	323 days	Proposed regulations consistent with surgical assistants changing from certification to licensure
18VAC85-160	Fast-track	Reinstatement as a surgical technologist	8/30/2022	267 days	Action to allow certified surgical technologists to voluntarily request inactive status, and for surgical technologists to reinstate certification from inactive status or from suspension

					or revocation following disciplinary action.

* Date submitted to current location

At DPB or OAG

VAC	Stage	Subject Matter	Date submitted*	Time in office	Notes
18VAC85-130	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	DPB 33 days	Periodic review changes voted on at October Board meeting
18VAC85-140	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	DPB 30 days	Periodic review changes voted on at October Board meeting
18VAC85-150	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	DPB 30 days	Periodic review changes voted on at October Board meeting
18VAC85-170	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	DPB 30 days	Periodic review changes voted on at October Board meeting
18VAC85-15	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 230 days	Periodic review changes voted on at October Board meeting
18VAC85-20	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 230 days	Periodic review changes voted on at October Board meeting
18VAC85-40	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 230 days	Periodic review changes voted on at October Board meeting
18VAC85-50	Fast-track	Implementation of changes	10/6/2022	OAG 230 days	Periodic review changes voted on at

		following 2022 periodic review of Chapter			October Board meeting
18VAC85-80	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 230 days	Periodic review changes voted on at October Board meeting
18VAC85-101	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 230 days	Periodic review changes voted on at October Board meeting
18VAC85-110	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 230 days	Periodic review changes voted on at October Board meeting
18VAC85-120	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 230 days	Periodic review changes voted on at October Board meeting

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date
18VAC85-80	Proposed	Implementation of OT Compact	6/5/2023	Public comment period will run 6/5/2023 – 8/4/2023. Public hearing today. Final regulations will be adopted by August Executive Committee.

Agenda Item: Adoption of fast-track regulatory amendments to 18VAC85-21

Included in your agenda package is:

- Proposed fast-track amendments to 18VAC85-21, Regulations Governing Prescribing of Opioids and Buprenorphine

Staff note: A Regulatory Advisory Panel (RAP) met March 31, 2023 to discuss changes. Following this Board's action, other prescribing boards will consider similar changes.

Action needed:

- Motion to adopt fast-track regulatory amendments to Chapter 21 as presented or amended.

Commonwealth of Virginia

REGULATIONS

GOVERNING PRESCRIBING OF OPIOIDS AND BUPRENORPHINE

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-21-10 et seq.

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

Revised Date: June 9, 2021

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Part I
General Provisions

18VAC85-21-10. Applicability.

A. This chapter shall apply to doctors of medicine, osteopathic medicine, and podiatry and to physician assistants.

B. This chapter shall not apply to:

1. The treatment of acute or chronic pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iii) a patient in palliative care;

2. The treatment of acute or chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

18VAC85-21-20. Definitions.

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

"Acute pain" means pain of any origin which has existed less than one month. ~~that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances may be prescribed for no more than three months.~~

"Board" means the Virginia Board of Medicine.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances may be prescribed for a period greater than three months.

"Controlled substance" means drugs listed in The Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) in Schedules II through IV.

"DMAS" means the Virginia Department of Medical Assistance Services.

Commented [EJB1]: Note for Board: RAP wanted "DEA" defined but this not used within this chapter. We don't add definitions for terms that are not used

"FDA" means the U.S. Food and Drug Administration.

"Induction" means the initial seven to fourteen days of treatment with buprenorphine.

"MME" means morphine milligram equivalent.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

"Subacute pain" means pain which has existed for one to three months.

~~"SAMHSA" means the federal Substance Abuse and Mental Health Services Administration.~~

18VAC85-21-21. Electronic prescribing.

A. ~~Beginning July 1, 2020, a~~A prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia, unless the prescription qualifies for an exemption as set forth in subsection C of § 54.1-3408.02.

B. Upon written request, the board may grant a one-time waiver of the requirement of subsection A of this section for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

C. A practitioner may prescribe Schedule II-V drugs to a patient via telemedicine if a prior in-person evaluation occurred or if the patient is referred by a practitioner who has conducted a prior in-person evaluation.

18VAC85-21-22. Prohibition on payment from DMAS members.

A. A practitioner shall not request payment from a DMAS member for services involving the prescription of an opioid for pain management of opioid use disorder. The prohibition on payment shall not apply to the member's cost-sharing amounts set by DMAS.

B. Practitioners that participate or do not participate in DMAS shall provide written notice to DMAS members that the services described in 18VAC85-21-20 C will be covered by DMAS if medical necessity criteria are met.

Part II
Management of Acute Pain and Subacute Pain

18VAC85-21-30. Evaluation of the acute pain or subacute pain patient.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain or subacute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain or subacute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance misuse.

18VAC85-21-40. Treatment of acute pain and subacute pain with opioids.

A. Initiation of opioid treatment for patients with acute pain and subacute pain shall be with short-acting opioids.

1. ~~A prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.~~

A prescriber providing treatment for acute or subacute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a 14-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

32. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days ~~in accordance with manufacturer's direction and~~ within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. ~~Naloxone~~ An FDA-approved opioid reversal agent shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present.

C. Due to a higher risk of fatal overdose when opioids are prescribed with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

~~D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.~~

18VAC85-21-50. Medical records for acute pain and subacute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part III
Management of Chronic Pain

18VAC85-21-60. Evaluation of the chronic pain patient.

A. Prior to initiating management or continuing management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;

5. Psychiatric, addiction, and substance misuse history of the patient and any family history of addiction or substance misuse;

6. A urine drug screen or serum medication level;

7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance misuse; and

9. A request for prior applicable records.

B. Prior to initiating opioid treatment for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC85-21-70. Treatment of chronic pain with opioids.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating and treating with an opioid, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME/day;

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Prescribe ~~naloxone~~ an FDA-approved opioid reversal agent for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present; and

4. Document the rationale to continue opioid therapy every three months.

C. Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications if prescribed.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation and treatment if indicated.

18VAC85-21-80. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall document in the medical record the presence ~~or absence~~ of any indicators for medication misuse or diversion ~~and shall take appropriate action~~.

18VAC85-21-90. Informed consent and agreement for treatment for chronic pain.

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement signed by the patient in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screens or serum medication levels when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC85-21-100. Opioid therapy for chronic pain.

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain and the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from such prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. If the treatment plan includes opioid tapering, the taper rate should be individualized based on the patient's clinical situation. In no circumstance should opioid treatment be stopped without tapering or abruptly.

D~~C~~. The practitioner shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

E~~D~~. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and thereafter randomly at the discretion of the practitioner, but at least once a year.

F~~E~~. The practitioner (i) shall regularly evaluate the patient for opioid use disorder and (ii) shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC85-21-110. Additional consultations.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a prescriber makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC85-21-120. Medical records for chronic pain.

The prescriber shall keep current, accurate, and complete records in an accessible manner readily available for review to include:

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;

4. Diagnostic, therapeutic, and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications (including date, type, dosage, and quantity prescribed and refills);

11. Patient instructions; and

12. Periodic reviews.

Part IV
Prescribing of Buprenorphine for ~~Addiction Treatment~~Opioid Use Disorder

18VAC85-21-130. General provisions pertaining to prescribing of buprenorphine for ~~addiction treatment~~opioid use disorder.

A. ~~Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a SAMHSA waiver and the appropriate U.S. Drug Enforcement Administration registration.~~

~~B.~~ Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. Physician assistants ~~and nurse practitioners who have obtained a SAMHSA waiver~~ shall ~~only~~ prescribe buprenorphine for opioid ~~addiction~~ use disorder pursuant to a practice agreement with a ~~waivered~~ patient care team doctor of medicine or doctor of osteopathic medicine.

D. Practitioners engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling. The practitioner shall document provision of counseling or referral in the medical record.

18VAC85-21-140. Patient assessment and treatment planning for ~~addiction treatment~~opioid use disorder.

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance misuse history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated,

infectious disease testing for human immunodeficiency virus, hepatitis B, hepatitis C, ~~and~~ tuberculosis, and liver function tests.

B. The treatment plan shall include the practitioner's rationale for selecting ~~medication-assisted treatment~~medications for opioid use disorder, patient education, written informed consent, ~~how counseling will be accomplished,~~ and a signed treatment agreement that outlines the responsibilities of the patient and the prescriber.

18VAC85-21-150. Treatment with buprenorphine for ~~addiction~~opioid use disorder.

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant;

2. When converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days;

3. In formulations other than tablet form for indications approved by the FDA; or

4. For patients who have a demonstrated intolerance to naloxone, such prescriptions for the mono-product shall not exceed 3.0% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient's medical record.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opioid treatment programs. With the exception of those conditions listed in subsection A of this section, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

D. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. Prior to starting ~~medication-assisted treatment~~medications for opioid use disorder, the practitioner shall perform a check of the Prescription Monitoring Program.

F. During the induction phase, ~~except for medically indicated circumstances as documented in the medical record, patients should be started on no more than eight milligrams of buprenorphine per day.~~dose shall be based on the patient's history and current usage, including recent exposure to high-potency opioids. The patient shall be seen by the prescriber at least once a week.

G. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

H. Practitioners shall take steps to reduce the chances of buprenorphine misuse and diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least every six months thereafter.

Commented [ELB2]: "Reduce the chances of" was changed to "avoid" by the RAP. Need more info as to why to justify that change.

Commented [ELB3]: The RAP removed the word diversion. I disagree with taking this out. The point of these regulations are not to reduce stigma, but to provide practice requirements. Diversion does happen and taking it out would lead bad actors to claim they complied with regulations because "diversion" by patients is not addressed.

I. Documentation of the rationale for prescribed doses exceeding ~~16~~ 24 milligrams of buprenorphine per day shall be placed in the medical record. ~~Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.~~

J. The practitioner shall inform patients of the benefit of seeking counseling inclusive of relapse prevention strategies. ~~incorporate relapse prevention strategies into counseling or assure that they are addressed by a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling.~~

18VAC85-21-160. Special populations in ~~addiction~~ treatment for opioid use disorder.

Commented [ELB4]: RAP replaced the word "treatment" with "medication" here, but that does not make sense grammatically

A. ~~Pregnant women may be treated with the buprenorphine mono-product, usually 16 milligrams per day or less.~~

~~B.~~ Patients younger than the age of 16 years shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

~~C~~B. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives that can be identified, quantified, and independently verified.

~~D~~C. Practitioners shall (i) evaluate patients with medical comorbidities by history, physical exam, appropriate laboratory studies and (ii) be aware of interactions of buprenorphine with other prescribed medications.

~~E. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and is not stable. A patient who is determined by the prescriber to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.~~

18VAC85-21-170. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete, and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR Part 2 shall be followed.

D. Compliance with 18VAC85-20-27, which prohibits willful or negligent breach of confidentiality or unauthorized disclosure of confidential Prescription Monitoring Program information, shall be maintained.

Agenda Item: Adoption of exempt regulatory amendments to 18VAC85-160-51

Included in your agenda package are:

- Chapter 792 of the 2023 Acts of Assembly (HB2222); and
- Exempt amendments to 18VAC85-160-51 extending the reporting deadline to obtain a certification as a surgical technologist.

Action needed:

- Motion to adopt exempt regulatory amendments to 18VAC85-160-51, effective July 1, 2023.

VIRGINIA ACTS OF ASSEMBLY -- 2023 RECONVENED SESSION

CHAPTER 792

An Act to amend and reenact §§ 54.1-2956.12 and 54.1-2956.13 of the Code of Virginia, relating to surgical technologists and surgical assistants; practice prior to certification of licensure.

[H 2222]

Approved April 12, 2023

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2956.12 and 54.1-2956.13 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2956.12. Registered surgical technologist; use of title; registration.

A. No person shall hold himself out to be a surgical technologist or use or assume the title of "surgical technologist" or "certified surgical technologist," or use the designation "S.T." or any variation thereof, unless such person is certified by the Board. No person shall use the designation "C.S.T." or any variation thereof unless such person (i) is certified by the Board and (ii) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor.

B. The Board shall certify as a surgical technologist any applicant who presents satisfactory evidence that he (i) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor, (ii) has successfully completed a training program for surgical technology during the person's service as a member of any branch of the armed forces of the United States, ~~or~~ (iii) *has successfully completed a surgical technologist apprenticeship program registered with the U.S. Department of Labor, (iv) has successfully completed a hospital-based surgical technologist training program approved by the Board, (v) has successfully completed a surgical technologist training program through an institution or program accredited by a nationally recognized accreditation organization and holds a current credential as a surgical technologist from an entity approved by the Board, or (vi)* has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, provided he registers with the Board by December 31, ~~2022~~ *2023*.

§ 54.1-2956.13. Licensure of surgical assistant; practice of surgical assisting; use of title.

A. No person shall engage in the practice of surgical assisting or use or assume the title "surgical assistant" unless such person holds a license as a surgical assistant issued by the Board. Nothing in this section shall be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his practice.

B. The Board shall establish criteria for licensure as a surgical assistant, which shall include evidence that the applicant:

1. Holds a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, or the National Commission for Certification of Surgical Assistants or their successors;

2. Has successfully completed a surgical assistant training program during the person's service as a member of any branch of the armed forces of the United States; or

3. Has practiced as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

C. For renewal of a license, a surgical assistant who was licensed based on a credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, or the National Commission for the Certification of Surgical Assistants or their successors shall attest that the credential is current at the time of renewal.

D. Notwithstanding the provisions of subsection A, a person who has graduated from a surgical assistant training program and is required to take a national certification examination given by any entity listed in subdivision B 1 may practice with the title "surgical assistant, license applicant" until he has received a failing score on the national certification examination or six months from the date of graduation, whichever occurs sooner. Any person practicing pursuant to this subsection shall be identified with the title "surgical assistant, license applicant" on any identification issued by an employer and in conjunction with any signature in the course of his practice.

2. That the Board of Medicine shall communicate to stakeholders, including hospitals and related practitioner organizations, the availability of the certification grandfathering process for surgical technologists that have practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022.

Project 7578 - Exempt Final

Board of Medicine

Exempt regulatory changes pursuant to HB2222

18VAC85-160-51. Requirements for certification as a surgical technologist.

A. An applicant for certification as a surgical technologist shall submit a completed application and a fee as prescribed in 18VAC85-160-40 on forms provided by the board.

B. An applicant for certification as a surgical technologist shall provide satisfactory evidence of:

1. Successful completion of an accredited surgical technologist training program and a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor;

2. Successful completion of a training program for surgical technology during the applicant's service as a member of any branch of the armed forces of the United States.

C. The board will certify a surgical technologist who registers with the board by December 31, ~~2022~~ 2023, if that surgical technologist provides satisfactory evidence of:

1. Practice as a surgical technologist prior to October 1, 2022; or

2. Attendance of a surgical technologist training program prior to October 1, 2022.

Agenda Item: Consideration of exempt regulatory changes to 18VAC90-30 and 18VAC90-40

Included in your agenda packet are:

- Changes to 18VAC90-30 and 18VAC90-40 to reflect terminology change from nurse practitioner to advanced practice registered nurse in SB975 of the 2023 General Assembly (Ch. 183, 2023 Acts of Assembly).

Staff Note: This legislation constituted 92 pages of text. The legislation is normally included for Board review but has not been due to length.

This action was approved as an exempt action by the Board of Nursing on May 23, 2023.

Action Needed:

- Motion to amend 18VAC90-30 and 18VAC90-40 as presented by exempt action effective July 1, 2023.

Project 7516 - Exempt Final

Board of Nursing

Name change from nurse practitioner to advanced practice registered nurse

Chapter 30

Regulations Governing the Licensure of ~~Nurse Practitioners~~ Advanced Practice Registered Nurses

18VAC90-30-10. Definitions.

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

"Approved program" means ~~a nurse practitioner~~ an advanced practice registered nurse education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which ~~a nurse practitioner~~ an advanced practice registered nurse is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as ~~a nurse practitioner~~ an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as ~~a nurse practitioner~~ an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957 of the Code of Virginia.

"Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of clinical nurse specialist and who is jointly licensed by the Boards of Medicine and Nursing as ~~a nurse practitioner~~ an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or ~~nurse practitioners~~ advanced practice registered nurses, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team physician and the licensed ~~nurse practitioner~~ advanced practice registered nurse that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed ~~nurse practitioner~~ advanced practice registered nurse in the care and management of patients. The practice agreement also describes the prescriptive authority of the ~~nurse practitioner~~ advanced practice registered nurse, if applicable. For ~~a nurse practitioner~~ an advanced practice registered nurse licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician or a certified nurse midwife with at least two years of clinical experience. For ~~a nurse practitioner~~ an advanced practice registered nurse licensed in the category of clinical nurse specialist, the practice agreement shall be between the ~~nurse practitioner~~ advanced practice registered nurse and a consulting physician.

18VAC90-30-30. Committee of the Joint Boards of Nursing and Medicine.

A. The presidents of the Boards of Nursing and Medicine respectively shall each appoint three members from their boards to the Committee of the Joint Boards of Nursing and Medicine; at least one of the appointees from the Board of Nursing shall be a licensed ~~nurse practitioner~~ advanced practice registered nurse. The purpose of this committee shall be to administer the Regulations

Governing the Licensure of ~~Nurse Practitioners~~ Advanced Practice Registered Nurses , 18VAC90-30-10 et seq.

B. The committee, in its discretion, may appoint an advisory committee. Such an advisory committee shall be comprised of four licensed physicians and four licensed ~~nurse practitioners~~ advanced practice registered nurses, of whom one shall be a certified nurse midwife, one shall be a certified registered nurse anesthetist and two shall be ~~nurse practitioners~~ advanced practice registered nurses from other categories. Appointment to the advisory committee shall be for four years; members may be appointed for one additional four-year period.

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of ~~nurse practitioners~~ advanced practice registered nurses are:

	1. Application	$125
	2. Biennial licensure renewal	$80
	3. Late renewal	$25
	4. Reinstatement of licensure	$150
	5. Verification of licensure to another jurisdiction	$35
	6. Duplicate license	$15
	7. Duplicate wall certificate	$25
	8. Handling fee for returned check or dishonored credit card or debit card	$50
	9. Reinstatement of suspended or revoked license	$200
	10. Autonomous practice attestation	$100

B. For renewal of licensure from July 1, 2017, through June 30, 2019, the following fee shall be in effect:

	Biennial renewal	$60

18VAC90-30-70. Categories of licensed ~~nurse practitioners~~ advanced practice registered nurses.

A. The boards shall license ~~nurse practitioners~~ advanced practice registered nurse consistent with their specialty education and certification in the following categories (a two-digit suffix appears on licenses to designate category):

1. Adult/geriatric acute care nurse practitioner (01);

2. Family nurse practitioner (02);

3. Pediatric/primary care nurse practitioner (03);

4. Adult/geriatric primary care nurse practitioner (07);

5. Certified registered nurse anesthetist (08);

6. Certified nurse midwife (09);

7. Neonatal nurse practitioner (13);

8. Women's health nurse practitioner (14);

9. Psychiatric nurse/mental health practitioner (17);

10. Pediatric/acute care nurse practitioner (18); and

11. Clinical nurse specialist (19).

B. Other categories of licensed ~~nurse practitioners~~ advanced practice registered nurse shall be licensed if the Committee of the Joint Boards of Nursing and Medicine determines that the category meets the requirements of this chapter.

C. ~~Nurse practitioners~~ Advanced practice registered nurses licensed prior to January 15, 2016, may:

1. Retain the specialty category in which they were initially licensed; or

2. If the specialty category has been subsequently deleted and if qualified by certification, be issued a license in a specialty category listed in subsection A of this section that is consistent with such certification.

18VAC90-30-80. Qualifications for initial licensure.

A. An applicant for initial licensure as ~~a nurse practitioner~~ an advanced practice registered nurse shall:

1. Hold a current, active license as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;

2. Submit evidence of a graduate degree in nursing or in the appropriate ~~nurse practitioner~~ advanced practice registered nurse specialty from an educational program designed to prepare advanced practice registered nurses that is an approved program as defined in 18VAC90-30-10. Evidence shall include a transcript that shows that the applicant has successfully completed core coursework that prepares the applicant for licensure in the appropriate specialty;

3. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90;

4. File the required application; and

5. Pay the application fee prescribed in 18VAC90-30-50.

B. Provisional licensure may be granted to an applicant who satisfies all requirements of this section with the exception of subdivision A 3 of this section, provided the board has received evidence of the applicant's eligibility to sit for the certifying examination directly from the national certifying body. An applicant may practice with a provisional license for either six months from the

date of issuance or until issuance of a permanent license or until he receives notice that he has failed the certifying examination, whichever occurs first.

18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as ~~a nurse practitioner~~ an advanced practice registered nurse shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice registered nurse in another United States jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;

2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and

3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

C. An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of 18VAC90-30-86.

18VAC90-30-86. Autonomous practice for ~~nurse practitioners~~ advanced practice registered nurses other than nurse midwives, certified registered nurse anesthetists, or clinical nurse specialists.

A. ~~A nurse practitioner~~ An advanced practice registered nurse with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, may qualify for autonomous practice by

completion of the equivalent of two years of full-time clinical experience as ~~a nurse practitioner~~ an advanced practice registered nurse until July 1, 2022. Thereafter, the requirement shall be the equivalent of five years of full-time clinical experience to qualify for autonomous practice.

1. Full-time clinical experience shall be defined as 1,800 hours per year.

2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the ~~nurse practitioner~~ advanced practice registered nurse and the ~~nurse practitioner's~~ advanced practice registered nurse's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the ~~nurse practitioner~~ advanced practice registered nurse pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed; and

3. The period of time and hours of practice during which the patient care team physician practiced with the nurse practitioner under such a practice agreement.

C. The ~~nurse practitioner~~ advanced practice registered nurse may submit attestations from more than one patient care team physician with whom the ~~nurse practitioner~~ advanced practice

registered nurse practiced during the equivalent of five years of practice, but all attestations shall be submitted to the boards at the same time.

D. If ~~a nurse practitioner~~ an advanced practice registered nurse is licensed and certified in more than one category as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or in the event of any other circumstance that inhibits the ability of the nurse practitioner from obtaining an attestation as specified in subsection B of this section, the ~~nurse practitioner~~ advanced practice registered nurse may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the ~~nurse practitioner~~ advanced practice registered nurse. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of ~~a nurse practitioner~~ an advanced practice registered nurse in the category for which the ~~nurse practitioner~~ advanced practice registered nurse is licensed and certified. The burden shall be on the ~~nurse practitioner~~ advanced practice registered nurse to provide sufficient evidence to support the ~~nurse practitioner's~~ advanced practice registered nurse's inability to obtain an attestation from a patient care team physician.

F. ~~A nurse practitioner~~ An advanced practice registered nurse to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the ~~nurse practitioner~~ advanced practice registered nurse has completed the equivalent of five years of full-time clinical experience as specified in subsection A

of this section and in accordance with the laws of the state in which the ~~nurse practitioner~~ advanced practice registered nurse was previously licensed.

G. ~~A nurse practitioner~~ An advanced practice registered nurse authorized to practice autonomously shall:

1. Only practice within the scope of the ~~nurse practitioner's~~ advanced practice registered nurse's clinical and professional training and limits of the ~~nurse practitioner's~~ advanced practice registered nurse's knowledge and experience and consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-87. Autonomous practice for ~~nurse practitioners~~ advanced practice registered nurses licensed as certified nurse midwives.

A. A certified nurse midwife who has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice agreement upon receipt by the certified nurse midwife of an attestation from a certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or the licensed physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that such certified nurse midwife or licensed physician has provided consultation to the certified nurse midwife pursuant to a practice agreement meeting the requirements of § 54.1-2957 H of the Code of Virginia, and (ii) the period of time for which such certified nurse midwife or licensed physician practiced in collaboration and consultation with the certified nurse midwife pursuant to the practice agreement.

B. A certified nurse midwife authorized to practice without a practice agreement shall consult and collaborate with and refer patients to such other health care providers as may be appropriate for the care of the patient.

18VAC90-30-100. Renewal of licensure.

A. Licensure of ~~a nurse practitioner~~ an advanced practice registered nurse shall be renewed:

1. Biennially at the same time the license to practice as a registered nurse in Virginia is renewed; or

2. If licensed as ~~a nurse practitioner~~ an advanced practice registered nurse with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in even-numbered years shall renew his license by the last day of the birth month in even-numbered years and a licensee born in odd-numbered years shall renew his license by the last day of the birth month in odd-numbered years.

B. The renewal notice of the license shall be sent to the last known address of record of each ~~nurse practitioner~~ advanced practice registered nurse. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

C. The licensed ~~nurse practitioner~~ advanced practice registered nurse shall attest to compliance with continuing competency requirements of current professional certification or continuing education as prescribed in 18VAC90-30-105 and the license renewal fee prescribed in 18VAC90-30-50.

D. The license shall automatically lapse if the licensee fails to renew by the expiration date. Any person practicing as ~~a nurse practitioner~~ an advanced practice registered nurse during the time a license has lapsed shall be subject to disciplinary actions by the boards.

18VAC90-30-105. Continuing competency requirements.

A. In order to renew a license biennially, ~~a nurse practitioner~~ an advanced practice registered nurse initially licensed on or after May 8, 2002, shall hold current professional certification in the area of specialty practice from one of the certifying agencies designated in 18VAC90-30-90, except for those renewing their licenses in accordance with subsection B of this section.

B. In order to renew a license biennially, ~~nurse practitioners~~ advanced practice registered nurses licensed prior to May 8, 2002, or clinical nurse specialists who were registered by the Board of Nursing with a retired certification, shall meet one of the following requirements:

1. Hold current professional certification in the area of specialty practice from one of the certifying agencies designated in 18VAC90-30-90; or

2. Complete at least 40 hours of continuing education in the area of specialty practice approved by one of the certifying agencies designated in 18VAC90-30-90 or approved by Accreditation Council for Continuing Medical Education (ACCME) of the American Medical Association as a Category I Continuing Medical Education (CME) course.

C. The ~~nurse practitioner~~ advanced practice registered nurse shall retain evidence of compliance and all supporting documentation for a period of four years following the renewal period for which the records apply.

D. The boards shall periodically conduct a random audit of their licensees to determine compliance. The ~~nurse practitioners~~ advanced practice registered nurses selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.

E. The boards may delegate the authority to grant an extension or exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-30-110. Reinstatement of license.

A. A licensed ~~nurse practitioner~~ advanced practice registered nurse whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;

2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Provide evidence of current professional competency consisting of:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;

b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or

c. If applicable, current, unrestricted licensure or certification in another jurisdiction.

4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee;

2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Present evidence that he is competent to resume practice as a licensed ~~nurse practitioner~~ advanced practice registered nurse in Virginia to include:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or

b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

Part III

Practice of Licensed ~~Nurse Practitioners~~ Advanced Practice Registered Nurses

18VAC90-30-120. Practice of licensed ~~nurse practitioners~~ advanced practice registered nurses other than certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists.

A. ~~A nurse practitioner~~ An advanced practice registered nurse licensed in a category other than certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in 18VAC90-30-90.

C. All ~~nurse practitioners~~ advance practice registered nurses licensed in any category other than certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist shall

practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10 or in accordance with 18VAC90-30-86.

D. The written or electronic practice agreement shall include provisions for:

1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;

2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and

3. The ~~nurse practitioner's~~ advanced practice registered nurse's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:

a. In accordance with the specialty license of the ~~nurse practitioner~~ advanced practice registered nurse and within the scope of practice of the patient care team physician;

b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and

c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the ~~nurse practitioner~~ advanced practice registered nurse and provided to the boards upon request. For ~~nurse practitioners~~ advanced practice registered nurses providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the ~~nurse practitioner~~ advanced practice registered nurse shall be responsible for providing a copy to the boards upon request.

18VAC90-30-121. Practice of ~~nurse practitioners~~ advanced practice registered nurses licensed as certified registered nurse anesthetists.

A. ~~A nurse practitioner~~ An advanced practice registered nurse licensed in a category of certified registered nurse anesthetist shall be authorized to render care under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.

B. The practice of a certified registered nurse anesthetist shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization and with the functions and standards defined by the American Association of Nurse Anesthetists (Standards for Nurse Anesthesia Practice, Revised 2013).

18VAC90-30-123. Practice of ~~nurse practitioners~~ advanced practice registered nurses licensed as certified nurse midwives.

A. ~~A nurse practitioner~~ An advanced practice registered nurse licensed in the category of certified nurse midwife who has practiced fewer than 1,000 hours shall practice in consultation with a licensed physician in accordance with a practice agreement between the ~~nurse practitioner~~ advanced practice registered nurse and the physician or with a certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement. Such practice agreement shall address the availability of the physician or the certified nurse midwife for routine and urgent consultation on patient care.

B. The practice agreement shall be maintained by the nurse midwife and provided to the boards upon request. For nurse midwives providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse midwife's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the nurse midwife shall be responsible for providing a copy to the boards upon request.

C. ~~A nurse practitioner~~ An advanced practice registered nurse licensed in the category of a certified nurse midwife shall practice in accordance with the Standards for the Practice of Midwifery (Revised 2011) defined by the American College of Nurse-Midwives.

18VAC90-30-124. Direction and supervision of laser hair removal.

A. ~~A nurse practitioner~~ An advanced practice registered nurse, as authorized pursuant to § 54.1-2957 of the Code of Virginia, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;

2. Skin type and appropriate patient selection;

3. Laser safety;

4. Operation of laser device to be used;

5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and

6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. ~~Nurse practitioners~~ Advanced practice registered nurses who have been performing laser hair removal prior to August 7, 2019, are not required to complete the training specified in subsection A of this section.

C. ~~A nurse practitioner~~ An advanced practice registered nurse who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A of this section.

D. ~~A nurse practitioner~~ An advanced practice registered nurse who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to

maintain competency in new techniques and laser devices. The ~~nurse practitioner~~ advanced practice registered nurse shall ensure that persons the ~~nurse practitioner~~ advanced practice registered nurse supervises also receive ongoing training to maintain competency.

E. ~~A nurse practitioner~~ An advanced practice registered nurse may delegate laser hair removal to a properly trained person under the ~~nurse practitioner's~~ advanced practice registered nurse's direction and supervision. Direction and supervision shall mean that the ~~nurse practitioner~~ advanced practice registered nurse is readily available at the time laser hair removal is being performed. The supervising ~~nurse practitioner~~ advanced practice registered nurse is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

18VAC90-30-125. Practice of nurse practitioners licensed as clinical ~~nurse specialists~~ advanced practice registered nurses.

A. ~~Nurse practitioners~~ Advanced practice registered nurses licensed in the category of clinical nurse specialist shall practice in consultation with a licensed physician in accordance with a practice agreement between the ~~nurse practitioner~~ advanced practice registered nurse and the licensed physician.

B. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by a ~~nurse practitioner~~ advanced practice registered nurse and provided to the boards upon request.

C. The practice of clinical nurse specialists shall be consistent with the standards of care for the profession and with applicable laws and regulations.

18VAC90-30-160. Prohibited practice.

Practice as ~~a licensed nurse practitioner~~ an advanced practice registered nurse shall be prohibited if the license as ~~a nurse practitioner~~ an advanced practice registered nurse or a registered nurse is lapsed, inactive, revoked or suspended.

18VAC90-30-220. Grounds for disciplinary action against the license of a licensed ~~nurse practitioner~~ advanced practice registered nurse.

The boards may deny licensure or relicensure, revoke or suspend the license, or take other disciplinary action upon proof that the ~~nurse practitioner~~ advanced practice registered nurse:

1. Has had a license or multistate privilege to practice nursing in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;

2. Has directly or indirectly represented to the public that the ~~nurse practitioner~~ advanced practice registered nurse is a physician, or is able to, or will practice independently of a physician;

3. Has exceeded the authority as a licensed ~~nurse practitioner~~ advanced practice registered nurse;

4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing or ~~nurse practitioners~~ advanced practice registered nurses;

5. Has become unable to practice with reasonable skill and safety to patients as the result of a physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals or any other type of material;

6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration or distribution of drugs;

7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-30-105;

8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. 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;

9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program, the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances; or

10. Has engaged in conversion therapy with a person younger than 18 years of age.

18VAC90-30-230. Administrative proceedings.

A. The provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) shall govern proceedings on questions of violation of 18VAC90-30-220.

B. Except as provided in 18VAC90-30-240, the Committee of the Joint Boards of Nursing and Medicine shall conduct all proceedings prescribed herein and shall take action on behalf of the boards.

C. When a person's license to practice nursing has been suspended or revoked by the Board of Nursing, the ~~nurse practitioner~~ advanced practice registered nurse license shall be suspended pending a hearing simultaneously with the institution of proceedings for a hearing.

D. Sanctions or other terms and conditions imposed by consent orders entered by the Board of Nursing on the license to practice nursing may apply to the ~~nurse practitioner~~ advanced practice registered nurse license, provided the consent order has been accepted by the Committee of the Joint Boards of Nursing and Medicine.

18VAC90-30-240. Delegation of proceedings.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the Committee of the Joint Boards of Nursing and Medicine (committee) may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that ~~a nurse practitioner~~ an advanced practice registered nurse may be subject to a disciplinary action.

B. Criteria for delegation. Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the chair of the committee.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the committee to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The Executive Director of the Board of Nursing shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The committee may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Chapter 40

Regulations for Prescriptive Authority for ~~Nurse Practitioners~~ Advanced Practice Registered Nurses

18VAC90-40-10. Definitions.

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

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances containing an opioid may be prescribed for no more than three months.

"Advanced practice registered nurse" means an advanced practice registered nurse who has met the requirements for licensure as an advanced practice registered nurse as stated in 18VAC90-30.

"Boards" means the Virginia Board of Medicine and the Virginia Board of Nursing.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as ~~a nurse practitioner~~ an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances containing an opioid may be prescribed for a period greater than three months.

"Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of clinical nurse specialist and who is jointly licensed by the Boards of Medicine and

Nursing as ~~a nurse practitioner~~ an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"FDA" means the U.S. Food and Drug Administration.

"MME" means morphine milligram equivalent.

"Nonprofit health care clinics or programs" means a clinic organized in whole or in part for the delivery of health care services without charge or when a reasonable minimum fee is charged only to cover administrative costs.

~~"Nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as a nurse practitioner as stated in 18VAC90-30.~~

"Practice agreement" means a written or electronic agreement jointly developed by the patient care team physician and the ~~nurse practitioner~~ advanced practice registered nurse for the practice of the ~~nurse practitioner~~ advanced practice registered nurse that also describes the prescriptive authority of the ~~nurse practitioner~~ advanced practice registered nurse, if applicable. For ~~a nurse practitioner~~ an advanced practice registered nurse licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician or a certified nurse midwife with at least two years of clinical experience. For ~~a nurse practitioner~~ an advanced practice registered nurse licensed in the category of clinical nurse specialist, the practice agreement shall be between the ~~nurse practitioner~~ advanced practice registered nurse and a consulting physician.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

"SAMHSA" means the federal Substance Abuse and Mental Health Services Administration.

18VAC90-40-20. Authority and administration of regulations.

A. The statutory authority for this chapter is found in §§ 54.1-2957.01, 54.1-3303, 54.1-3401, and 54.1-3408 of the Code of Virginia.

B. Joint boards of nursing and medicine.

1. The Committee of the Joint Boards of Nursing and Medicine shall be appointed to administer this chapter governing prescriptive authority.

2. The boards hereby delegate to the Executive Director of the Virginia Board of Nursing the authority to issue the initial authorization to those persons who meet the requirements set forth in this chapter and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-40-55. Questions of eligibility shall be referred to the committee.

3. All records and files related to prescriptive authority for ~~nurse practitioners~~ advanced practice registered nurses shall be maintained in the office of the Board of Nursing.

18VAC90-40-30. Authority to prescribe, general.

A. No licensed ~~nurse practitioner~~ advanced practice registered nurse shall have authority to prescribe certain controlled substances and devices in the Commonwealth of Virginia except in accordance with this chapter and as authorized by the boards.

B. The boards shall approve prescriptive authority for applicants who meet the qualifications set forth in 18VAC90-40-40 of this chapter.

18VAC90-40-40. Qualifications for initial approval of prescriptive authority.

An applicant for prescriptive authority shall meet the following requirements:

1. Hold a current, unrestricted license as ~~a nurse practitioner~~ an advanced practice registered nurse in the Commonwealth of Virginia;

2. Provide evidence of one of the following:

a. Continued professional certification as required for initial licensure as ~~a nurse practitioner~~ an advanced practice registered nurse;

b. Satisfactory completion of a graduate level course in pharmacology or pharmacotherapeutics obtained as part of the ~~nurse practitioner or~~ advanced practice registered nurse education program within the five years prior to submission of the application;

c. Practice as ~~a nurse practitioner~~ an advanced practice registered nurse for no less than 1,000 hours and 15 continuing education units related to the area of practice for each of the two years immediately prior to submission of the application; or

d. Thirty contact hours of education in pharmacology or pharmacotherapeutics acceptable to the boards taken within five years prior to submission of the application. The 30 contact hours may be obtained in a formal academic setting as a discrete offering or as noncredit continuing education offerings and shall include the following course content:

(1) Applicable federal and state laws;

(2) Prescription writing;

(3) Drug selection, dosage, and route;

(4) Drug interactions;

(5) Information resources; and

(6) Clinical application of pharmacology related to specific scope of practice;

3. Develop a practice agreement between the ~~nurse practitioner~~ advanced practice registered nurse and the patient care team physician as required in 18VAC90-40-90; and

4. File a completed application and pay the fees as required in 18VAC90-40-70.

18VAC90-40-55. Continuing competency requirements.

A. A licensee with prescriptive authority shall meet continuing competency requirements for biennial renewal as a licensed ~~nurse practitioner~~ advanced practice registered nurse. Such requirements shall address issues such as ethical practice, an appropriate standard of care, patient safety, and appropriate communication with patients.

B. ~~A nurse practitioner~~ An advanced practice registered nurse with prescriptive authority shall obtain a total of eight hours of continuing education in pharmacology or pharmacotherapeutics for each biennium in addition to the minimal requirements for compliance with subsection B of 18VAC90-30-105.

C. The ~~nurse practitioner~~ advanced practice registered nurse with prescriptive authority shall retain evidence of compliance and all supporting documentation for a period of four years following the renewal period for which the records apply.

D. The boards shall periodically conduct a random audit of their licensees to determine compliance. The ~~nurse practitioners~~ advanced practice registered nurses selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.

E. The boards may delegate to the committee the authority to grant an extension or an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-40-90. Practice agreement.

A. With the exceptions listed in subsection E of this section, ~~a nurse practitioner~~ an advanced practice registered nurse with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. At any time there are changes in the patient care team physician, authorization to prescribe, or scope of practice, the ~~nurse practitioner~~ advanced practice registered nurse shall revise the practice agreement and maintain the revised agreement.

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the ~~nurse practitioner~~ advanced practice registered nurse within the scope allowed by law and the practice of the ~~nurse practitioner~~ advanced practice registered nurse.

2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.

3. The signature of the patient care team physician who is practicing with the ~~nurse practitioner~~ advanced practice registered nurse or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

D. In accordance with § 54.1-2957.01 of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six ~~nurse practitioners~~ advanced practice registered nurses with prescriptive authority at any one time.

E. Exceptions.

1. ~~A nurse practitioner~~ An advanced practice registered nurse licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or with a certified nurse midwife who has practiced for at least two years prior to entering into a practice agreement. ~~A nurse practitioner~~ An advanced practice registered nurse in the category of certified nurse midwife who has qualified for autonomous practice as set forth in 18VAC90-30-87 may prescribe without a practice agreement.

2. ~~A nurse practitioner~~ An advanced practice registered nurse licensed in the category of a clinical nurse specialist and holding authorization for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

3. ~~A nurse practitioner~~ An advanced practice registered nurse who is licensed in a category other than certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.

18VAC90-40-110. Disclosure.

A. The ~~nurse practitioner~~ advanced practice registered nurse shall include on each prescription issued or dispensed his signature and the Drug Enforcement Administration (DEA) number, when applicable. If the ~~nurse practitioner's~~ advanced practice registered nurse's practice agreement authorizes prescribing of only Schedule VI drugs and the ~~nurse practitioner~~ advanced practice registered nurse does not have a DEA number, he shall include the prescriptive authority number as issued by the boards.

B. The ~~nurse practitioner~~ advanced practice registered nurse shall disclose to patients at the initial encounter that he is a licensed ~~nurse practitioner~~ advanced practice registered nurse. Such disclosure may be included on a prescription pad or may be given in writing to the patient.

C. The ~~nurse practitioner~~ advanced practice registered nurse shall disclose, upon request of a patient or a patient's legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

18VAC90-40-120. Dispensing.

~~A nurse practitioner~~ An advanced practice registered nurse may dispense only those manufacturers' samples of drugs that are included in the written or electronic practice agreement.

18VAC90-40-121. Prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. ~~A nurse practitioner~~ An advanced practice registered nurse shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the ~~nurse practitioner~~ advanced practice registered nurse shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18VAC90-40-130. Grounds for disciplinary action.

A. The boards may deny approval of prescriptive authority, revoke or suspend authorization, or take other disciplinary actions against ~~a nurse practitioner~~ an advanced practice registered nurse who:

1. Exceeds his authority to prescribe or prescribes outside of the written or electronic practice agreement with the patient care team physician or, for certified nurse midwives, the practice agreement with the consulting physician;

2. Has had his license as ~~a nurse practitioner~~ an advanced practice registered nurse suspended, revoked, or otherwise disciplined by the boards pursuant to 18VAC90-30-220; or

3. Fails to comply with requirements for continuing competency as set forth in 18VAC90-40-55.

B. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program shall be grounds for disciplinary action.

18VAC90-40-140. Administrative proceedings.

A. Except as provided for delegation of proceedings to an agency subordinate in 18VAC90-30-240, the Committee of the Joint Boards of Nursing and Medicine shall conduct all hearings prescribed herein and shall take action on behalf of the boards.

B. The ~~nurse practitioner~~ advanced practice registered nurse with prescriptive authority shall be subjective to the grounds for disciplinary action set forth in 18VAC90-30-220.

C. When the license of ~~a nurse practitioner~~ an advanced practice registered nurse has been suspended or revoked by the joint boards, prescriptive authority shall be suspended pending a hearing simultaneously with the institution of proceedings for a hearing.

D. Any violation of law or of this chapter may result in disciplinary action including the revocation or suspension of prescriptive authority and may also result in additional sanctions imposed on the license of the ~~nurse practitioner~~ advanced practice registered nurse by the joint boards or upon the license of the registered nurse by the Board of Nursing.

18VAC90-40-250. General provisions.

A. Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a waiver from SAMHSA and the appropriate U.S. Drug Enforcement Administration registration.

B. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. ~~Nurse practitioners~~ Advanced practice registered nurses who have obtained a SAMHSA waiver shall only prescribe buprenorphine for opioid addiction pursuant to a practice agreement with a SAMHSA-waivered doctor of medicine or doctor of osteopathic medicine unless the ~~nurse practitioner~~ advanced practice registered nurse has been authorized by the boards for autonomous practice.

D. Practitioners engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling. The practitioner shall document provision of counseling or referral in the medical record.

Agenda Item: Consider recommendation of approved surgical technologist training programs for recognition by Board of Medicine.

Included in your agenda package are:

- Chapter 792 of the 2023 Acts of Assembly (HB2222);
- Request by National Center for Competency Testing ("NCCT") to be approved as a surgical technologist training program;
- Documents related to NCCT;
- Letters in support of Board recognition of NCCT;
- Association of Surgical Technologists recommendation and associated documents.

Staff notes: NCCT submitted a copy of comments provided on Town Hall supporting recognition of NCCT which were posted in response to the Board's notice of a periodic review of Chapter 160. In the interest of space and because those comments were posted in response to a specific filing on Town Hall, the staff notes here that only 1 of the 53 comments posted to the periodic review did not support the recognition of NCCT. The remaining 52 supported recognition of NCCT.

The advisory board may make a recommendation to the Board of Medicine or may decline to make a recommendation. The Board of Medicine may accept any recommendation of the advisory board or may reject any recommendation.

Action:

- Motion to make a recommendation to the Board of Medicine regarding acceptance of training programs; or
- Decline to make a recommendation to the Board of Medicine.

VIRGINIA ACTS OF ASSEMBLY -- 2023 RECONVENED SESSION

CHAPTER 792

An Act to amend and reenact §§ 54.1-2956.12 and 54.1-2956.13 of the Code of Virginia, relating to surgical technologists and surgical assistants; practice prior to certification of licensure.

[H 2222]

Approved April 12, 2023

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2956.12 and 54.1-2956.13 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2956.12. Registered surgical technologist; use of title; registration.

A. No person shall hold himself out to be a surgical technologist or use or assume the title of "surgical technologist" or "certified surgical technologist," or use the designation "S.T." or any variation thereof, unless such person is certified by the Board. No person shall use the designation "C.S.T." or any variation thereof unless such person (i) is certified by the Board and (ii) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor.

B. The Board shall certify as a surgical technologist any applicant who presents satisfactory evidence that he (i) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor, (ii) has successfully completed a training program for surgical technology during the person's service as a member of any branch of the armed forces of the United States, ~~or~~ (iii) *has successfully completed a surgical technologist apprenticeship program registered with the U.S. Department of Labor, (iv) has successfully completed a hospital-based surgical technologist training program approved by the Board, (v) has successfully completed a surgical technologist training program through an institution or program accredited by a nationally recognized accreditation organization and holds a current credential as a surgical technologist from an entity approved by the Board, or (vi)* has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, provided he registers with the Board by December 31, ~~2022~~ *2023*.

§ 54.1-2956.13. Licensure of surgical assistant; practice of surgical assisting; use of title.

A. No person shall engage in the practice of surgical assisting or use or assume the title "surgical assistant" unless such person holds a license as a surgical assistant issued by the Board. Nothing in this section shall be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his practice.

B. The Board shall establish criteria for licensure as a surgical assistant, which shall include evidence that the applicant:

1. Holds a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, or the National Commission for Certification of Surgical Assistants or their successors;

2. Has successfully completed a surgical assistant training program during the person's service as a member of any branch of the armed forces of the United States; or

3. Has practiced as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

C. For renewal of a license, a surgical assistant who was licensed based on a credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, or the National Commission for the Certification of Surgical Assistants or their successors shall attest that the credential is current at the time of renewal.

D. Notwithstanding the provisions of subsection A, a person who has graduated from a surgical assistant training program and is required to take a national certification examination given by any entity listed in subdivision B 1 may practice with the title "surgical assistant, license applicant" until he has received a failing score on the national certification examination or six months from the date of graduation, whichever occurs sooner. Any person practicing pursuant to this subsection shall be identified with the title "surgical assistant, license applicant" on any identification issued by an employer and in conjunction with any signature in the course of his practice.

2. That the Board of Medicine shall communicate to stakeholders, including hospitals and related practitioner organizations, the availability of the certification grandfathering process for surgical technologists that have practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022.

NCCT

June 7, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request for the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

Thank you for the opportunity to provide information and remarks; your extension of courtesy is not lost on us. I am Dana Van Laeys, SVP of Education Success and Government Affairs for the National Center for Competency Testing (NCCT). On behalf of NCCT and the stakeholders in the Commonwealth of Virginia that are affected by a healthcare workforce shortage of competent and qualified surgical technologists that has been exacerbated by restrictive legislation and regulations, we respectfully request that you consider that there are multiple ways to become a competent and qualified surgical technologist and that there are two equally accredited credentials for the field.

This correspondence is accompanied with the highest regard for everything you do for the people of the Commonwealth of Virginia and with the belief that you honorably serve with the best of intentions. Dr. Harp, thank you for personally answering my question last year about the 18 VAC 85-160 public comment forum, as you mentioned that the Board was not authorized to incorporate NCCT into regulations unless the law was changed. We certainly understand that the Board of Medicine has been limited by the Code dictating a single certification provider and we are now very thankful that HB 2222 gives you the authority to make changes to help eliminate barriers to entry for the profession and recognize and accept all pertinent legitimate credentials.

Included with this letter are comments from last year's public forum in which you will find a variety of stakeholders on record officially supporting the same requests we are making here.

NCCT submits this letter to the Virginia Board of Medicine to express its support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. We support the addition of the TS-C (NCCT) certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

The National Commission for Certifying Agencies (NCCA), which is the **benchmark** of the national credentialing industry, has determined that the surgical technology certification programs

of both NCCT and NBSTSA meet the same standards. NCCA accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a certification examination covering a content domain specified by a formal job analysis study.

In addition to formal traditional training, NCCT's certification program provides pathways for surgical technologists to qualify to sit for the exam via work experience, graduation from approved and USDOL registered apprenticeship training programs, as well as military training.

- Certification examination programs are **designed** to **assess** whether examinees meet **defined,** entry level standards based upon a formal job analysis. A certification exam has to be a psychometrically sound and valid measure of surgical technologist job tasks and responsibilities.

  The certification programs of both NCCT and NBSTSA are **equally** accredited by the same accrediting agency.

  Why does that matter? Qualification routes to sit for an exam are addressed within those standards.

  "The NCCA's Standards for the Accreditation of Certification Programs were the first standards developed by the credentialing industry for professional certification programs. The NCCA Standards were **developed** to help ensure the **health, welfare, and safety of the public**. They highlight the essential elements of a high-quality program."
  https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA

  - For example, whether exam candidates learned surgical technology in a traditional educational program or an apprenticeship, **All** candidates have to pass the **same** cognitive examination (in addition to completing the requisite scrubs and case mix).
  - It's a worthy consideration that the focus could be more aptly placed on the **accredited, psychometrically sound and valid** outcome measure that is designed to ascertain whether or not a candidate has the necessary knowledge, skills and abilities (as determined via exam and credentialing requirements) to serve in that role rather than on dictating the path to learning.

Included with this letter is information demonstrating how both certifications meet the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine. As you review this packet, please keep in mind the following:

- Military training has not always been conducted in 'accredited' surgical technology programs.

- Many high quality, successful and legitimate surgical technology programs operate in facilities with institutional or regional accreditation (in lieu of programmatic accreditation). CHEA and USDE are 'national' organizations that 'recognize' accreditors.

  https://www.chea.org/chea-and-usde-recognized-accrediting-organizations

- Apprenticeship programs are valid, legitimate, effective, and common training methods but 'accreditation' is unattainable because the only two programmatic accreditors for surgical technology programs require the program to be Associate's Degree bearing, among other specifications.

- Hospitals and medical facilities have provided safe and effective on the job training for years. Some practicing surgical technologists were trained on the job and continue to serve as qualified, safe, and competent members of surgical teams in Virginia's operating rooms. If these techs are considered safe enough to be grandfathered in as practitioners already serving in that role, then that same logic would be applied to keep that pathway open.

- Ongoing staffing situations require many surgical providers to hire traveling surgical technologists. These technologists often reside in other states with varying regulations. The Board has the opportunity to keep from exacerbating existing staffing shortages by eliminating current roadblocks for employers to recruit and adequately staff their operating rooms. Accepting all legitimate credentials and training pathways will help keep qualified and competent surgical technologists as contributing members of Virginia's healthcare workforce.

Thank you for your time and for thoughtfully considering this information as you proceed with policy development regarding HB 2222. I understand that you aim to make the best decisions for all stakeholders. There are many nuances in the certification and accreditation industries (specifically regarding both certification programs and training programs), and I know this can be challenging to even the most savvy medical minds. I would graciously welcome any questions you may have so please feel free to reach out if you need clarification.

Respectfully,

Dana Van Laeys, MA Ed, MLS(ASCP)^{CM}MB^{CM}, CLS
Sr. Vice President, Education Success and Government Affairs
National Center for Competency Testing
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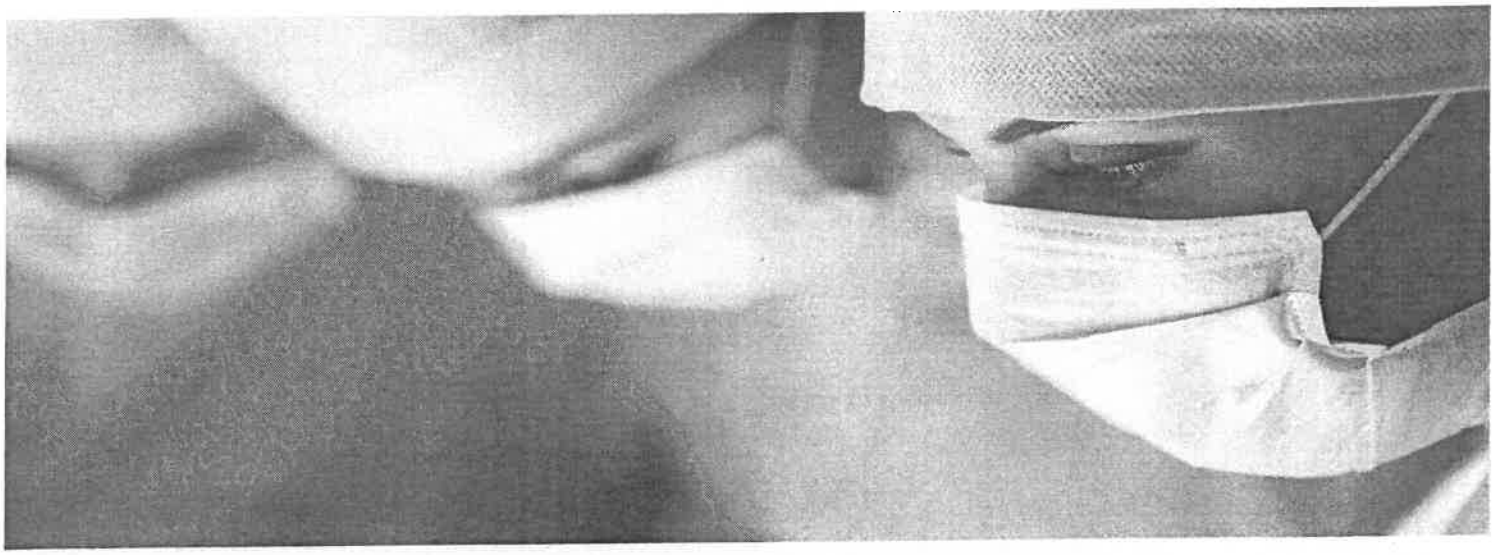


SURGICAL TECHNOLOGISTS

CERTIFICATION OPTIONS

When a surgical technologist holds and maintains a certification issued by a program accredited by the **National Commission for Certifying Agencies (NCCA)**, employers and the public can be assured that the individual has met nationally recognized industry standards. The NCCA accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the U.S. today - the CST (NBSTSA) and the TS-C (NCCT). Both credentials require extensive practical skill documentation and successful completion of a certification examination covering a content domain specified by a formal job analysis study.

CST (NBSTSA)

ACCREDITED BY:

National Commission for Certifying Agencies **(NCCA)**

ALL CANDIDATES

Must Pass Exam

ALL CANDIDATES

Must Meet Practical Requirements

ALL CANDIDATES

Will earn a credential from a Certification Program that has met industry & accreditation standards related to all aspects of program policies and procedures.

TS-C (NCCT)

ACCREDITED BY:

National Commission for Certifying Agencies **(NCCA)**

ALL CANDIDATES

Must Pass Exam

ALL CANDIDATES

Must Meet Practical Requirements

ALL CANDIDATES

Will earn a credential from a Certification Program that has met industry & accreditation standards related to all aspects of program policies and procedures.

** Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022.*

FEES & POLICIES

CST (NBSTSA)

CERTIFICATION	FEES
Association of Surgical Technologists (AST) Member	$190 + AST dues
Non-AST Members	$290
RECERTIFICATION	**APPROVAL**
Who approves, processes, and maintains Continuing Education (CE) credits for NBSTSA?	AST
Who is the responsible authority for renewal requirements and renewal fees?	NBSTSA
RECERTIFICATION OPTIONS	**FEES**
Recertify by CE: AST members with AST approved or provided CE offerings	$25 every 2 yrs + $80 AST membership fee per year
AST or non-AST members seeking credit for commercial CE	Additional CE credit fees $15-$90 (AST)
Recertification by Exam: AST members Non-AST members **Note:** Both include $25 renewal fees.	 $299 $399
CONTINUING EDUCATION	**FEES**
Does AST charge a fee for processing non-commercial CE for individuals who choose not to join AST?	$400 (per certification cycle)
LOCATIONS	
AST 6 West Dry Creek Circle, Suite 200 Littleton, CO 80120 ***www.ast.org***	800.637.7433
NBSTSA 6 West Dry Creek Circle, Suite 100 Littleton, CO 80120 <<< ***www.nbstsa.org***	800.707.0057 **NBSTSA *updated address*** 3 West Dry Creek Circle Littleton, CO 80120

TS-C (NCCT)

CERTIFICATION	FEES
Route 1: Student/Recent Graduates **Route 3:** Military/Veterans	$199
Route 2: Experiential Candidates	$199
RECERTIFICATION	**APPROVAL**
Who approves, processes, and maintains Continuing Education (CE) credits for NCCT?	NCCT
Who is the responsible authority for renewal requirements and renewal fees?	NCCT Board of Testing
RECERTIFICATION OPTIONS	**FEES**
Recertify by CE: Active certificants who use NCCT online CE offerings	$77 per year
NCCT certificants seeking credit for commercial CE	No fee
Recertification by Exam: Only offered to certificants with expired certification, who must re-qualify.	 $199 (Route 2)
CONTINUING EDUCATION	**FEES**
Does NCCT charge a fee for processing any type of outside CE submitted for consideration in recertification?	No fee
LOCATIONS	
NCCT 11020 King Street, Suite 400 Overland Park, KS 66210 ***www.ncctinc.com***	800.875.4404

**Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022. AST Continuing Education Policies accessed via the "AST Continuing Education Policies for the CST and CSFA" revised January 2020 and accessed 4/12/2022.*

COMPARISON: EXAM ELIGIBILITY PATHS

CST (NBSTSA) EDUCATION/TRAINING ROUTES	TS-C (NCCT) EDUCATION/TRAINING ROUTES
Graduate of a CAAHEP or ABHES accredited Associate Degree ST program.	Graduate of a CAAHEP or ABHES accredited ST program.
Graduate of a military training ST program before, during, or after having CAAHEP accreditation.	Graduate of a military training ST program. No requirement or need to seek CAAHEP accreditation.
Not recognized.	Graduate of an ST program sponsored by an institution of higher learning accredited by a CHEA recognized accrediting body.
Not recognized.	Graduate of an ST program sponsored by an institution of higher learning accredited by a US DOE recognized accrediting body.
Not recognized.	Graduate of an ST Apprenticeship program meeting US Department of Labor (DOL) requirements.
Not recognized.	Graduate of a State approved/recognized ST program (Example: Workforce Development).
Not recognized.	Three years ST work experience in the service of the US Military within the past five years.
Not recognized.	Three years ST experience in a civilian position (Example: Hospital, medical center, surgical center) within past five years.

THE EQUALIZER: HOW IS KNOWLEDGE OF THE JOB ASSESSED AS SUFFICIENT FOR ANY AND EVERY CANDIDATE?

National Certification Examination
Developed by a Certification Program awarded accreditation by the National Commission for Certifying Agencies (NCCA).

Why deny candidates the ability to demonstrate their knowledge by examination simply because they chose a different type of educational program?

Why deny candidates the ability to demonstrate their knowledge by examination simply because they learned it while working or serving our country?

^ *Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022.*

National Commission for Certifying Agencies (NCCA)
The nationally recognized authority on healthcare certification

The National Commission for Certifying Agencies (NCCA) grants [re]accreditation to an organization's program for demonstrating compliance with the *NCCA Standards for the Accreditation of Certification Programs.* NCCA is the accrediting body of the Institute for Credentialing Excellence. The NCCA Standards were created in 1977 and updated in 2016 to ensure certification programs adhere to modern standards of practice for the certification industry. This is an elite group of more than 130 organizations representing over 315 programs that have received and maintained NCCA accreditation.
More information on the NCCA is available online at https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA

The National Commission of Certifying Agencies (NCCA) is the accrediting arm of the Institute for Credentialing Excellence (ICE).

There are numerous standards that have to be met before earning NCCA accreditation. In short, a certification program encompasses many essential elements around a credential, not just the exam. In addition to the exam, other essential elements address aspects such as:
defining who qualifies to sit for the exam, Subject Matter Expert selection/involvement/qualification, formal Job Task Analysis and survey to determine critical job competencies, exam development, validation, psychometric analysis, cut score determination, etc., all the way to and through credential maintenance.
Accreditation is viewed as an independent indicator of quality since the standards, by design, highlight the essential elements of a high-quality program.

The TS-C(NCCT) and the CST(NBSTSA) demonstrate compliance with the same essential elements in the same standards, thus they are accredited equivalents.

Each organization is required to provide ongoing evidence of compliance to the standards with policies, procedures, reports, and other forms of verification and documentation. In addition to maintenance confirmation, organizations periodically go through the full development cycle and repeat a rigorous and lengthy process for reaccreditation.
Below are excerpts directly from the ICE website accessed 6/7/23 @
https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA

In 1977, in cooperation with the federal government, the National Commission for Health Certifying Agencies (NCHCA) was formed to develop standards of excellence for voluntary certification programs in healthcare. In 1989 the name was changed to the National Commission for Certifying Agencies (NCCA) to accommodate all professions and industries.

The NCCA's Standards for the Accreditation of Certification Programs were the first standards developed by the credentialing industry for professional certification programs. The NCCA Standards were developed to help ensure the health, welfare, and safety of the public. They highlight the essential elements of a high-quality program. The 2021 NCCA Standards are implemented for the accreditation of certification programs.

The NCCA standards are consistent with The Standards for Educational and Psychological Testing (AERA, APA, & NCME, 1999) and are applicable to all professions and industries. NCCA accredited programs certify individuals in a wide range of professions and occupations including nurses, automotive professionals, respiratory therapists, counselors, emergency technicians, crane operators and more. To date, NCCA has accredited more than 315 programs from more than 130 organizations.

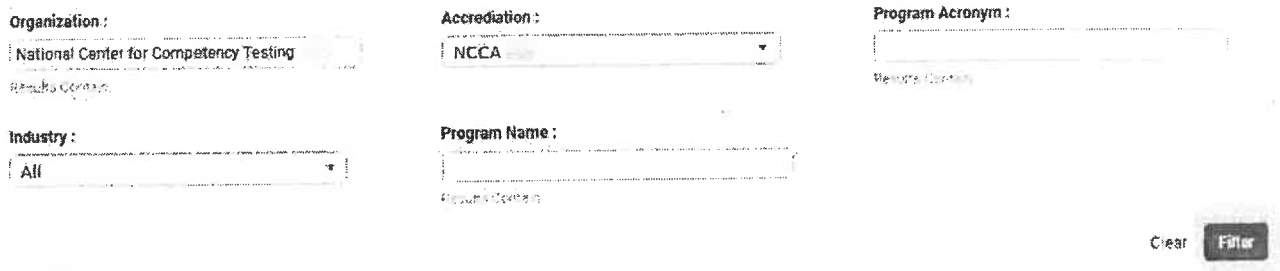
Accreditation for professional or personnel certification programs provides impartial, third-party validation that your program has met recognized national and international credentialing industry standards for development, implementation, and maintenance of certification programs.

Only Two NCCA Accredited Certification Programs for Surgical Technology

In the industry for over 30 years, the National Center for Competency Testing (NCCT) is a certifying body that has NCCA-accredited certification programs in multiple allied health disciplines, including surgical technology.

The TS-C (NCCT) is the Tech in Surgery-Certified (NCCT) credential administered by the National Center for Competency Testing [www.ncctinc.com]. This NCCT certification program holds the same NCCA accreditation as does the CST(NBSTSA), thereby making it an accredited equivalent.

Find the link to the listing here and search thusly:
NCCA accredited programs [Organization: _____ ; Accreditation: NCCA; *click* the "I'm not a robot" box; *click* Filter]



Showing Records 1 to 7 of 7

Organization	Program Acronym	Program Name	Accrediation	Accredited through / Verification	Website	Industry
National Center for Competency Testing	NCMA	National Certified Medical Assistant	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCPT	Nationally Certified Phlebotomy Technician	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	TS-C (NCCT)	Tech in Surgery - Certified (NCCT)	NCCA	Accredited through 5/31/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCET	ECG Technician	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCMOA	Medical Office Assistant	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCICS	National Certified Insurance and Coding Specialist	NCCA	Accredited through 10/31/2026	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCPCT	National Certified Patient Care Technician	NCCA	Accredited through 10/31/2026	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other

Showing Records 1 to 1 of 1

Organization	Program Acronym	Program Name	Accrediation	Accredited through / Verification	Website	Industry
National Board of Surgical Technology and Surgical Assisting	CST	Certified Surgical Technologist	NCCA	Accredited through 4/30/2025	http://www.nbstsa.org	Healthcare: Other

VCU Health

Department of Perioperative Services

1250 East Marshall Street
Box 980039
Richmond, Virginia 23298-0039

Ambulatory Surgery Center
Box 980002
Richmond, Virginia 23298-0002
804-828-8441 Fax: 804-628-8252

Ambulatory Surgery Center
Preop / Post-Op Box 980002
Richmond, Virginia 23298-0002
804-828-1879 Fax: 804-828-4586

Children's Hospital of Richmond
Pavilion OR
1000 East Broad Street
Richmond, Virginia 23298-1930
804-628-9705 Fax: 804-628-9708

Children's Hospital of Richmond
Pavilion Pre-Op / Recovery
1000 East Broad Street
Richmond, Virginia 23298-1930
804-628-9700 Fax: 804-628-9742

Children's Perioperative Unit
Box 986882
Richmond, Virginia 23298-5882
804-628-5555 Fax: 804-828-6428

Main OR Box 980039
Richmond, Virginia 23298-0039
804-628-6850 Fax: 804-628-6860

Periop Assessment
Communication & Education
(PACE Clinic) Box 980148
Richmond, Virginia 23298-0148
804-828-4396 Fax: 804-828-0463

Peri-Surgical Unit Box 986882
Richmond, Virginia 23298-5882
804-828-5341 Fax: 804-828-6428

Post-Anesthesia Care Unit
Box 980039
Richmond, Virginia 23298-0039
804-628-6935 Fax: 804-628-6860

Sterile Processing Department
Box 980436
Richmond, Virginia 23298-0436
804-828-0327 Fax: 804-628-3654

May 31, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Debbie Walton and I am a Nursing Director for Perioperative Services at VCU Health, Main Hospital Campus. I am responsible for assuring that our Operating Rooms are adequately staffed with competent Registered Nurses and Surgical Technologists. VCU Health has been a leader in Central Virginia by requiring certification for all team members in the Surgical Tech role for over 5 years. When establishing job description criteria for the Surgical Technologist role, we referred to national recognized industry standards established by the American College of Surgeons and Association of Perioperative Registered Nurses. The American College of Surgeons recognizes that there are a variety of ways surgical technology education can be obtained: community and junior colleges, vocational and technical schools, the military, universities, and structured hospital programs. In addition to adequate training, they support examination for certification.

I would like to submit this letter to the Virginia Board of Medicine to express my support for House Bill 2222.This bill authorizes the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. I support the addition of the TS-C certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, and recertification policies. This assures that candidates for certification have met nationally recognized industry standards. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA)

and the TS-C by the National Center for Competency Testing (NCCT). Both agencies require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study. To date, Virginia has only recognized the NBSTSA - CST certification.

Included with this letter is a comparison document demonstrating that the TS-C certification is equal to the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Thank you for your thoughtful review of these any materials. If you have any follow up questions, please do not hesitate to contact me.

Kind regards,

DWalton

Debbie Walton, MPH, BSN, RN, CNOR
Nursing Director
VCU Health
Department of Perioperative Services
O 804.827.5617
C 804.814.9378
debbie.walton@vcuhealth.org

VCU Health.

6/1/2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Lou Alexander. I have been a registered nurse in the Main5Operating rooms at VCU Health for the last 27 years.

I would like to submit this letter to the Virginia Board of Medicine to express its support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. We support the addition of the TS-C certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

As I am sure you are aware, VCU Health is a very busy, Level 1 trauma center in Richmond. We take care of the most complex patients in the area and in the State. Having worked closely with surgical techs in my 27 years, there is no way we could continue to operate and care for our patients without their expertise. I feel that limiting the avenues for CST certification will lead to an unfair need to terminate many experienced and highly valued surgical technologist's. I have worked with several surgical technologists with military training and would not think to deny or diminish their abilities based solely on being graduated from an accredited surgical technology program. I would also like to point out the current state of staffing affairs. Right now, there is a national shortage of both nurses and surgical technologists. By not having another way to become certified, it will further limit the pool of applicants.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the NBSTSA - CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison document demonstrating that the TS-C certification is equal to and compares favorably with the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Thank you for your thoughtful review of these any materials. If you have any follow up questions, please do not hesitate to reach out to me through contact information below.

Sincerely,

Lou Alexander

Lou Alexander, RN BSN CLIN IV
c> 804-731-7552
w> 804-628-0395
lou.alexander@vcuhelath.org

June 01, 2023

William L. Harp, M.D.
Executive Director
Virginia Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Ron Passmore and I have 38 years of experience as a Surgical Technologist and 36 years of experience as a Nationally Registered Paramedic. I currently practice within the Commonwealth in both capacities.

I submit this letter to the Virginia Board of Medicine to express my support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. I support and request the addition of the National Center for Competency Testing (NCCT) Tech in Surgery (TS-C) certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

I began my career in surgical technology in 1985 prior to a formal post-secondary surgical technology program being available. I enrolled in a 3-year health occupational program, while in high school, that involved didactic and psychomotor (clinical) training in partnership with the local hospital and my high school, where I received my initial Surgical Technology education and experience.

I joined the surgical team with VCU Health in 2018 as a Surgical Technologist with 33 years of experience, however, I did not hold a "certification". VCU Health afforded me 24 months to obtain Certification as a Surgical Technologist. NCCT is the only certifying body that afforded me an experience-based pathway to certification.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the NBSTSA - CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison document demonstrating that the TS-C certification is equal to and compares favorably with the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Without the Virginia Board of Medicine providing equal recognition to the NCCT, TS-C certification, I would not be eligible to practice and utilize my 38 years of experience to care for some of central Virginia's most sick and injured patients, at the Level I Trauma Center in downtown Richmond.

Likewise, many of my co-workers at VCU Health who were trained years before surgical technology programs were available, and others who trained while serving our country, in the US Military, would not be eligible for employment. Also, many graduates of Surgical Technology programs across the United States certify with NCCT. Therefore, not recognizing NCCT certification will exacerbate the current shortage of healthcare providers and limit the pool of experienced candidates for employment within the Commonwealth.

NBSTSA only offers one pathway to certification.

1. Graduation from an accredited Surgical Technology program.

NCCT offers 3 different pathways to certification.

1. Graduation from an accredited Surgical Technology program
2. Experience
3. Military training.

The Experience Pathway requires the following to be eligible to sit for the cognitive (written) certification exam:

1. Demonstrate psychomotor competency by providing verification of a minimum of 3 years of full-time employment (no less than 6,240 hours) in the past 5 years as a Surgical Technologist under the direct supervision of a licensed physician, primary care provider, and or Registered Nurse; and

2. Documentation of a minimum of 125 surgical cases where you functioned in the primary 1st scrub role.

    a. >50 general surgery procedures, and
    b. >20 orthopedic procedures, and
    c. >55 to include GYN – Urology – Cardiovascular – Neuro – OB – Thoracic – Peripheral Vascular – Ophthalmology – ENT – Plastics.

It is with this information that I humbly request the Virginia Board of Medicine to give strong consideration of including both NCAA accredited certifications (NBSTSA and NCCT) as a requirement for Registration as a Surgical Technologist with the Commonwealth of Virginia - Board of Medicine.

Thank you for your thoughtful review of this information and materials. Should you have any follow up questions, please do not hesitate to contact me at 276-233-0334.

With Kind Regards, I am,

Ronald D. Passmore

Ronald D. Passmore, NRP, TS-C
Ron.PassmoreNRP@gmail.com

VCU Health

Perioperative
Surgical Services
Administration

Main Hospital, 5th Floor
1250 East Marshall Street
P.O. Box 980039
Richmond, Virginia 23298-0148

804 628-6946
Fax: 628-6932
TDD: 1-800-828-1120

Main Operating Room
P.O. Box 980039
Richmond, Virginia 23298-0039
804-628-6850
Fax: 804628-6860

Preoperative Assessment Communication Education Center
P.O. Box 980148
Richmond, Virginia 23298-0148
804 828-3453
Fax 804 828-2351

Ambulatory Surgery Center
P.O. Box 980002
Richmond, Virginia 23298-0002
804 828-1875
Fax 828-4586

Anesthesia Administration
P.O. Box 980541
Richmond, Virginia 23298-0541
804 628-6979
Fax 804 628-6932

Post-Anesthesia Care Unit
P.O. Box 980039
Richmond, Virginia 23298-0039
804 628-5341
Fax 804 828-6428

Peri-Surgical Unit
P.O. Box 985882
Richmond, Virginia 23298-5882
804 628-5341

Perioperative Education Center
600 East Broad Street, Suite 610
Richmond, Virginia 23219-1868
804 628-7056
Fax: 804 628-0680

June 1, 2023

To whom it may concern:

I have the privilege of working with Ronald Passmore since 2018. My relationship with him has been one of mutual professional respect. My role as the Surgical Tech Educator for Perioperative Surgical Services has been the impetus for the relationship, but the partnership exists because of a deep level of trust and respect.

Over the years, Ron has been a vital part of the growth of the surgical tech profession and our scope of practice. He is a highly competent senior surgical tech, with expert level performance and leadership skills. He consistently gives accurate information and guides our employees through their clinical rotation process while ensuring they know all safety requirements, policies and procedures, and considerations for emergent situations needed for the best quality care and impactful patient outcomes.

I fully support this initiative to enhance the current law to include a substantial portion of our workforce needed for our specialized field.

I have no reservations in strongly supporting the National Center for Competency Testing (NCCT) Tech in Surgery (TS-C) certification as a recognized certification for surgical technologists in the Commonwealth of Virginia. Utilizing both NCAA accredited certifications (NBSTSA and NCCT) as a requirement for Registration as a Surgical Technologist with the Commonwealth of Virginia - Board of Medicine would enable many of our competent and highly trained staff to be regulated, monitored, and available for employment in our field.

Please do not hesitate to contact me for any further questions.

Tonya Smith

Sincerely,
Tonya A. Smith, BHA CST
Surgical Tech Educator for Perioperative Surgical Services
VCU Health
1250 East Marshall Street
PO BOX 980039 Richmond VA 232298
(804)617-4524
tonya.smith@vcuhealth.org

Virginia Ambulatory Surgery Association

June 6, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

I am writing to you as the President of, and on behalf of, the Virginia Ambulatory Surgery Association (VASA) and the 61 CMS-certified ambulatory surgery centers in Virginia. I wanted to share our position on HB 2222, specifically regarding surgical technologist certifications.

Virginia Ambulatory Surgery Association submits this letter to the Virginia Board of Medicine to express its support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. VASA fully supports the addition of the TS-C certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

Healthcare workforce shortages are being called the nation's top patient safety concern. Labor shortages in healthcare are expected to rise as demand grows. The US health care industry is facing unprecedented staffing shortages. Healthcare staffing challenges are projected in key segments of the healthcare workforce. Recruiting and retaining surgical technologists is a major issue for healthcare and patient safety. Policies that impede the pathway to registration and limit the ability of fully qualified surgical technologists to join or be retained in the workforce add unmerited roadblocks to providing surgical care in already struggling surgical centers. It is important that the Board recognize both legitimate surgical technologist credentials and pathways to career entry to keep from further exacerbating this issue. As you make regulations and policies that determine who can practice in Virginia's operating rooms, please keep in mind that there are multiple ways to becoming a trained and competent surgical technologist.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison chart demonstrating that the TS-C certification is equal the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Thank you for your thoughtful review of these any materials. If you have any follow up questions, please do not hesitate to contact me at *(843-267-3416).*

Sincerely,

Shane Stanford
President
Virginia Ambulatory Surgery Association
4897 Bennetts Pasture Rd.
P.O. Box 5144 Suffolk, VA 23435
sstanford@uspi.com

CHESTER
CAREER COLLEGE

June 6, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification

Dear Dr. Harp,

Chester Career College submits this letter to the Virginia Board of Medicine in support of House Bill 2222 that was enacted authorizing the Board of Medicine to approve surgical technologist credentialing entities. We support the addition of the TS-C (NCCT) certification as a recognized certification for Surgical Technologists in the Commonwealth of Virginia.

Chester Career College (CCC) is *accredited* by the Council on Occupational Education (COE) and Certified to Operate by SCHEV (State Council of Higher Education for Virginia). Chester Career College has successfully trained ***A.A.S. Degree*** **Surgical Technology** students for more than sixteen years. In 2022 alone, CCC graduated sixteen Surgical Technology students, and ***all*** have entered the workforce in the Commonwealth of Virginia as Surgical Technologists. A few have since chosen to pursue additional training to become Surgical Assistants.

Currently there are two NCCA (National Commission for Certifying Agencies) accredited surgical technologist certifications in the United States - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has authorized only one, the CST certification, to be recognized. Both credentials require extensive practical skill evidence and successful completion of a certification examination covering a content domain specified by a formal job analysis study. The National Commission for Certifying Agencies (NCCA) accredits both of these certification programs who have met the requirements to offer certifications for Surgical Technologists.

We ask the Board to approve the TS-C (NCCT) exam and give both of these organizations equal opportunity to support the college students of Virginia who have trained and desire to have credentialing qualifications to work as Surgical Technologists in the Commonwealth.

Thank you for your dedication to providing quality healthcare to patients and for providing greater opportunities to college students of Virginia.

Respectfully Submitted,

Debbie Harris
School Director
Chester Career College

May 31, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Hillel Deppen. I have been working as a Surgical Technologist in Operating Rooms for over eleven years, and traveling to different states to help alleviate staffing shortages for the past two years. On behalf of my fellow TS-C (NCCT) certified Surgical Technologists and myself, I ask that you recognize my certification and expertise in my field of practice.

I've worked in top quality healthcare systems and training facilities, including Yale New Haven Hospital, Sibley Memorial Hospital/Johns Hopkins, Phoenix Children's Hospital, Children's National in Washington DC, and others throughout my career as a Surgical Technologist. I am also a preceptor for Surgical Technologists that are interning as students in the OR.

I currently live in Columbia, Maryland with my wife and children. It is a short drive over to Virginia hospitals and operating facilities to help them as they are in need of my skills. I, as well as my TS-C (NCCT) certified colleagues, am qualified, competent, ready and willing to share our skills and expertise in Virginia if the Board of Medicine will recognize and accept our legitimate credentials.

Earlier this year, I applied for licensure in the Commonwealth and the Virginia Board of Medicine (SurgTech-Medbd@dhp.virginia.gov) wrote back:

> "Good morning,
> NCCT card is not acceptable in the Commonwealth of Virginia. Please submit the NBSTSA or NCCSA certification.
> Regards,
> Medicine/pg
> Virginia Board of Medicine"

Therefore, I am submitting this letter to the Virginia Board of Medicine to express support for House Bill 2222 that as enacted gives the Board of Medicine the authority to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. I support and respectfully request the addition of the TS-C (NCCT) certification as a recognized certification for Surgical Technologists in the Commonwealth of Virginia.

As you well know, the demand is high for professional Surgical Technologists in Virginia hospitals and surgery centers as there is a nationwide healthcare personnel shortage.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the NBSTSA - CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison document demonstrating that the TS-C (NCCT) certification is equal to and compares favorably with the industry and accreditation standards related to all aspects of program policies and procedures for Surgical Technologists currently recognized by the Board of Medicine.

Thank you for your time and for considering my request, as I am all set to obtain my license and join Virginia's healthcare workforce once you grant me the opportunity to do so as a TS-C (NCCT). If you have any follow up questions, please do not hesitate to contact me.

Sincerely,

Hillel Deppen, TS-C (NCCT)
hillelp1@yahoo.com

Recommendations for House Bill 2222
Surgical Technology Rules
by the Virginia Commonwealth Assembly of the Association of Surgical Technologists and the Association of Surgical Technologists

The Virginia Department of Health Professions Advisory Board on Surgical Assisting has three main tasks:

1. **Determine the meaning of an accredited program.**
   a. *Recommendation:* Define programmatic accreditation as CAAHEP and ABHES.

2. **Determine whether to accept additional surgical technology credentials (NCCT's TS-C).**
   a. *Recommendation:* Accept credentials that protect Virginia patients and validate crucial skills.

3. **Determine how the Virginia Department of Health Professions approves hospital programs.**
   a. *Recommendation:* AST and all other surgical professional organizations have always recommended hospital programs be partnered with CAAHEP- and ABHES- accredited programs. However, since Governor Youngkin clearly wants new pathways besides graduation from accredited programs, AST recommends that Virginia, instead, requires programs to align with AST Core Curriculum 7th edition, including didactic education and skills lab, like the State of Oregon.

I. Determine the Meaning of an Accredited Program

The Virginia surgical technology law refers to the accreditation of education in two places:

"(i) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor,

(v) has successfully completed a surgical technologist training program through an institution or program accredited by a nationally recognized accreditation organization and holds a current credential as a surgical technologist from an entity approved by the
Board, or..."

The U.S. Department of Education recognizes the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES) for accrediting surgical technology programs. **The Virginia Commonwealth of the Association of Surgical Technologists and the Association of Surgical Technologists recommend the Virginia Department of Health Professions clarify that an accredited program means CAAHEP- or ABHES- accredited.**

Virginia's Surgical Technology Programs are CAAHEP- and/or ABHES-accredited or Seeking ABHES Accreditation

1. Fortis College Richmond, Richmond (CAAHEP and ABHES accredited)
2. Laurel Ridge Community College, Middletown (CAAHEP accredited)

3. Piedmont Virginia Community College, Charlottesville (CAAHEP accredited)
4. Radford University Carilion, Roanoke (CAAHEP accredited)
5. Riverside College of Health Careers, Newport News (CAAHEP and ABHES accredited)
6. Sentara College of Health Sciences, Chesapeake (CAAHEP and ABHES accredited)
7. Southern West Virginia Community & Technical College, Mount Gay (CAAHEP accredited)
8. ECPI University (ABHES accredited)

Chester College is seeking ABHES accreditation.

Surgeons, Anesthesiologists, Physician Assistants, Nurse Anesthesiologists, and Surgical Technologist Associations Recommend Graduation from an Accredited Program

The Association of Surgical Technologists' Recommended Standards of Practice urges that any individual employed as a surgical technologist graduate from an accredited surgical technology program. The American College of Surgeons, American Society of Anesthesiologists, American Association of Surgical Physician Assistants, and American Association of Nurse Anesthesiologists support graduation from an accredited program.

CAAHEP- and ABHES-accredited Education Is a Cornerstone of Surgical Technology Policy
Clarifying CAAHP- and ABHEs-accreditation would align with other states that set minimum standards for surgical technology. All states that set minimum standards for surgical technologists require graduation from a CAAHEP- or ABHES-accredited surgical technology program or a credential that requires graduation from an accredited program, except Oregon. Oregon requires graduation from a CAAHEP- or ABHES-accredited program *or* state-approved hospital-based apprenticeship program. In Oregon, all hospital programs must be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition.

- Idaho: Requires CAAHEP program or CST credential (requires CAAHEP or ABHES accredited education).
- Indiana: Requires CST credential (which requires CAAHEP or ABHES accredited education).
- Massachusetts: Requires CAAHEP- or ABHES-accredited program and CST credential by NBSTSA.
- Nevada: Requires CAAHEP- or ABHES-accredited program and CST credential by NBSTSA.
- New Jersey: Requires accredited program or credential.
- New York: Requires CAAHEP or ABHES-accredited program and credential.
- Oregon: Requires program accredited by a national accreditation organization approved by the Oregon Health Authority by rule (rule recognizes CAAHEP and ABHES) or BOLI-approved education in apprenticeship (rule recognizes AST's 7th Edition Core Curriculum).
- Pennsylvania: Regulations pending.
- South Carolina: Requires CAAHEP- or ABHES- accredited program and CST.
- Tennessee: Requires CST or CAAHEP-accredited program.
- Texas: Requires CAAHEP- or ABHES-accredited program and certification.

Accreditation of Education- What It Means
Specialized accreditation of a surgical technology program involves a thorough review of the program's resources, including faculty, student/faculty ratio, financial resources, physical resources, learning resources, admissions policies, student records, curriculum, student evaluation methods, and programmatic outcomes.

CAAHEP and ABHES accredit education. CAAHEP accredits more than 300 surgical technology programs nationwide. ABHES accredits about 50 surgical technology programs.

The NBSTSA and NCCT do **not** accredit education.

"Basic Adult Learning Principles" Does Not Mean Tests Replace Education or Validation of Clinical Skills. Tests validate knowledge but not clinical skills.
Groups advocating against accredited education use the term "adult education principles" to state a test is an adequate measure of education and hands-on training. Basic adult learning principles do not mean a test is a good measure of education or hands-on training. "Adult learning principles" are "self-direction, transformation, experience, mentorship, mental orientation, motivation, and readiness to learn."

Doctors and nurses would never get a test to replace education, and the same applies to surgical technologists. Tests validate knowledge but not clinical skills.

Examples- Credentialing Organizations Are Not Educational Accreditors
Of note, NCCA, NBSTSA, and NCCT are not educational accreditors. In surgical technology, NCCA accredits surgical technology credentials. The NBSTSA and NCCT offer surgical technology credentials. CAAHEP and ABHES are the educational accreditors.

Examples of Educational Accreditors Not Being the Credentialing Organization

	Educational Accreditors	Credentialing Organization
Surgical Technology	CAAHEP, ABHES	National Board of Surgical Technology and Surgical Assisting (NBSTSA), National Center Competency Testing (NCCT)
Emergency Medical Services-Paramedic	CAAHEP (several hundred)	National Registry of Emergency Medical Technicians
Radiographers	The Joint Review Committee on Education in Radiologic Technology	American Registry of Radiologic Technologists
Perfusion	CAAHEP (Accreditation Committee for Perfusion Education)	American Board of Cardiovascular Perfusion
Diagnostic Medical Sonography	CAAHEP (Joint Review Committee on Education in Diagnostic Medical Sonography) (670 programs)	American Registry for Diagnostic Medical Sonography
Respiratory Therapists	Commission on Accreditation for Respiratory Care (456 programs)	National Board for Respiratory Care

Graduation from an accredited program aims to ensure that surgical technologists are ready for the intense and demanding environment of the OR.

A high level of performance is needed from day one for patient safety, surgical outcomes, their own safety, and the safety of their colleagues. Surgical technologists can be placed in complex cases during their first

weeks on the job. Operating rooms do not coddle anyone. Surgical technologists do not start small and work their way up. Immediately on the job, surgical technologists can be placed with preparing for complex neurospine surgeries, big cancer cases, and setting up for traumas.

Four Pathways in the New Law Besides Accredited Programs

The Virginia surgical technology law has four pathways besides accredited programs:

1. Completion of the U.S. Armed Forces surgical technology program, or
2. Completion of a surgical technologist apprenticeship program registered with the U.S. Department of Labor,
3. Completion of a hospital-based surgical technologist training program approved by the Board,
4. Has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, provided he registers with the Board by December 31, 2023.

Summary- Accredited Program Recommendation
In summary, CAAHEP and ABHES should be named in rule because the U.S. Department of Education recognizes them, all Virginia surgical technology programs are CAAHEP- or ABHES- accredited, all surgical professional organizations recommend graduation from an accredited program, and CAAHEP- and ABHES-accredited education is a cornerstone of surgical technology policy nationally. Also, accreditation has a specific meaning, and it must be clarified that NBSTSA and NCCT do not accredit programs since credentialing organizations are not educational accreditors. Graduation from an accredited program aims to ensure that surgical technologists are ready for the intense and demanding environment of the OR. There are four pathways in the new law besides accredited programs.

II. Determine whether to accept additional surgical technology credentials (NCCT's TS-C).

In 2013, the Virginia Department of Health Professions formally reviewed the NBSTSA's CST and the NCCT's TS-C for surgical technology credentials. ***The Virginia Department of Health Professions recommended only the NBSTSA surgical technology credential after examining the NBSTSA and NCCT.***

The current law recognizes the Certified Surgical Technologist (CST) credential by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

The National Center for Competency Testing (TS-C) seeks recognition for its surgical technology credential.

Note: All states that recognize the National Center for Competency Testing (NCCT) also require graduation from a CAAHEP- or ABHES-accredited surgical technology program or, for Oregon's hospital-based apprenticeship programs, for apprenticeship education to be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition; these requirements are written in law and rule.

Even if NCCT is not approved, the law provides many additional, new pathways to increase the workforce, such as apprenticeships, hospital programs, and grandfathering.

Both credentials are NCCA-accredited. NCCA accredits *hundreds* of credentials based on psychometrics. NCCA, as an organization, is not an expert in hundreds of fields. A psychometrically sound exam ensures questions are reliable and valid. NCCA does ***not*** validate education or clinical experience.

The NBSTSA requires graduation from a CAAHEP- or ABHES- accredited program to test. Thus, clinical experience is verified by the program directors. Test answers are not publicly available. The NBSTSA is a non-profit 501(c)(6) accountable to a Board of Directors comprised of 90% surgical professionals and 10% members of the public. The CST Examination Review Committee is comprised of an M.D. and Certified Surgical Technologists. **The NBSTSA was founded with the support of the American College of Surgeons, the American Medical Association, and the American Hospital Association.** The NBSTSA certifies more than 88,000 CSTs and is recognized by the **American College of Surgeons, Association of Surgical Technologists, American Society of Anesthesiologists, American Association of Surgical Physician Assistants, and the American Association of Nurse Anesthesiologists.**

III. Determine how the Virginia Department of Health Professions approves hospital programs.

The Virginia Commonwealth Assembly of the Association of Surgical Technologists recommends that the Virginia Department of Health Professions requires hospital programs to use AST Core Curriculum 7th edition, *including a requirement for didactic education and a skills lab before entering the operating room.* Education with skills lab is an appropriate minimum standard for surgical technology and patient safety.

Hospital programs should have a strong didactic education foundation and skills lab component because education and skills lab are necessary for surgical technologists and all operating room professionals. Even new operating room registered nurses with bachelor's degrees who have already taken anatomy, physiology, and other sciences and have learned many clinical and patient care skills in clinicals receive didactic education and skills lab when they are new to the operating room. For example, Sutter Health has 6-month training programs for new R.N.s that include classroom didactic education, and the nurses don't train in the surgical technologist role (it's a lot less to learn). Thus, with a bachelor's degree that includes a very strong scientific foundation and in-person clinical rotations, R.N.s still get six months of training in the operating room before being independent.

Hospital programs should have a strong didactic education foundation and skills lab component because all states that set minimum standards for surgical technology require graduation from a CAAHEP- or ABHES-accredited surgical technology program or, for Oregon's hospital-based apprenticeship programs for apprenticeship education to be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition; these requirements are written in law and rule.

Hospital programs should have a solid didactic education foundation and skills lab component because history has proven that the appropriate level of education for surgical technologists is a college-based or technical-school-based education, skills lab, and clinical rotations to be prepared for the very high-tech, fast-paced, high-stakes, high-pressure, and diverse world that is the operating room. Accredited surgical technology educational programs appropriately reflect the time it takes to learn surgical technology, protect patients, protect themselves, and protect other staff members.

Hospital programs should have a strong didactic education foundation and skills lab component because, **according to the Bureau of Labor Statistics, the current number of working surgical technologists are at 2019 levels.** The same number of surgical technologists as 2019 is not a crisis worth compromising patient safety and hurting the morale of the current workforce.

Hospital programs should have a solid didactic education foundation and skills lab component because employers drove the structure of surgical technology education: education/skills lab/clinical because it's all needed to prepare surgical technologists for the operating room.

Hospital programs should have a strong didactic education foundation and skills lab component because surgical technologists have a life-saving role in the operating room. Surgical Technologists not only serve as the surgeon's co-pilot and provide instruments and supplies to the surgeon, but they prevent patient death and harm related to medication, surgical fires, instruments and implants, cancer specimens, infection, and bleeding. Surgical technologists are the surgical team member that maintains the sterile surgical field to ensure members of the surgical team adhere to sterile technique to prevent surgical site infections.

- **As essential surgical team members, surgical technologists must perform very effectively to prevent "never events," including medication errors, surgical implant errors, unintended retained surgical items, patient burns, and incorrect site surgery.**

- **Surgical technologists ensure the presence of instrumentation needed for surgery.** The surgical technologist sets up the room, not the surgeon. This requires a deep understanding of thousands of instruments in various specialties. Surgeons often enter the room after the patient is asleep. *Adverse events happen when surgical technologists don't have all the needed instrumentation in the room before surgery.* For example, some spine surgeries have two different approaches and require two completely different sets of instruments. Another example is a surgical technologist might only get the information that the case is an "EEA." Based on that information, they must know it's a neuro and an ENT case, what neuro trays to grab, and which ENT trays to ensure are available. There are preference cards, but they are often wrong and not specific to the actual case. New technologies like navigation and robots have also added complexity to case set-up, especially if the robotic case is only partially robotic.

- **Surgical technologist errors in medication safety can cause patient harm and death.** Three very prevalent medications in surgery are heparinized-saline, lidocaine, and epinephrine. Surgical patients have coded when the surgical technologist accidentally hands topical epinephrine to the surgeon for injection. Similarly, patients have coded when a surgical technologist mixes up heparinized saline with lidocaine. Didactic education and skills lab teach surgical medication and medication safety before students enter the operating room.

- **Surgical technologists prevent surgical fires.** One study demonstrated that a quarter of surgeons had witnessed a surgical fire. Surgery creates a high fire risk because supplemental oxygen is often present near ignition sources which are very common in surgery, such as electric cautery. Surgical technologists also play a critical role in preventing surgical fires because they manage electrocautery and lights. A recent study demonstrated that 78% of surgical fires were due to electrocautery (Day et al., 2018).

- **Surgical technologists prevent patient harm related to instruments and implants.** The surgical technologist manages instruments and implants that can harm patients during surgery. For example, in neurosurgery cases, the surgical technologist assembles drills that go into the patient's brain. The surgical technologist ensures all equipment is correctly assembled to prevent serious surgical errors. Surgeons don't check for correct drill assembly. Surgeons expect surgical technologists to get it right. The surgical technologist also prepares surgical implants like heart valves, artificial hips, knees, and spine implants. Patients have died, for example, when a surgical technologist has mixed the bone cement incorrectly for a knee replacement. It takes a team to make an error like this; it also takes a team to prevent one.

- **Surgical technologists prevent patient harm and death related to cancer specimens.** The surgical technologist's ability to manage cancer specimens quickly and accurately can be life or death to the patient, as a mix-up can lead to the wrong cancer treatment. This requires not only mechanical automaticity but also knowledge of medical terminology. Surgeons place cancer specimens on the surgical technologist's sterile table (the mayo) at a breakneck pace. Nurses are not in the sterile field and absolutely rely on surgical technologists to quickly and accurately track and label specimens. Each specialty has about a hundred different names of specimens. It is truly a nightmare when a surgical technologist gets befuddled during cancer specimen cases. The surgeon's visual focus is on the cancer itself, so looking away from the field and helping the surgical technologist compromises care. Also, at this point, the surgical technologist has often already confused specimens.

- **Surgical technologists prevent patient harm and death related to sterile technique.** Surgical technologists maintain the sterile surgical field to ensure surgical team members adhere to sterile technique. Sterile technique quickly becomes very complex, such as breast cancer cases with one healthy breast removed prophylactically, bowel cases, and combined ENT/brain surgeries in which a tumor crosses a boundary. In its *Action Plan to Prevent Healthcare-Associated Infections*, the US Department of Health and Human Services cited that surgical site infections result in an estimated 13,088 deaths annually and cost hospitals approximately $25,546 per infection.

- **Surgical technologists prevent patient harm and death related to bleeding.** Automatic reflexes are built with practice during skills lab and clinicals. *The pace and skill of the surgical technologist are vital to patient outcomes during cases with rapid bleeding.*

- **Surgical technologists set the pace of surgery.** They serve as the surgeon's co-pilot and provide instruments and supplies to the surgeon during surgery, and they must constantly anticipate the surgeon's needs.

- **No one directly supervises the surgical technologist before or during surgery.** The surgeon is not in the room before surgery. Circulating nurses are busy seeing the patient before surgery. During surgery, the surgeons' eyes are on the surgical site. Circulating nurses do not have time to watch surgical technologists. They are busy helping get the patient under anesthesia, setting up surgical equipment, charting, tracking countable items, and preparing for the next case.

- **Surgeons are not near the sterile field or patient during robotic surgery.** During robotic surgery, the surgeon is in the robotic console and has no line of sight to the sterile field or patient.

- **Surgical technologists greatly impact healthcare costs.** Surgical technologists significantly affect healthcare facility costs. For example, the Hospital-Acquired Condition Reduction Program incentivizes hospitals to reduce hospital-acquired conditions. If a hospital falls into the top 25% of hospital-acquired conditions for the previous year, then the hospital faces an additional 1% reduction in Medicare reimbursement payments. Many CMS hospital-acquired conditions are surgery related, such as surgical site infections and a foreign object retained after surgery. Surgical technologists also save or cost facilities money by preventing or causing long delays and not throwing away expensive equipment. A single mistake of accidentally throwing away equipment, such as robotic equipment, can cost more than a car. Many non-disposable surgical items look disposable to the untrained eye.

- **Hospital programs should have a strong didactic educational foundation and skills lab component because the American College of Surgeons (and many more) supports accredited hospital education for surgical technologists.** Hospital programs that align with AST Core Curriculum will help the program be on par with accredited programs and meet surgeon standards. Accreditation of surgical technology began in 1972. The American College of Surgeons, in their "Statement on Surgical Technology Training and Certification," states their support for accredited programs in hospitals. The American Society of Anesthesiologists, the American Association of Surgical Physician Assistants, and the American Association of Nurse Anesthesiologists approved this statement.

- **Hospital programs should have a solid didactic educational foundation and skills lab component because the current workforce is a more significant part of the workforce equation than newly-trained surgical technologists.** Core Curriculum standards will help retain the existing workforce and keep surgical technology education program doors open. This will have a much more significant impact on the number of surgical technologists working in the field than lower standard on-the-job training programs, which have an abysmal track record in Virginia and nationally.

- **Hospital programs should have a solid didactic education foundation and skills lab component because preserving existing education is more critical for the workforce than new pathways.** The intent of the law is all about increasing the workforce. Rules should aim to create equal education to ensure hospital programs do not undermine current Virginia surgical technology programs. Existing education has a 50-year track record in providing an appropriate education for surgical technologists.

  Hospitals have shut down thousands of on-the-job training programs over the past five decades because they realized surgical technologists need school-based education.

  A key concern is what happens to Virginia's eight community colleges- all CAAHEP and ABHES accredited- if lower standards are set for hospital programs. The Commonwealth of Virginia has invested in Virginia surgical technology programs and many skills labs.

  Due to demographic shifts, programs are already seeing lower enrollment. A survey of Virginia Community College surgical technology programs revealed programs are 1/3 full and ½ full even

before the passage of this law. Full classrooms mean program sustainability. ***What if unequal pathways in Virginia prevent these programs from reaching a critical mass of enrollment and shutting down? Then Virginia is left with on-the-job training, programs that we know have failed in the past.***

- **Hospital programs should have a strong didactic educational foundation and skills lab component because requiring education in alignment with AST's Core Curriculum 7th edition allows the department flexibility like Oregon.** In Oregon, the requirement for apprenticeships to align with AST's Core Curriculum gave regulators time and flexibility to set forth more details about hospital education requirements in the future and change them as needed.

- **Hospital programs should have a strong didactic education foundation and skills lab because hospital programs with AST's Core Curriculum would align with the training in the current workforce.** Surgical technologists entering the workforce in the last few decades are graduates of accredited programs. *The federal Bureau of* Labor Statistics *estimates 1,850 surgical technologists work in Virginia. The number of graduates of accredited surgical technology education programs who live in Virginia is about 1,828.* Virginia's surgical technologist workforce is primarily comprised of people who have met the standard of graduating from a CAAHEP- or ABHES-accredited educational program. On-the-job trained surgical technologists are rare. On-the-job trained surgical technologists have usually been surgical technologists for decades.

- **Hospital programs should have a solid didactic education foundation and skills lab because Core Curriculum standards for hospital-based programs will help retain the current workforce.** ***Many surgical technologists being asked to train others on-the-job are leaving that hospital because it's too stressful*** to train completely green trainees with zero foundation in anatomy, physiology, sterile technique, instrumentation, and about thirty other topics before entering the operating room. Certified Surgical Technologists are appalled and terrified that trainees have not had a chance to practice hands-on skills before having a patient present. Trainees entering operating rooms need a solid educational foundation before setting foot in operating rooms. ***The teaching burden mustn't be placed on current Certified Surgical Technologists in rooms with actual patients and real surgeons expected to work very quickly. It is not at all possible to teach everything during real surgeries!*** There isn't time during an actual surgery to lay the foundation for new trainees. ***Being placed in an operating room with an ill-prepared trainee is unsafe, incredibly stressful, and unsustainable.***

  These new pathways may create a few new surgical technologists per year. Meanwhile, 1,800+ surgical technologists need to be retained. Retention is a real problem at hospitals.

  Minimum standards for hospital training programs that require hospitals to lay a foundation for trainees will help with workforce retention.

- **Core Curriculum standards would help weed out illegitimate online programs (and support high-quality programs).** Many illegitimate online programs with inadequate curricula, often not even written by people in the field, claim to teach surgical technology. These fly-by-night programs are selling themselves to hospitals to pair with on-the-job training. A Core Curriculum minimum standard will allow for such programs if they have a decent minimum quality.

Summary - Support Hospital Programs and Core Curriculum with Didactic Education and Skills Lab
All states that set minimum standards for surgical technologists require graduation from a CAAHEP- or ABHES-accredited surgical technology program or, for Oregon's hospital-based apprenticeship programs, for education to be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition; requirements written in law and rule. Workforce levels at 2019 levels is not a crisis worth lowering standards too far. Equal curriculum standards for hospital programs would aim not to undermine the professionals working in the field, not undermine Virginia's community colleges, and allow flexibility for regulators. While Virginia surgical technologist recognizes workforce is an issue in many industries right now, retention of the current workforce and keeping surgical technology education program doors open will have a much more significant impact on the number of surgical technologists working in the field and lowering the bar too far for on-the-job training programs will have an overall adverse effect on the workforce.

References

1. Day, A., Rivera, E., Farlow, J. Gourin, C, & Nussenbaum, B. (2018). Surgical fires in otolaryngology: A systematic and narrative review. *Otolaryngology-Head and Neck Surgery, 158*(4), 598–616. https://pubmed.ncbi.nlm.nih.gov/29359618/

CSPS COUNCIL ON SURGICAL & PERIOPERATIVE SAFETY

MISSION: THE CSPS PROMOTES EXCELLENCE IN PATIENT SAFETY IN THE SURGICAL AND PERIOPERATIVE ENVIRONMENT

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CSPS Surgical Team Member Role Partner Organizations and Credentials

The Council on Surgical and Perioperative Safety recognizes below the various perioperative surgical team members and their credentials for an optimal safe surgery team. All team members are educated in accredited programs, appropriately credentialed by state license, national certification, and/or board certification. In addition, the safe surgery team members participate in continuing education to help ensure the highest possible level of patient safety.

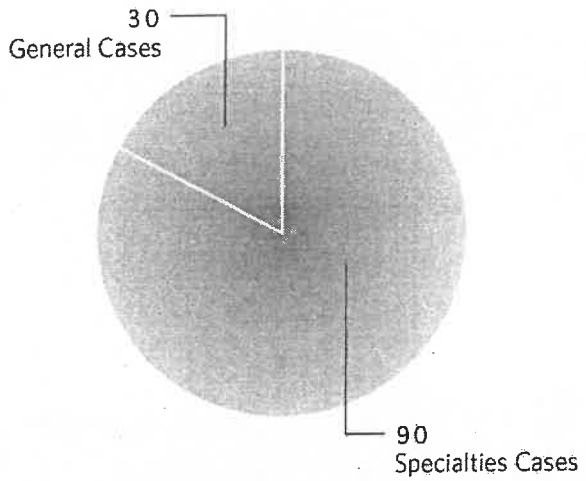
Surgical Team Member Role	Organization	Credential
Surgeon	ACS	(Fellow ACS) Board Certification (ABMS)
Operating Room Nurse	AORN	Certified Nurse Operating Room (CNOR)
Anesthesiologist	ASA	Board Certification (ABMS)
Nurse Anesthetist	AANA	Certified Registered Nurse Anesthetist (CRNA)
Physician Assistant	AASPA	Physician Assistant Certified (PA-C)
Surgical Technologist	AST	Certified Surgical Technologist (CST)
Peri-Anesthesia Nurse	ASPAN	Certified Post Anesthesia Nurse (CPAN), Certified Ambulatory Perianesthesia Nurse(CAPA)

Joe Charleman, CSPS Chair
July 10, 2019

The Council on Surgical & Perioperative Safety is a multidisciplinary coalition of professional organizations whose members are involved in the care of surgical patients.

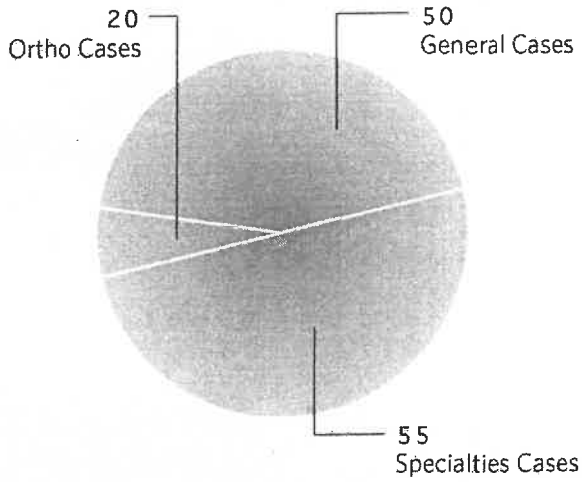
PRACTICAL SKILL REQUIREMENTS

CST (NBSTSA)



SURG SCRUBS TOTALS: 120

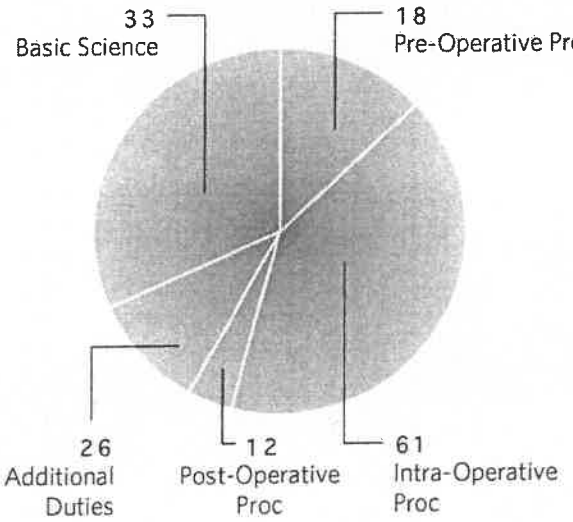
TS-C (NCCT)



SURG SCRUBS TOTALS: 125

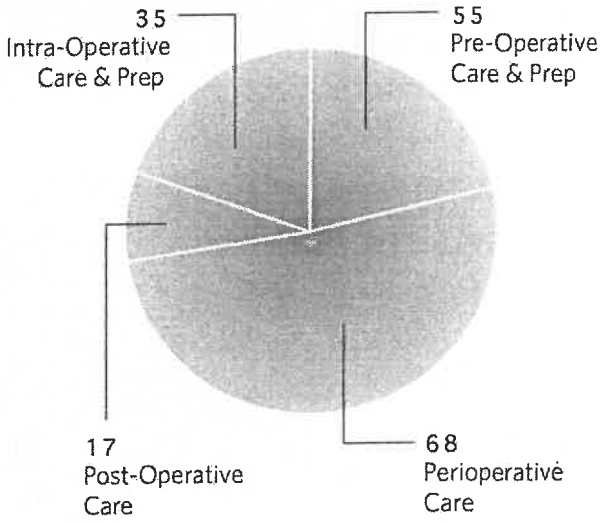
COGNITIVE SKILL ASSESSMENT

CST (NBSTSA)



TOTALS:
150 Scored Test Items (+25 Unscored Pretest Items)

TS-C (NCCT)



* ***Basic Science*** *- Incorporated into test items throughout.*

TOTALS:
175 Scored Test Items (+25 Unscored Pretest Items)

** Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022.*

Agenda Item: Report regarding implementation of the APRN Compact

Included in your agenda package is:

- Letter from the Chair of the Senate Committee on Education and Health directing the agency to report on statutory changes needed for implementation of the APRN Compact.

Action needed:

- None. Information provided verbally for awareness only.

SENATE OF VIRGINIA

L. LOUISE LUCAS
18TH SENATORIAL DISTRICT
ALL OF GREENSVILLE AND SUSSEX COUNTIES;
ALL OF THE CITY OF EMPORIA; PART OF
BRUNSWICK, ISLE OF WIGHT, SOUTHAMPTON,
AND SURRY COUNTIES; AND PART OF THE CITIES
OF CHESAPEAKE, FRANKLIN,
PORTSMOUTH, AND SUFFOLK
POST OFFICE BOX 700
PORTSMOUTH, VIRGINIA 23705-0700

COMMITTEE ASSIGNMENTS:
COMMERCE AND LABOR
COURTS OF JUSTICE
EDUCATION AND HEALTH
FINANCE

May 16, 2023

Arne Owens, Director
Virginia Department of Health Professions
9960 Mayland Dr # 300
Richmond, VA 23233

Dear Director Owens:

As Chair of the Senate Education Health Committee and pursuant to the Rules of the Senate, Rule 20 (o), I would like to direct the Department of Health Professions to review SB1105, which was passed by indefinitely during the 2023 Session of the General Assembly.

The purpose of this review is to consider whether this legislation should include a change in the composition of the Board of Nursing in order to adequately regulate Advanced Practice Registered Nurses in the Commonwealth, and to consider any other changes that may be necessary in order to consider participation in the Advanced Practice Registered Nurse Compact to facilitate multistate licensure.

With kind regards, I am

Very truly yours,

L. Louise Lucas

L. Louise Lucas
President Pro Tempore

Agenda Item: Report regarding associate physicians

Included in your agenda package are:

- Letter from the Chair of the Senate Committee on Education and Health directing the agency to report on SB1006 regarding licensure of associate physicians; and
- SB1006.

Action needed:

- None. Information provided verbally for awareness only.

SENATE OF VIRGINIA

L. LOUISE LUCAS
18TH SENATORIAL DISTRICT
ALL OF GREENSVILLE AND SUSSEX COUNTIES;
ALL OF THE CITY OF EMPORIA; PART OF
BRUNSWICK, ISLE OF WIGHT, SOUTHAMPTON,
AND SURRY COUNTIES; AND PART OF THE CITIES
OF CHESAPEAKE, FRANKLIN,
PORTSMOUTH, AND SUFFOLK
POST OFFICE BOX 700
PORTSMOUTH, VIRGINIA 23705-0700

COMMITTEE ASSIGNMENTS:
COMMERCE AND LABOR
COURTS OF JUSTICE
EDUCATION AND HEALTH
FINANCE

May 23, 2023

Arne Owens, Director
Virginia Department of Health Professions
9960 Mayland Dr # 300
Richmond, VA 23233

Dear Director Owens:

As Chair of the Senate Education Health Committee and pursuant to the Rules of the Senate, Rule 20 (o), I would like to direct the Department of Health Professions to review SB1006, which was passed by indefinitely during the 2023 Session of the General Assembly.

With kind regards, I am

Very truly yours,

L. Louise Lucas

L. Louise Lucas
President Pro Tempore

2023 SESSION

INTRODUCED

23100039D

SENATE BILL NO. 1006

Offered January 11, 2023

Prefiled January 6, 2023

A BILL to amend the Code of Virginia by adding in Chapter 29 of Title 54.1 an article numbered 3.1, consisting of sections numbered 54.1-2941.1, 54.1-2941.2, and 54.1-2941.3, relating to licensure and practice of associate physicians.

Patron—DeSteph

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 29 of Title 54.1 an article numbered 3.1, consisting of sections numbered 54.1-2941.1, 54.1-2941.2, and 54.1-2941.3, as follows:

Article 3.1.

Licensure of Associate Physicians.

§ 54.1-2941.1. Licensure of associate physicians; requirements for licensure.

A. It shall be unlawful for any person to practice or hold himself out as practicing as an associate physician unless he holds a license as such issued by the Board.

B. The Board may issue a license to practice as an associate physician to any applicant for licensure who has provided evidence satisfactory to the Board that he:

1. Is 18 years of age or older;

2. Is of good moral character;

3. Has successfully graduated from an accredited medical school;

4. Has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination within the two-year period immediately preceding application for licensure, but in no event more than three years after completion of a course of study described in subdivision 3, or has successfully completed Step 1, Step 2, and Step 3 of the United States Medical Licensing Examination, regardless of the date of completion of each step; and

5. Has not completed a postgraduate internship or residency training program approved by an accrediting agency recognized by the Board.

§ 54.1-2941.2. Practice of associate physicians; practice agreements.

A. An associate physician shall only practice under the supervision of a physician licensed by the Board and in accordance with a written practice agreement entered into between the associate physician and the supervising physician. Such written practice agreement shall include (i) a description of the associate physician's scope of practice, including a description of the medical tasks delegated to the associate physician; (ii) a description of the associate physician's relationship with and access to the supervising physician, including provisions for ongoing consultation and collaboration between the associate physician and the supervising physician; (iii) provisions for the evaluation of services delivered by the associate physician, including provisions for the periodic review of patient charts or electronic health records by the supervising physician; and (iv) a description of the process by which the associate physician's performance shall be evaluated by the supervising physician. Delegation of medical tasks to the associate physician shall be consistent with the associate physician's level of competence and with sound medical practice and the protection of the health and safety of the patient and may include educational, diagnostic, therapeutic, preventive, or treatment activities. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2941.3.

B. Prior to initiating practice pursuant to a written practice agreement, the associate physician shall notify the Board and shall:

1. Provide the name, address, and telephone number of every physician who will supervise the associate physician in the relevant practice setting; and

2. Provide a copy of the practice agreement entered into pursuant to subsection A.

C. An associate physician practicing pursuant to a practice agreement shall notify the Board within 30 days of any change to the practice agreement and shall provide a copy of the revised practice agreement to the Board together with such notice.

D. A physician licensed pursuant to Article 3 (§ 54.1-2929 et seq.) may apply to the Board to supervise one or more associate physicians and may delegate certain acts that constitute the practice of medicine to such associate physicians to the extent and in the manner authorized by the Board. The licensed physician shall provide continuous supervision as required by this section; however, the

requirement of physical supervision of associate physicians shall not be construed as requiring the physical presence of the supervising physician during all times and in all places of service delivery by associate physicians. No licensed physician shall supervise more than six associate physicians at any one time.

E. The Board shall adopt regulations for the practice of associate physicians, including regulations for (i) the types of medical tasks that may be delegated to an associate physician; (ii) requirements for review of services provided pursuant to practice agreements, including delegated authority to prescribe controlled substances; and (iii) requirements for supervision of associate physicians by licensed physicians.

§ 54.1-2941.3. Prescription of certain controlled substances and devices by associate physicians.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), an associate physician shall have the authority to prescribe Schedules II through VI controlled substances and devices set forth in Chapter 34 (§ 54.1-3400 et seq.). An associate physician shall have such prescriptive authority upon the provision to the Board of such evidence as it may require that the associate physician has entered into and is, at the time of writing a prescription, a party to a written practice agreement with a licensed physician that provides for the direction and supervision by such licensed physician of the prescriptive practices of the associate physician. Such written agreements shall include the controlled substances the associate physician is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the supervising physician providing direction and supervision.

B. It shall be unlawful for an associate physician to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written practice agreement between the supervising physician and the associate physician.

C. The Board, in consultation with the Board of Pharmacy, shall adopt such regulations governing the prescriptive authority of associate physicians as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

Such regulations shall include (i) such requirements as may be necessary to ensure continued associate physician competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients; (ii) requirements for periodic site visits by supervising physicians who supervise and direct associate physicians who provide services at a location other than where the supervising physician regularly practices; and (iii) a requirement that the associate physician disclose to his patients that he is an associate physician and the name, address, and telephone number of the supervising physician.

D. This section shall not prohibit an associate physician from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

2. That the Board of Medicine (the Board) shall promulgate regulations to implement the provisions of this act to be effective no later than October 1, 2023. The Board's initial adoption of regulations necessary to implement the provisions of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board shall provide an opportunity for public comment on the regulations prior to adoption.

Agenda Item: Acceptance of Past Advisory Board Minutes

Staff Note: Board staff has identified a number of advisory board minutes that are officially still in draft form because they were not voted on by the body whose actions they chronicle. This happened for various reasons. A quorum is required to approve the minutes of previous meetings, and oftentimes there would not be a quorum for the next couple of meetings. Then they would get lost in the shuffle and not be presented several meetings later. Also, COVID also had a similar impact with virtual meetings and follow-up issues. The good news is that probably all of the minutes that are in the agenda packet today were presented to the full Board at its meetings, and all were accepted. Just to be sure, Board staff would like to have the Board accept all of these minutes en bloc. Although this falls short of approval by the entity that generated the minutes, it will signify acceptance/approval by the overarching body.

Action: To accept all the minutes identified in the packet as still in draft form.

---DRAFT UNAPPROVED---

ADVISORY BOARD ON ACUPUNCTURE
Minutes
May 24, 2019

The Advisory Board on Acupuncture met on Wednesday, May 24, 2019 at the Department of Health Professions at 9960 Mayland Drive, Henrico, VA 23233.

MEMBERS PRESENT: Janet L. Borges, L. Ac., Vice-Chair
Sharon Crowell, L.Ac.
R. Keith Bell, L.Ac
Beth L. Rodgers

MEMBERS ABSENT: Chheany W.C. Ung, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Colanthia Opher Morton, Deputy Director, Administration
Barbara Allison-Bryan, MD
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT:

CALL TO ORDER

Janet L. Borges called the meeting to order at 10:03 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the Emergency Egress Procedures.

ROLL CALL - The roll was called; quorum declared.

APPROVAL OF THE MINUTES FROM October 3, 2018.

Sharon Crowell moved to approve the minutes. Janet Borges seconded.

ADOPTION OF AGENDA

Keith Bell moved to adopt the agenda. Beth Rodgers seconded the motion.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

---DRAFT UNAPPROVED---

NEW BUSINESS

1. Report of the 2019 General Assembly – Dr. Barbara Allison-Bryan

   Dr. Allison-Bryan reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Dr. Allison-Bryan also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Regulations Governing the practice of Licensed Acupuncturists

   - Janet revisited the language regarding vitamin supplements in the regulations.
   - Jennifer Deschenes will provide an update regarding the vote to regulatory changes regarding vitamin supplements.
   - Janet inquired whether there are any proposals to add Acupuncture to medical services like DMAS.

ANNOUNCMENTS

The Board licensed 19 acupuncturists since January 2019 to present.

NEXT SCHEDULED MEETING:

October 4, 2019 at 10:00 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:25 a.m.

Janet L. Borges, L.Ac., Chair

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

Beulah Baptist Archer, Licensing Specialist

<< DRAFT UNAPPROVED >>

ADVISORY BOARD ON ACUPUNCTURE
Minutes
October 7, 2020
Electronic Meeting

The Advisory Board on Acupuncture held a virtual meeting on Wednesday, October 7, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Janet Borges, L.Ac., Chair
Sharon Crowell, L.Ac.,Vice-Chair
R. Keith Bell, L.Ac.

MEMBERS ABSENT: Chheany W.C. Ung, MD
Beth Rodgers

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensing
Colanthia Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Janet Borges, L.Ac. called the meeting to order at 10:02 am.

EMERGENCY EGRESS PROCEDURES

Janet Borges announced the emergency egress instructions.

ROLL CALL

Roll was called, and a quorum was declared.

APPROVAL OF MINUTES OF MAY 24, 2019

Sharon Crowell moved to approve the minutes from the May 24, 2019 meeting. Janet Borges seconded. By roll call vote, the minutes were approved as presented.

ADOPTION OF AGENDA

R. Keith Bell moved to adopt the agenda. Sharon Crowell seconded. The agenda was adopted by a roll call vote.

<< DRAFT UNAPPROVED >>

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. Regulatory Update and Report from the 2020 General Assembly

   Elaine Yeatts provided a regulatory update and report of the actions of the 2020 General Assembly. She discussed bills that were of interest to members.

2. Approval of 2021 Meeting Calendar

   Sharon Crowell motioned to approve the meeting calendar for 2021. R. Keith Bell seconded. By roll call vote, the 2021 meeting calendar was approved.

3. Election of Officers

Sharon Crowell moved that Janet Borges remain Chair of the Advisory Board. R. Keith Bell seconded. Janet Borges nominated Sharon Crowell to continue as Vice-Chair. R. Keith Bell seconded. By roll call vote, Janet Borges was elected to continue as Chair, and Sharon Crowell was elected to continue as Vice-Chair.

ANNOUNCEMENTS

The Board has 582 licensed acupuncturists. From May 2019 to the present, 66 licenses have been issued. 436 are current active with 135 of those being out-of-state.

NEXT SCHEDULED MEETING:

January 27, 2021 at 10:00 a.m.

ADJOURNMENT

Janet Borges adjourned the meeting at 10:36 am.

Janet L. Borges, L. Ac., Chair

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

Beulah Baptist Archer, Licensing Specialist

<< DRAFT >>

ADVISORY BOARD ON ACUPUNCTURE
Minutes
October 6, 2021

The Advisory Board on Acupuncture met on Wednesday, October 6, 2021, at 10:00 a.m. at the Department of Health Professions at 9960 Mayland Drive, Henrico, VA 23233.

MEMBERS PRESENT: Janet Borges, LAc, Chair
R. Keith Bell, LAc
Luke Robinson, DO

MEMBERS ABSENT: Sharon Crowell, LAc, Vice-Chair
Beth Rodgers, Citizen

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Executive Director, Licensure
Colanthia Opher, Deputy Executive Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Janet Borges, Chair, called the meeting to order at 10:12 am.

Emergency Egresss Procedures

Dr. Harp announced the Emergency Egress Procedures.

Roll Call

The roll was called; a quorum was declared.

Approval of Minutes

Keith Bell moved to approve the minutes from the January 27, 2021 meeting. Dr. Robinson seconded. The minutes were approved as presented.

Adoption of Agenda

Keith Bell moved to adopt the agenda. Dr. Robinson seconded. The agenda was adopted as presented.

Public Comment

No public comment.

New Business

1. 2021 Legislative Update and 2022 Proposals

   Ms. Yeatts and Dr. Harp provided an update on legislative actions from the 2021 General Assembly that were of interest to members, including 2022 legislative proposals. She reported that currently, nine pieces of DHP legislation are proposed, including one that would allow the boards in the Department of Health Professions to hold electronic meetings.

2. Certifying Organizations Name Changes

   Mrs. Yeatts presented proposed changes in the names of certifying organizations for Acupuncture in the Board's regulations. The Advisory Board members were in agreement that the proposed changes would reflect a more accurate representation of the profession than the current names. Ms. Yeatts advised that for the changes to move forward, the process is that the Advisory Board recommends amendments to regulations to the full Board of Medicine for approval. Once the full Board approves the language change, the proposed amendments will be posted for public comment prior to other steps in the regulatory process.

   After discussion, Keith Bell moved to recommend a fast-track action for the changes to the names of the certifying bodies in the regulations. The motion was seconded by Dr. Robinson and carried.

3. Review of Licensure Requirements

   Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend which documents required in the licensing process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8th.

Members reviewed current licensure requirements for licensed acupuncturists and were in agreement that there should be a digital opportunity for submission of required documents in the licensing process. Members also agreed that the application process could be simplified for applicants while still protecting the public.

After discussion, and upon a motion by Ms. Borges, seconded by Dr. Robinson, the Advisory Board voted to recommend that a license applicant should submit primary source verification of the following documents: professional education /school transcripts, National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), Test of English as a Foreign Language (TOEFL) result and United States evaluation of international professional education for an internationally-trained applicant, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

4. Approval of 2022 Meeting Calendar

Keith Bell moved to accept the proposed meeting dates for the Advisory Board on the 2022 calendar. Dr. Robinson seconded, and the motion carried.

5. Election of Officers

Keith Bell nominated Janet Borges as Chair. Dr. Robinson seconded. The motion carried. Janet Borges remains Chair of the Acupuncture Advisory Board.

Janet Borges nominated Keith Bell as Vice-Chair. Dr. Robinson seconded. The motion carried. Keith Bell is Vice-Chair of the Acupuncture Advisory Board.

Announcements

Beulah Archer provided the acupuncture licensing report. The Board has 429 current active licensees with 127 out-of-state. There are 5 currently inactive acupuncturists.

Next Scheduled Meeting:

February 2, 2022, at 10:00 a.m.

Adjournment

With no other business to conduct, Janet Borges adjourned the meeting at 11:44 am.

Janet L. Borges, L. Ac., Chair

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

Beulah Baptist Archer, Licensing Specialist

<< DRAFT >>

ADVISORY BOARD ON ACUPUNCTURE
Minutes
September 21, 2022

The Advisory Board on Acupuncture met on Wednesday, September 21, 2022 at 10:00 a.m. at the Department of Health Professions at 9960 Mayland Drive, Henrico, VA 23233.

MEMBERS PRESENT: Janet L. Borges, LAc - Chair

MEMBERS ABSENT: R. Keith Bell, LAc - Vice-Chair
Luke Robinson, DO
Sharon Crowell, LAc
Beth Rodgers - Citizen Member

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LL.M - Deputy Director for Licensure
Colanthia Opher – Deputy Director for Administration
Erin Barrett, JD - DHP Senior Policy Analyst
Beulah Baptist Archer - Licensing Specialist

GUESTS PRESENT: Floyd Herdrich, LAc
Sean Orr, LAc

CALL TO ORDER

Janet L. Borges called the meeting to order at 10:06 am.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress procedures.

ROLL CALL

The roll was called; no quorum was declared.

APPROVAL OF THE MINUTES

The October 6, 2021 minutes were not approved as a quorum was not present.

ADOPTION OF AGENDA

The meeting agenda was not adopted for lack of a quorum.

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. Periodic Review of Regulations Governing the Practice of Licensed Acupuncturists

   Mrs. Barrett discussed the mandatory four-year review of Chapter 18 VAC 85-110 to determine whether this regulation should be repealed, amended or retained in its current form, without impacting public safety. The review of the regulations will be guided by the principles in Executive Order 14 as amended July 16, 2018.

   She presented her recommendations to amend or delete current provisions in 18VAC85-110-20, 18VAC85-110- 145, 18VAC85-110-161, 18VAC85-110-176, 18VAC85-110-177, 18VAC85- 110-179, and 18VAC85-110-181. Some of these provisions are in the law, and it is unnecessary to repeat them in regulation. Janet Borges suggested amended language in 18VAC85-110-80 to state as follows:

   1. Passing the NCCAOM examination, resulting in current, active certification by the NCCAOM at the time the application is filed with the Board;
   2. Delete language "Passing the Point Location Examination" since this is already part of the required NCCAOM certification examination.

   Ms. Barrett will present the revisions discussed for amending Chapter 110 to the Board of Medicine with a recommendation for adoption.

2. Review of Bylaws for Advisory Boards

   Erin Barrett presented the uniform Bylaws for all Advisory Boards that the full Board approved at its June meeting. Since the Bylaws are slated to become effective on September 29, 2022, this was for information only.

3. Approval of the 2023 Meeting Calendar

   The 2023 meeting calendar was not approved as a quorum was not present.

4. Election of Officers

   There was no quorum to elect officers.

ANNOUNCMENTS

Licensing Statistics

Beulah Archer provided the acupuncture licensing report. The Board has 449 current active licensees with 135 out of state current active licensees. There are 5 current inactive licenses.

Next Scheduled Meeting

The next scheduled meeting is February 8, 2023, at 10:00 a.m.

ADJOURNMENT

Janet L. Borges adjourned the meeting at 11:05 a.m.

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

DRAFT UNAPPROVED

ADVISORY BOARD ON ATHLETIC TRAINING
MINUTES

February 1, 2018

The Advisory Board on Athletic Training met on Thursday, February 1, 2018, at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Sara Whiteside, AT, Chair Michael Puglia, AT Jeffrey Roberts, MD
MEMBER ABSENT:	Deborah Corbatto, AT, Vice-Chair Trilizsa Trent, Citizen Member
STAFF PRESENT:	Alan Heaberlin, Deputy Director for Licensure Colanthia Morton Opher, Operations Manager Denise Mason, Licensing Specialist
GUESTS PRESENT:	Scott Powers, VATA Janet L. Borges, L.Ac. Tanner Howell, VUU Chris Jones, VATA

CALL TO ORDER

Sara Whiteside called the meeting to order at 10:04 a.m.

EMERGENCY EGRESS PROCEDURES

Alan Heaberlin announced the Emergency Egress Instructions.

ROLL CALL

Denise Mason called the roll, and a quorum was declared.

APPROVAL OF MINUTES OF OCTOBER 5, 2017

Sara Whiteside moved to approve the minutes of October 5, 2017. The motion was seconded and carried.

DRAFT UNAPPROVED

ADOPTION OF AGENDA

Mike Puglia moved to amend the agenda to include discussion of US Senate bill, **S. 534**.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. Legislative Update

Alan Heaberlin provided a legislative update for the 2018 Session of the General Assembly. No action was required.

2. Discussion of Provisional Licensure and Temporary Authorization

Mike Puglia led a discussion regarding Provisional Licensure and Temporary Authorization. The Advisory Board discussed how each is obtained and the importance of educating employers. Employers that understand these two pathways could get athletic trainers working more quickly and also reduce the disciplinary actions for athletic trainers for unlicensed practice.

3. Dry Needling by Athletic Trainers

Sara Whiteside led the discussion regarding the states that allow athletic trainers to practice dry needling as well as what is needed for athletic trainers to practice dry needling in Virginia.

Alan Heaberlin informed the Advisory Board that in order for dry needling to be included in the athletic trainers' scope of practice, the General Assembly would need to add it through legislation. Mr. Heaberlin suggested that a professional organization that represents athletic trainers might find a patron in the General Assembly willing to introduce the legislation.

4. Discussion of US Senate Bill 534

Mike Puglia led a discussion regarding Senate Bill 534. The Advisory Board discussed how athletic trainers would implement the processes noted in the bill related to patient privacy and safety, as well as what entities this bill would directly affect.

ANNOUNCEMENTS

Alan Heaberlin informed the Advisory Board that there are currently 1,458 Athletic Trainers licensed with the Board of Medicine, 4 of which are inactive. During FY2018, 109 Athletic Trainers have been licensed.

Alan Heaberlin also informed the Advisory Board that changes in the application process have reduced the requirement to obtain five years of employment verifications to two years, made possible by adding the requirement to obtain the National Practitioner Data Bank Report (NPDB).

NEXT MEETING DATE

June 7, 2018 at 10 a.m.

ADJOURNMENT

The Advisory Board meeting adjourned at 11:17 p.m.

Sara Whiteside, AT, Chair

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

Denise Mason, Licensing Specialist

<< DRAFT >>

ADVISORY BOARD ON ATHLETIC TRAINING
Minutes
October 8, 2020
Electronic Meeting

The Advisory Board on Athletic Training held a virtual meeting on Thursday, October 8, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Mike Puglia, AT, Chair
Deborah Corbatto, AT, PhD, Vice-Chair
David Pawlowski, AT
Trilizsa Trent, Citizen Member

MEMBERS ABSENT: Jeffrey B. Roberts, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Colanthia Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Mike Puglia called the meeting to order at 10:01 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called, and a quorum was declared.

Approval of Minutes from February 6, 2020

Dr. Corbatto moved to approve the minutes with a minor edit to list her academic title beside her name. David Pawlowski seconded. By roll call vote, the minutes were approved as amended.

Adoption of Agenda

Dr. Corbatto moved to adopt the agenda. David Pawlowski seconded. By roll call vote, the agenda was adopted.

Public Comment on Agenda Items

None

NEW BUSINESS

1. **Regulatory Update and Report from the 2020 General Assembly**

   Mrs. Yeatts provided a regulatory update and report of the 2020 General Assembly. She discussed bills that were of interest to members, including House Bill 1683, which defines the practice of diagnostic medical sonography and provides that only a certified and registered sonographer may be qualified to perform diagnostic medical sonography. The bill did not pass in the 2020 General Assembly and was referred for study to the Board of Health Professions (BHP). Ms. Yeatts indicated that the BHP did not recommend licensure. However, since the BHP study is only advisory to the General Assembly, the bill may be introduced again in the 2021 Session.

   Mr. Puglia expressed concern that this bill, if passed, may affect the scope of practice of Athletic Trainers, and requested that this item be placed on the agenda for the next Advisory Board meeting to review the findings from the BHP study.

2. **Approval of 2021 Meeting Calendar**

   Dr. Corbatto moved to approve the 2021 proposed meeting dates on the calendar. David Pawlowski seconded the motion. By roll call vote, the schedule of meetings for the Advisory Board in 2021 was approved.

3. **Election of Officers**

   Dr. Corbatto nominated David Pawlowski as Chair. Mike Puglia seconded the nomination. Mike Puglia nominated Dr. Corbatto as Vice-Chair. Dr. Corbatto declined due to her term limit as Vice-Chair. She nominated Trilizsa Trent as Vice-Chair. Mike Puglia seconded the nomination. By roll call vote, David Pawlowski was elected Chair, and Trilizsa Trent was elected Vice-Chair.

Announcements

Beulah Archer gave the licensing report. The total number of AT's licensed by the Board is 1,739. There are 1,441 with current active licenses in Virginia and 4 out-of-state. In Virginia, 287 licensees are currently inactive, and 7 are inactive out-of-state. Since May 2019, 286 licenses have been issued.

Next Scheduled Meeting:

January 28, 2021 at 1:00 p.m.

Adjournment

With no other business to conduct, Mike Puglia adjourned the meeting at 10:40 a.m.

Michael J. Puglia, Chair
Director

William L. Harp, M.D., Executive

Beulah Baptist Archer, Licensing Specialist

<< DRAFT >>

ADVISORY BOARD ON ATHLETIC TRAINER
Minutes
September 22, 2022

The Advisory Board on Athletic Training met on Thursday, September 22, 2022 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: David Pawlowski, AT, Chair
Trilizsa Trent - Vice-Chair
William Powers, AT
Michael Goforth, AT [Joined Electronically]

MEMBERS ABSENT: Jeffrey Roberts, MD

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Director for Licensure
Colanthia Opher - Deputy Director for Administration
Delores Cousins - Licensure Specialist

GUESTS PRESENT: None

Call to Order

David Pawlowski, Chair called the meeting to order at 10:26 am. The delayed start was due to technological issues.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions. He welcomed new members and stated, for the record, that Michael Goforth had submitted a request to join the meeting electronically from Blacksburg, Virginia. Mr. Goforth cited his personal reason for the request as duties of his employment that he could not miss. His request was presented to the Chair, and Mr. Pawlowski approved participation by A-V setup.

Roll Call

Roll was called; quorum was declared.

Approval of Minutes

Scott Powers moved to adopt the minutes of the October 7, 2021 meeting. Trilizsa Trent seconded the motion. The motion passed.

Adoption of Agenda

Scott Powers moved to adopt the agenda. Trilizsa Trent seconded the motion. The motion passed.

Public Comment on Agenda Items

None

New Business

1. Periodic Review of Regulations Governing the Practice of Athletic Trainers

   Erin Barrett discussed the mandatory four-year review of Chapter 18VAC 85-120 to determine whether this regulation should be repealed, amended or retained in its current form, without impacting public safety. The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). There were two public comments received during the comment period. The first comment suggested that NATABOC be deleted from Chapter 120 and replaced with BOC. This would require a change to language in the Code of Virginia. The second comment suggested a change to the use of the term, "Student Athletic Trainer" to "Athletic Training Student". This would require an additional review before a global change can be made to the Chapter as a recommendation to the full Board.

   Ms. Barrett then presented her recommendations to amend or delete current provisions in 18VAC85-120-10, 18VAC85-120-20, 18VAC85-120-35 (10), 18VAC85-120-40, 18VAC85-120-85 (4), 18VAC85-120-120, 18VAC85-120-130(B)(2), 18VAC85-120-140, 18VAC85-120-155, 18VAC85-120-156, and 18VAC85-120-157(C). Some of these provisions are in the law, therefore it is unnecessary to repeat them in regulation. Members discussed not to delete provisions in 18VAC85-120-157(C) and 18VAC85-120-155.

   Scott Powers moved that the Advisory Board retain and amend Chapter 120 with the changes discussed as a recommendation to the full Board. Trilizsa Trent seconded the motion. The motion passed.

2. Review of Bylaws for Advisory Boards

   Erin Barrett presented the uniform Bylaws for all Advisory Boards that the full Board approved at its June meeting. Since the Bylaws are slated to become effective on September 29, 2022, this was for information only.

3. Update from the BOC CARE Conference

   David Pawlowski presented an update from the BOC Care Conference which was attended by Daniel Carroll, President of the Virginia Athletic Trainers' Association. He thought some of the guidelines for athletic training regulatory language discussed during the conference might be useful to incorporate into Virginia's regulations in the future.

4. Discussion of Athletic Trainers Utilizing Emergency Inhalers

   David Pawlowski introduced the topic. In order to add this into the scope of practice for athletic trainers in Virginia, it will have to be done through legislation.

5. Discussion of Licensure Process, Temporary Authorization, Provisional License and Supervision

   Scott Powers discussed confusion in some quarters of the athletic training community about provisional licensure for athletic trainers. Once they have passed the BOC examination and are awaiting issuance of a full license, is the provisional license holder still operating under the "supervision and control" of an athletic trainer or can they engage in independent practice? It was suggested that the word, "*control*" be stricken from 18VAC85-120-80(A) and the sentence, "*if licensed or certified by another jurisdiction in the United States, documentation that his license or certificate is current and unrestricted*", be stricken from the regulation for temporary authorization to practice under 18VAC85-120-75.

   Scott Powers moved to approve that these changes be added as part of the recommendations to the full Board to amend or delete current provisions in Chapter 120. Trilizsa Trent seconded the motion. The motion carried.

6. Approval of 2023 Meeting Calendar

   Scott Powers moved to adopt the 2023 meeting calendar. Trilizsa Trent seconded the motion. The motion passed.

7. Election of Officers
   Scott Powers nominated David Pawlowski to remain as Chair. Trilizsa Trent seconded the motion. The motion passed. Scott Powers nominated Trilizsa Trent to remain as Vice-Chair. David Pawlowski seconded the motion. The motion passed.

Announcements:

<u>License Statistics</u>:

Delores Cousins provided the license statistics report. There are a total of 1,483 current active Virginia licenses with 5 current inactive. There are 309 current active out-of-state and 6 inactive out-of-state.

Next Scheduled Meeting:

The next scheduled meeting is February 9, 2023 at 10:00 am.

Adjournment

With no other business to conduct, the meeting adjourned at 11:34 am.

_____

William L. Harp, MD, Executive Director

---DRAFT UNAPPROVED---

ADVISORY BOARD ON BEHAVIOR ANALYSIS
Minutes
May 20, 2019

The Advisory Board on Behavior Analysis met on Monday, May 20, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Kate Lewis, MS, BCBA, LBA, Chair Amanda Kusterer, BCaBA Asha Patton Smith, MD Gary Fletcher, Citizen Member
MEMBERS ABSENT:	Christina Giuliano, BCBA
STAFF PRESENT:	Jennifer L. Deschenes, Deputy for Discipline Colanthia Morton Opher, Deputy for Administration Pamela Y. Smith, Licensing Specialist David Brown, DC, DHP Director
GUESTS PRESENT:	Christy Evanko, BCBA, VABA Kelsey Toney

CALL TO ORDER

Ms. Lewis called the meeting to order at 10:06 a.m.

EMERGENCY EGRESS PROCEDURES

Ms. Deschenes announced the emergency egress procedures.

ROLL CALL

Ms. Smith called the roll, and a quorum was declared.

APPROVAL OF THE MINUTES OF OCTOBER 1, 2018

Dr. Smith moved to approve the minutes from the October 1, 2018 meeting. The motion was seconded and carried

ADOPTION OF THE AGENDA

Mr. Fletcher moved to adopt the agenda. The motion was seconded and carried.

PUBLIC COMMENT

Ms. Evanko commented that there were discrepancies with the online information concerning BA's and ABA's. She said the information needs to be clarified, particularly the NPDB query. She also pointed out that the employment activity section of the application should be much clearer as to when the chronology of activities should begin. Ms. Evanko also spoke of finding a way for BA's and ABA's to continue working while waiting for their license. She said that there can be a gap of about 30 days that applicant BA's cannot work, which leaves patients without service. Dr. Brown suggested that a provisional license might be a solution to the issue.

NEW BUSINESS

1. **Report of the 2019 General Assembly**

Dr. Brown gave the Board of Medicine report from the 2019 General Assembly, emphasizing those bills of interest to the Advisory Board. He explained the bills about telemedicine.

2. **Follow-up on Initiative to Require Active BACB Certification for Renewal**

Ms. Deschenes provided comment about action not being taken by the Board of Medicine on this issue. Dr. Brown asked if there was problem to be solved, and how would requiring current certification fix it?

3. **Regulations Governing the Practice of Behavior Analysis** (for reference only)

Announcements

Pam Smith informed the Advisory Board that there are currently 1,190 Behavior Analysts and 171 Assistant Behavior Analysts licensed by the Board.

Next Scheduled Meeting

Mr. Opher pointed out that the next Advisory Board meeting will be scheduled for September 30, 2019.

Adjournment

The meeting was adjourned at 11:38 p.m.

Kate Lewis, MS, BCBA, LBA,
Chair

Jennifer Deschenes, JD
Deputy Executive Director, Discipline

Pamela Y. Smith, Licensing Specialist

ADVISORY BOARD ON BEHAVIOR ANALYSIS

Minutes

September 19, 2022

The Advisory Board on Behavior Analysis met on Monday, September 19, 2022, at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: Christina Giuliano, LBA
Mark Llobell, Citizen Member
Jerita Dubash, D.O.
Autumn Kaufman, LBA

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LL.M., Deputy Executive Director
Colanthia M. Opher, Deputy Executive Director
Erin Barrett, J.D., DHP Senior Policy Analyst
Pam Smith, Licensing Specialist [Joined at 10:26 am]

GUESTS PRESENT: Christy Evanko, VABA

CALL TO ORDER

Christina Giuliano called the meeting to order at 10:10 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress procedures.

ROLL CALL

Michael Sobowale called the roll. A quorum was established.

APPROVAL OF MINUTES OF MAY 23, 2022

Mark Llobell moved to approve the minutes from the May 23, 2022 meeting. Jerita Dubash seconded. Motion carried.

ADOPTION OF AGENDA

Autumn Kaufman moved to adopt the agenda. Jerita Dubash seconded. The agenda was adopted as presented.

PUBLIC COMMENT

None.

NEW BUSINESS

1. **Periodic Review of Regulations Governing the Practice of Behavior Analysis**

   Erin Barrett led the discussion. She presented her recommendations to delete current provisions in 18VAC85-150-20, 18VAC85-150-110 (1) (2), 18VAC85-150-150 E.3., 18VAC85-150-160 (A) (2), and 18VAC85-150-180. Most of these provisions are in the law, therefore it is unnecessary to repeat them in regulation. Christina Giuliano and Mark Llobell both stated that the regulatory provision in 18VAC85-150-160 (A) (2) should be retained for its clarification.

   Christina Giuliano moved that the Board recommend these changes as discussed to the full Board. Mark Llobell seconded. Motion passed.

2. **Review of Bylaws for Advisory Board**

   Erin Barrett presented the uniform Bylaws for all the Advisory Boards that were approved at the June full Board meeting for information only. The Bylaws are slated to become effective on September 29, 2022.

3. **Approval of 2023 Meeting Calendar**

   Mark Lobell moved to adopt the 2023 meeting calendar. Jerita Dubash seconded. Motion passed.

4. **Election of Officers**

   Autumn Kaufman nominated Christina Giuliano as Chair. Mark Lobell seconded. Motion passed. Mark Llobell nominated Autumn Kaufman as Vice-Chair. Christina Giuliano seconded. Motion passed.

ANNOUNCEMENTS

Michael Sobowale provided the license statistics report. There are currently a total of 247 licensed assistant behavior analysts of which 214 are current active in Virginia and 2 are current inactive. 31 are current active out of state. For licensed behavior analysts, there are a total of 2, 290 of which 1,548 are

current active in Virginia, 1 is current inactive, 738 are current active out of state and 3 are current inactive out of state.

NEXT MEETING DATE

February 6, 2023 @ 10:00 a.m.

ADJOURNMENT

There being no other business, Christina Giuliano adjourned the meeting 10:36 a.m.

_____

William L. Harp, MD, Executive Director

DRAFT UNAPPROVED

ADVISORY BOARD ON GENETIC COUNSELING
MINUTES

October 1, 2018

The Advisory Board on Genetic Counseling met on Monday, October 1, 2018, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	John Quillin, PhD, MPH, MS, Chair Matthew Thomas, ScM, CGC Heather Creswick, MS, CGC Marilyn Foust, MD Lori Swain, Citizen Member, Vice-Chair
MEMBER ABSENT:	None
STAFF PRESENT:	William L. Harp, MD, Executive Director, Elaine Yeatts, DHP Senior Policy Analyst Colanthia Morton Opher, Deputy for Administration Denise Mason, Licensing Specialist
GUESTS PRESENT:	Gail-Ann Samuel, Student

CALL TO ORDER

Dr. Quillin called the meeting to order at 1:08 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the Emergency Egress Instructions.

ROLL CALL

Denise Mason called the roll, and a quorum was declared.

DRAFT UNAPPROVED

APPROVAL OF MINUTES OF JUNE 4, 2018

Ms. Swain moved to approve the minutes of June 4, 2018. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Quillin moved to approve the amended agenda. The motion was seconded and carried.

PUBLIC COMMENT

None

NEW BUSINESS

1. Periodic Review of Regulations

Ms. Yeatts led the Advisory in a review of the current regulations. She also informed the Advisory of the amendment to the Code of Virginia §54.1-2957.19 that removes "An applicant shall not be eligible for temporary license renewal upon expiration of Active Candidate Status as defined by American Board of Genetic Counseling."

2. Board member badges

Dr. Harp told the Advisory Board that the Board of Medicine would no longer be issuing member badges. Board members will now be given a temporary badge that is to be returned at the end of each meeting.

3. Meeting Calendar

Mr. Opher brought to the attention of the Advisory that the next meeting was scheduled for January 21, 2019, which is a holiday. She apologized and asked the Advisory members if

they would be able to attend on of January 28, 2019 at 1:00 p.m. All members agreed to the change.

4. Election of Officers

Mr. Thomas nominated Dr. Quillin to serve as Chair of the Advisory Board. The nomination was seconded and carried. Mr. Thomas also nominated Ms. Swain to service as Vice-Chair of the Advisory Board. The moation was seconded and carried.

ANNOUNCEMENTS

Denise Mason announced that there are 188 Genetic Counselors holding licenses with the Virginia Board of Medicine; 100 of 188 the licensed Genetic Counselors are out of state. There have been 5 temporary licenses issued.

NEXT MEETING DATE

January 28, 2018 at 1:00 p.m.

ADJOURNMENT

The Advisory Board meeting was adjourned at 11:51 p.m.

_____
John Quillin, PhD, MPH, MS Chair

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

_____
Denise Mason, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON GENETIC COUNSELING
MINUTES

May 20, 2019

The Advisory Board on Genetic Counseling met on Monday, May 20, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	John Quillin, PhD, MPH, MS, Chair Matthew Thomas, ScM, CGC Heather Creswick, MS, CGC Marilyn Foust, MD
MEMBER ABSENT:	Lori Swain, Vice-Chair
STAFF PRESENT:	David E. Brown, DC, DHP Director Jennifer Deschenes, Deputy Director, Discipline Colanthia M. Opher, Deputy Director for Administration Denise Mason, Licensing Specialist
GUESTS PRESENT:	None

CALL TO ORDER

Dr. Quillin called the meeting to order at 1:04 p.m.

EMERGENCY EGRESS PROCEDURES

Jennifer Deschenes announced the emergency egress instructions.

ROLL CALL

Denise Mason called roll, and a quorum was declared.

DRAFT UNAPPROVED

APPROVAL OF MINUTES OF October 1, 2018

Ms. Deschenes noted a needed amendment to the announcements section of the October 1, 2018 minutes. She advised that striking "the" from second sentence would provide the correction.

Ms. Creswick moved to adopt the minutes of October 1, 2018 as amended. The motion was seconded and carried.

ADOPTION OF AGENDA

A motion was made to approve the agenda. It was seconded and carried.

PUBLIC COMMENT

None

NEW BUSINESS

1. **Report of the 2019 General Assembly**

   Dr. Brown reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Dr. Brown also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. **Issues with the Licensing Process/Applicants-Denise Mason**

   Discussion centered on genetic counselors experiencing a delay in licensure and therefore being unable to begin practicing. Licensing is interwoven with "active candidate status" with the American Board of Genetic Counseling (ABGC). Active candidate status is lost when a genetic counselor passes the ABGC exam. It may then take a couple of months for a certified genetic counselor to obtain a license. Ms. Mason said that the processing time of an application depends on the diligence of the applicant in submitting documentation to the Board.

3. **Regulations governing the practice of Genetic Counselor** *(for reference only)*

ANNOUNCEMENTS

DRAFT UNAPPROVED

Ms. Mason informed the Advisory Board that there are currently 242 Genetic Counselors holding licenses with the Virginia Board of Medicine; 146 of 242 of the licensed Genetic Counselors are out of state. There are currently eight (8) Temporary Genetic Counselors, all in the state of Virginia.

NEXT MEETING DATE

September 30, 2019 at 1p.m.

ADJOURNMENT

With no other business to conduct, the meeting was adjourned at 2:24 a.m.

John Quillin, PhD, MPH, MS Chair

Jennifer Deschenes, Deputy Director, Discipline

Denise Mason, Licensing Specialist

<< DRAFT UNAPPROVED >>

ADVISORY BOARD ON GENETIC COUNSELING

Electronic Meeting Minutes
October 5, 2020

The Advisory Board on Genetic Counseling held a virtual meeting on Monday, October 5, 2020 at 1:00 p.m. hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Lori Swain, Vice-Chair
Tahnee Causey, CGC
Marilyn Jerome-Foust, MD
Lydia Higgs, CGC
Martha Thomas, CGC

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM., Deputy Director, Licensure
Colanthia Morton Opher, Deputy Director, Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: John M. Quillin, PhD, MPH, CGC
Heather A. Creswick, MS, CGC
Matthew J. Thomas, ScM, CGC

CALL TO ORDER

Lori Swain, Vice-Chair, called the meeting to order at 1:17 pm.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Roll call established a quorum with all members present.

INTRODUCTION OF MEMBERS

Lori Swain asked the3 new members and 3 former members to introduce themselves. Ms. Swain and Dr. Harp both expressed gratitude to Dr. Quillin, Ms. Creswick, and Mr. Thomas whose terms on the Advisory Board have expired, yet joined the meeting as guests in support of the new members.

BRIEF BOARD OVERVIEW

Dr. Harp gave a brief presentation on the structure and function of advisory boards as well as the roles and responsibilities of the members.

APPROVAL OF THE MINUTES OF May 22, 2019

Dr. Foust moved to approve the minutes. The motion was seconded by Tahnee Causey. By roll call vote, the minutes were approved as presented.

ADOPTION OF AGENDA

Lydia Higgs requested an edit to the agenda to replace John Quillin's name with Lori Swain's name. Martha Thomas moved to adopt the agenda with the suggested revisions. Tahnee Causey seconded. By roll call vote, the amended agenda was adopted.

PUBLIC COMMENT ON AGENDA ITEMS

There was no public comment.

NEW BUSINESS

1. **Regulatory Update and Report of the 2020 General Assembly**

   Mrs. Yeatts provided a regulatory update and report of legislative actions from the 2020 General Assembly.

2. **Approval of 2021 Meeting Calendar**

   Tahnee Causey moved to approve the proposed meeting dates in 2021 for the Advisory Board. Dr. Foust seconded. By roll call vote, the schedule of meetings was approved.

3. **Election of Officers**

   Dr. Foust nominated Lori Swain as Chair. Lydia Higgs seconded. Tahnee Causey nominated herself as Vice-Chair. Lydia Higgs seconded. By roll call vote, the members unanimously approved the slate of officers.

Dr. Harp provided a point of clarification that an Advisory Board officer's term is one year. The Bylaws allow a second consecutive term.

ANNOUNCEMENTS

Michael Sobowale provided a licensing report. As of October 5, 2020, there are **386** actively licensed genetic counselors. 110 are in Virginia, and 266 are out-of-state. There are 7 temporary licensees in Virginia, and 3 temporary licensees out-of-state. Since May 2019, 138 licenses have been issued, 15 of which are temporary.

NEXT SCHEDULED MEETING:

January 24, 2021 at 1:00 p.m.

ADJOURNMENT

With no other business to discuss, Lori Swain adjourned the meeting at 2:24 p.m.

Lori Swain, Chair

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

Beulah Baptist Archer, Licensing Specialist

<< DRAFT >>

ADVISORY BOARD ON GENETIC COUNSELING
Minutes
September 19, 2022

The Advisory Board on Genetic Counseling met on Monday, September 19, 2022 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

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

MEMBERS ABSENT: Lori Swain, Citizen Member

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Director, Licensure
Erin Barrett, JD - DHP Senior Policy Analyst
Colanthia Opher - Deputy Director, Administration

GUESTS PRESENT: None

Call to Order

Tahnee Causey, Chair, called the meeting to order at 1:03 pm.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Roll was called; a quorum was declared.

Approval of Minutes

Lydia Higgs moved to adopt the minutes of the May 23, 2022 meeting. Martha Thomas seconded the motion. Motion passed.

Adoption of Agenda

Martha Thomas moved to adopt the agenda. Lydia Higgs seconded the motion. Motion passed.

Public Comment on Agenda Items

None

New Business

1. **Periodic Review of Regulations Governing the Practice of Genetic Counseling**

   Erin Barrett led the discussion. She presented her recommendations to delete current provisions in 18VAC85-170-10 B. - Definition of Conscience Clause, 18VAC85-170-20, 18VAC85-170-100 (D), 18VAC85-170-110, 18VAC85-170-140 (E) (3), 18VAC85-170-150A. (3)(a)(b)(c), 18VAC85-170-160 (A) (1), and 18VAC85-170-170. Most of these provisions are in the law, therefore it is unnecessary to repeat them in regulation. Members discussed retaining the language provision in 18VAC85-170-150 A. (2) and amending language in 18VAC85-170-150A. (3) to state, "*When a genetic or diagnostic test is recommended, documented informed consent shall be obtained from the patient in accordance with the policies of the health care entity and consistent with the standard of care. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner practicing genetic counseling in Virginia would tell a patient.*"

   Martha Thomas moved that the Advisory Board recommend these changes as discussed to the full Board. Lydia Higgs seconded. Motion passed.

2. **Review of Bylaws for Advisory Board**

   For information only, Erin Barrett presented the uniform Bylaws for all Advisory Boards that the full Board approved at its June meeting. The Bylaws are slated to become effective on September 29, 2022.

3. **Approval of 2023 Meeting Calendar**

   Lydia Higgs moved to adopt the 2023 meeting calendar. Martha Thomas seconded. Motion passed.

4. **Election of Officers**

   Tahnee Causey moved to nominate Lydia Higgs as Chair and Martha Thomas as Vice-Chair. Martha Thomas seconded the motion. Motion passed.

Announcements:

License statistics

Michael Sobowale provided the license statistics report. There is a total of 7 temporarily-licensed genetic counselors 6 of which are current active in Virginia with 1 current active out-of-state. For fully-licensed genetic counselors, there is a total of 543, 124 of which are current active in Virginia with 418 current active out-of-state. There is 1 current inactive out-of-state.

Next Scheduled Meeting

The next scheduled meeting is Monday, February 6, 2023 @ 1pm.

Adjournment

With no other business to conduct, the meeting adjourned at 1:48pm.

_____

William L. Harp, MD, Executive Director

---DRAFT UNAPPROVED---

ADVISORY BOARD ON MIDWIFERY
Minutes
May 24, 2019

The Advisory Board on Midwifery met on Friday, May 24, 2019 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
MEMBERS ABSENT:	Ami Keatts, M.D. Mayanne Zielinski, CPM
STAFF PRESENT:	William L. Harp, M.D. Executive Director Elaine Yeatts, DHP Senior Policy Analyst Colanthia M. Opher, Deputy Director, Administration Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	Rebecca Bowers-Lanier, Lobbyist

CALL TO ORDER

Kim Pekin called the meeting to order at 10:13 a.m.

EMERGENCY EGRESS PROCEDURES – Dr. Harp announced the Emergency Egress Procedures.

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

APPROVAL OF MEETING MINUTES

Ms. Opher read the proposed amendment submitted by Mayanne Zielinski to the September 21, 2018 meeting minutes.

Ms. Zielinski request that under Periodic Review – Changes to Guidance Document 85-26, 85-27, that the language be amended to say:

Newborn Screening Results #4 Guidance Document 85-27 – Ms. Zielinski discussed an avenue by which the instructions on what screenings should be offered is disseminated to CPMs.

Maya Hawthorne Gunderson moved to approve the February 2, 2018 and the amended September 21, 2018 minutes. The motion was seconded and carried.

ADOPTION OF THE AMENDED AGENDA

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

PUBLIC COMMENT ON AGENDA ITEMS

No public comment.

NEW BUSINESS

1. Legislative Update – Elaine Yeatts

   Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Ms. Yeatts also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Regulation Governing the Practice of Licensed Midwives *(for reference only)*

ANNOUNCEMENTS

Ms. Archer announced that the Board has licensed four (4) midwives since the beginning of the year.

NEXT MEETING DATE

October 4, 2019 at 10:00 a.m.

ADJOURNMENT

Ms. Gunderson moved to adjourn the meeting. The motion seconded and carried. The meeting adjourned at 11:10

_____
Kim Pekin, CPM
Chair

_____
William L. Harp, MD
Executive Director

_____
Beulah Baptist Archer
Licensing Specialist

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ADVISORY BOARD ON MIDWIFERY
Minutes
October 9, 2020
Electronic Meeting

The Advisory Board on Midwifery held a virtual meeting on Friday, October 9, 2020 hosted at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kim Pekin, CPM, Chair
Mayanne Zielinski, CPM
Rebecca Banks, CPM
Natasha Jones, MSC

MEMBERS ABSENT: Ami Keatts, MD

STAFF PRESENT: William L. Harp, MD Executive Director
Michael Sobowale, LLM, Deputy Director, Licensing
Colanthia Morton Opher, Deputy Director, Administration
Jennifer Deschenes, JD, Deputy Director, Discipline
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Rebecca Bowers-Lanier, Lobbyist
Tammi McKinley, CPM, President of Virginia Midwives Alliance
Nicole Lawter
Ben Traynham, JD, MSV

Call to Order

Kim Pekin called the meeting to order at 10:04 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Roll was called; a quorum was declared.

Approval of Minutes February 7, 2020

Mayanne Zielinski moved to approve the minutes of the February 7, 2020 meeting. Rebecca Banks seconded. By roll call vote, the minutes were approved as presented.

Kim Pekin requested an update on an item from the February 7, 2020 meeting to clarify procedures for reporting and getting death certificates signed in the unfortunate event of a stillbirth. It was suggested in February that an item on this topic be placed in the Board Briefs and emailed to Advisory Board members. Dr. Harp advised that the item will be included in the next Board Briefs that should go out the week of October 13th.

Adoption of the Agenda

Natasha Jones moved to adopt the agenda. The motion was seconded by Mayanne Zielinski. By roll call vote, the agenda was adopted as presented.

Public Comment on Agenda Items (15 Minutes)

Tammi McKinley spoke in support of legalizing medication use within the scope of practice of Midwifery. She also commended the Board of Medicine's commitment to the Advisory Board during the growth of the midwifery profession in Virginia.

NEW BUSINESS

1. Report of Regulatory Actions and 2020 General Assembly

   Dr. Harp provided a regulatory update and report of the 2020 General Assembly. He discussed bills that were of interest to members.

   In regards to HB42, Kim Pekin inquired about the creation of a guidance document for pre-natal and post-natal screening for depression. Dr. Harp related that the HB42 article in the next Board Briefs will have resources for licensees to help in the evaluation of depression. He suggested that the article be reviewed prior to deciding if a guidance document needs to be created.

   Ms. Pekin requested that discussion of a guidance document be placed on the agenda for the next meeting.

2. Review of High-Risk Pregnancy Disclosures Guidance Document

   After preliminary discussion, Ms. Pekin requested that this document be placed on the agenda in January 2021. She advised the members to be prepared to discuss any editorial

or substantive changes that may be in order. Dr. Harp reminded the Advisory Board that the guidance document was initially created by an Ad Hoc Committee of the Board of Medicine, and any substantive changes would need to be reviewed by a newly constituted Ad Hoc.

3. Approval of 2021 Meeting Calendar

Kim Pekin moved to approve the proposed 2021 meeting dates for the Advisory Board as presented, and for the Advisory Board to continue to hold virtual meetings beyond COVID-19. Mayanne Zielinski seconded the motion. By roll call vote, members voted to approve the 2021 schedule of meetings and to continue to hold virtual meetings if possible.

Dr. Harp remarked that the Director of the Department of Health Professions, Dr. David Brown, will be made aware of the Advisory Board's request to continue to hold virtual meetings.

4. Election of Officers

Rebecca Banks made a motion for Kim Pekin to continue as Chair. Mayanne Zielinski seconded. Kim Pekin nominated Rebecca Banks as Vice-Chair. Mayanne Zielinski seconded. By roll call vote, Kim Pekin was elected Chair, and Rebecca Banks was elected Vice-Chair.

Dr. Harp reminded the Advisory Board that a member continues in the seat until a successor is appointed. He thanked Ms. Zielinski for her willingness to continue to serve.

Announcements

Ms. Archer .provided the licensing report. The Board has a total of 97 licensed midwives, 70 of which are current active with Virginia addresses. There are 27 current active licensees with out-of-state addresses.

Next Meeting Date

Next scheduled meeting date: January 29, 2021, at 10:00 a.m.

Adjournment

With no other business to conduct, Kim Pekin adjourned the meeting at 11:16. a.m.

_____ _____

Kim Pekin, CPM, Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON MIDWIFERY
Minutes
May 28, 2021
Electronic Meeting

The Advisory Board on Midwifery held a virtual meeting on Friday, May 28, 2021 hosted at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Kim Pekin, CPM, Chair Rebecca Banks, CPM, Vice-Chair Erin Hammer, CPM Natasha Jones, MSC, Citizen
MEMBERS ABSENT:	Ami Keatts, M.D.
STAFF PRESENT:	William L. Harp, M.D., Executive Director Michael Sobowale, LL.M., Deputy Director Colanthia Morton Opher, Deputy Director Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	Ben Traynham, JD, MSV Idiko Baugus, CPM Jeni Rector, The Village Midwives Pamela Pilch, Esq., VFAM Karen Kelly, LCPM

Call to Order

Kim Pekin called the meeting to order at 10:05 a.m.

Emergency Egress Procedures

Dr. Harp announced the Emergency Egress Procedures.

Roll Call

The roll was called, a quorum was declared.

Approval of Minutes of January 29, 2021

Rebecca Banks moved to approve the minutes of the January 29, 2021 meeting. Erin Hammer seconded. By roll call vote, the minutes were approved as presented.

Adoption of the Agenda

Natasha Jones moved to adopt the agenda. The motion was seconded by Rebecca Banks. By roll call vote, the agenda was approved as presented.

Public Comment on Agenda Items (15 Minutes)

Pamela Pilch, from Virginia Families for Access to Midwifery (VFAM) asked the Advisory Board keep their organization abreast of regulatory Licensed Certified Midwives legislation.

Ben Traynham, Esq., provided a brief discussion of House Bill 1913, which advocates for and protects doctors seeking a safe haven for assistance when reporting effects of career fatigue.

New Business

1. Summary of Legislation from the 2021 General Assembly

Dr. Harp discussed bills of interest that were passed into law in the 2021 General Assembly with particular attention to the legislation providing for Virginia to join the Occupational Therapy Interstate Compact. He also specially highlighted HB1817 which establishes autonomous practice for certified nurse midwives with 1,000 practice hours.

2. Chart of regulatory and Policy Actions for Board of Medicine

Dr. Harp briefly reviewed the calendar dates of future policy and regulatory actions to be taken by the Board of Medicine subsequent to various bills from the 2021 General Assembly.

3. HB 1953 Licensed Certified Midwives

During a discussion of this legislation, Karen Kelly, LCPM, was called upon by the Chair to provide clarification on the education and American Midwifery Certification Board (AMCB) credentials for licensed certified midwives and certified nurse midwives. She explained that hospital experience is not required for licensed certified midwives.

4. Update from the Ad Hoc Committee on Guidance Document 85-10

Kim Pekin led the discussion. Mr. Sobowale informed the Advisory Board that the final changes approved by the Ad Hoc Committee have been completely incorporated into the

final revised document. Dr. Harp explained that a thirty (30) day public comment period takes place prior to posting of the final guidance document.

Announcements

Ms. Archer provided the licensing report. The Advisory Board has a total of 100 licensed midwives, 72 of which are currently in Virginia, and 27 current, active midwives have out-of-state addresses. There is 1 inactive out-of-state licensee.

Kim Pekin announced that her term on the Advisory Board will end in June 2021. Dr. Harp advised that she may continue to serve on the Advisory Board until a replacement is named.

Next Meeting Date

The next scheduled meeting date and time is October 8, 2021, at 10:00 a.m.

Adjournment

With no other business to conduct, Kim Pekin adjourned the meeting at 10:52 a.m.

Kim Pekin, CPM, Chair

William L. Harp, Executive Director

Beulah Baptist Archer, Licensing Specialist

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

ADVISORY BOARD ON MIDWIFERY
Minutes
September 21, 2018

The Advisory Board on Midwifery met on Friday, September 21, 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 Mayanne Zielinski, CPM
MEMBERS ABSENT:	Ami Keatts, M.D. Natasha Jones, MSC Maya Gunderson, CPM
STAFF PRESENT:	William L. Harp, M.D. Executive Director Colanthia Morton, Deputy for Administration Elaine Yeatts, DHP Senior Policy Analyst Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	None

CALL TO ORDER

Kim Pekin called the meeting to order at 10:05 a.m.

EMERGENCY EGRESS PROCEDURES – Dr. Harp announced the Emergency Egress Procedures.

ROLL CALL –Beulah Baptist Archer called the roll, and no quorum was declared.

APPROVAL OF MEETING MINUTES OF FEBRUARY 2, 2018

No quorum declared, so the minutes were not approved.

ADOPTION OF THE AMENDED AGENDA

No vote was taken.

PUBLIC COMMENT ON AGENDA ITEMS

No public comment

NEW BUSINESS

1. **NARM Announces End of Internationally Educated Midwife Route Legislative Update**

   Kim Pekin reported that the end of IEM will have no bearing on the Virginia licensure process, and that any midwife seeking licensure will have to obtain the proper CPM certification.

2. **Periodic Review of Regulations Elaine Yeatts reminded the Advisory Board that the regulatory review occurs every four years as mandated by the Governor's office.**

   Changes to page 9-*18VAC85-130-31 Current Name and Address are as follows:* Replace "mailed" with "sent" to include electronic mail.

   Recent change noted to*18VAC85-130-45* to allow a student midwife to request an extension up to 10 years.

   Changes to *18VAC85-130-81*, which is accompanied by a 68-page Guidance Document should be reviewed prior to 2019.

   Mayanne Zielinski *asked whether access to and ownership of client records are synonymous. Adult records are maintained for six years and records for children eighteen years.*

   Elaine Yeatts - Changes to Guidance Document 85-26, 85-27

   Newborn Screening Results #4 Guidance Document 85-27 – Ms. Zielinski discussed an avenue by which the results are disseminated to CPM's.

   Kim Pekin requested an update to the contact for the VDH and Early Hearing Detection and Intervention Hearing Program with Jennifer MacDonald, Public Health Nurse.

3. Board Member Badges

   Colanthia Morton advised the Advisory Board that new ID badges will include the new logo, however, they are not yet available. Current identification badges will suffice until the new badges are received.

4. Election of Officers –No quorum declared, so no vote.

ANNOUNCEMENTS

No announcements.

NEXT MEETING DATE

January 25, 2019, at 10:00 a.m.

ADJOURNMENT

Kim Pekin adjourned the meeting.

Kim Pekin, CPM, Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

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ADVISORY BOARD ON MIDWIFERY
Minutes
October 8, 2021

The Advisory Board on Midwifery met on Friday, October 8, 2021, at 10:00 a.m., at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia, 23233.

MEMBERS PRESENT: Rebecca Banks, CPM, Vice-Chair
Erin Hammer, CPM

MEMBERS ABSENT: Kim Pekin, CPM, Chair
Ami Keatts, M.D.
Natasha Jones, MSC, Citizen

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Executive Director, Licensure
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Opher, Deputy Executive Director, Administration
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Marinda Schindler, Virginia Midwives Alliance
Kelsey Wilkinson, Medical Society of Virginia

Call to Order

Rebecca Banks called the meeting to order at 10:10 a.m. and made brief remarks noting the lack of a quorum for the meeting.

Emergency Egress Procedures

Dr. Harp announced the Emergency Egress Procedures.

Roll Call

The roll was called; no quorum was declared. Dr. Harp noted that even though there was no quorum present for the meeting, the members could discuss the items on the agenda but not take action on any of them.

Approval of Minutes

No vote was held to approve the minutes of the May 28, 2021 meeting as there was no quorum. This item was tabled until the February 4, 2022 meeting.

Adoption of Agenda

There was no vote to adopt the agenda as a quorum was not established.

Public Comment

No public comment.

New Business

1. **2021 Legislative Update and 2022 Proposals**

   Dr. Harp provided an update on legislative actions from the 2021 General Assembly that held interest for members and briefly mentioned 2022 legislative proposals.

2. **Update on High-Risk Pregnancy Disclosures Guidance Document**

   Ms. Yeatts reported that revised Guidance Document 85-10 on high-risk pregnancy disclosures became effective on August 19, 2021. It was later posted on the Board of Medicine website on September 20, 2021.

3. **Licensed Certified Midwives**

   Ms. Yeatts discussed the legislation passed by the 2021 General Assembly for regulation of a new category of midwives, the Licensed Certified Midwife to be jointly regulated by the Board of Nursing and the Board of Medicine. She highlighted a provision in the legislation which required the Department of Health Professions (DHP) to convene a workgroup to discuss an appropriate regulatory framework for all three midwifery professions. The DHP report is due back to the Governor and the General Assembly by November 1, 2021.

4. **Report of Midwifery Regulatory Study Workgroup**

   Dr. Harp reported that the Midwifery Regulatory Structure Workgroup met on two occasions to discuss options for regulating the different midwifery professions under the Board of Nursing and Board of Medicine. He reported that there was no consensus reached on how these professions might be regulated by the two boards. The decision, for now, was to keep the status quo until other acceptable options could be decided upon.

5. **Review of Licensure Requirements**

Michael Sobowale said this topic was placed on the Advisory Board's agenda at the request of the Credentials Committee for the Advisory Board to review the licensing requirements and application questions to determine if they can be further streamlined. The Credentials Committee met on September 20, 2021 to review and recommend which documents required in the licensing process should be primary-source verified, which ones may be submitted as copies, and those that are no longer be needed in the licensing process. The Credentials Committee will be making recommendations on how the licensing process for all professions could be streamlined. The Committee asked that any recommendation made by the Advisory Board be reported at its next meeting on November 8th.

There was lack of a quorum at this meeting to vote on how the application process for certified professional midwives license applicants could be further streamlined. However, consensus reached by members present was as follows:

A license applicant should submit primary source verification of the following documents: Certification from the North American Registry of Midwives (NARM), National Practitioner Data Bank (NPDB) self-query report, and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification and a "Form A" Claims History Form.

6. **Approval of Meeting Calendar**

There was no vote on the proposed meeting dates for the Advisory Board on the 2022 calendar. This item was tabled to the next scheduled meeting on February 4, 2022.

7. **Election of Officers**

Announcements:

Ms. Archer provided the licensing report. There are 74 current active licensed midwives in Virginia, with 25 out-of-state. There is 1 inactive out-of-state midwife for a grand total of 100 licensed midwives.

Next Meeting Date:

February 4, 2022, at 10:00 a.m.

Adjournment

Rebecca Banks adjourned the meeting at 11:49 a.m.

Rebecca Banks, CPM, Vice-Chair

William L. Harp, MD
Executive Director

Beulah Baptist Archer, Licensing Specialist

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ADVISORY BOARD ON MIDWIFERY
Minutes
September 23, 2022

The Advisory Board on Midwifery met on Friday, September 23, 2022 at 10:00 a.m. at the Department of Health Professions, Perimeter Center; 9960 Mayland Drive, Henrico, Virginia, 23233.

MEMBERS PRESENT: Rebecca Banks, LM - Vice-Chair
Ildiko Baugus, LM

MEMBERS ABSENT: Ami Keatts, M.D.
Erin Hammer, LM

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Director for Licensure
Colanthia Opher, -Deputy Director for Administration
Erin Barrett, JD - DHP Senior Policy Analyst
Beulah Baptist Archer - Licensing Specialist

GUESTS PRESENT: Adrienne Ross
Misty Ward, LM

Call to Order

Rebecca Banks called the meeting to order at 10:11 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called; no quorum was declared.

Approval of Minutes

The minutes were not approved as no quorum was present.

Adoption of Agenda

The agenda was not adopted as no quorum was present.

Public Comment

No public comment was received at the outset of the meeting. Public comment was reopened for Misty Ward later in the meeting. Ms. Ward inquired whether the Advisory Board had a mechanism to remove members who do not attend meetings. Dr. Harp explained that the Governor appoints and has the authority to remove Advisory Board members. Ms. Ward indicated she may be in touch with the Governor.

New Business

1. **Periodic Review of Regulations Governing the Practice of Licensed Midwives**

Mrs. Barrett discussed the mandatory four-year review of Chapter 130 to determine whether this regulation should be repealed, amended or retained in its current form, without impacting public safety. The review of this regulation will be guided by the principles in Executive Order 14 (as amended July 16, 2018). There were a number of comments received during the public comment period. She said only those that referenced a section of the regulations were meaningful to the process. She pointed out that authorization for midwives to possess and administer medications would be a matter for the General Assembly.

Ms. Barrett then presented her recommendations to amend or delete current language provisions in 18VAC85-130-30(10), 18VAC85-130-100(G), 18VAC85-130-110, 18VAC85-130-130, 18VAC85-130-140, and 18VAC85-130-150. Some of these provisions are in the law, and it is unnecessary to repeat them in regulation. These suggested revisions were discussed thoroughly with the members of the Advisory Board in attendance. Although a quorum was not available to make the suggested revisions a recommendation from the Advisory Board, Ms. Barrett said she will present them to the Board of Medicine with a recommendation for adoption.

2. **Review of Bylaws for Advisory Boards**

Erin Barrett presented the uniform Bylaws for all Advisory Boards that the full Board approved at its June meeting. Since the Bylaws are slated to become effective on September 29, 2022, this was for information only.

3. **Discuss Process for Additions to High Risk Pregnancy Disclosures Guidance Document**

Rebecca Banks stated that Guidance Document 85-10 on Disclosures in High-Risk Pregnancy Conditions needed to be updated. Dr. Harp provided general guidance on the process for updating guidance documents. Ms. Banks and Ms. Baugus indicated they would forward a few items that they believed required revision and any additions as well. Historically, updates to this document have been addressed by an ad hoc committee consisting of equal numbers of Advisory Board members and Board of Medicine members. The committee would be appointed by the Board of Medicine

President. Further detail about the process will be sought from Ms. Barrett, DHP Senior Policy Analyst.

4. **Approval of 2023 Calendar**

The 2023 meeting was not approved as no quorum was present.

5. **Election of Officers**

Officers were not elected as no quorum was present.

Announcements

License statistics

Beulah Baptist Archer provided the license count for licensed midwifery, as follows:

Current active midwives in Virginia	79
Current active out of state	29
Current inactive out of state	1
Total	109

Next Scheduled Meeting

The next scheduled meeting is February 10, 2023 @ 10:00 a.m.

Adjournment

With no other business to conduct, Rebecca Banks adjourned the meeting at 11:23 a.m.

William L. Harp, MD Executive Director

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
October 2, 2018

The Advisory Board on Occupational Therapy met on Tuesday, October 2, 2018 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kathryn Skibek, OT, Chair
Breshae Bedward, OT, Vice-Chair
Raziuddin Ali, M.D.
Dwayne Pitre, OT
Karen Lebo, JD, Citizen Member

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Colanthia Morton Opher, Deputy for Administration
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT: Lindsay Walton

CALL TO ORDER

Kathryn Skibek called the meeting to order at 10:12 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the Emergency Egress Instructions.

ROLL CALL

Roll was called, and a quorum was declared.

APPROVAL OF MINUTES OF January 30, 2018

1-3

Karen Lebo moved to adopt the minutes as written. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Ali moved to adopt the amended agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS

1. Periodic review of regulations

   Dr. Harp reviewed the regulations with the Advisory Board. The members requested that the NBCOT descriptions of Fieldwork Supervision as Type 2 continuing education be addressed for licensees by an FAQ.

2. New ACOTE Accreditation Standards Adopted

   Ms. Skibek gave an overview of the degrees accepted from Community Colleges and Universities for OT's and OTA's.

3. NBCOT Report of Results on Licensure Processing Times

   Dr. Harp went over stats given by each state for licensure processing. Virginia is in line with most other states in terms of length of time to licensure.

4. OT License Credit for Student Supervision 36

   The Advisory Board agreed with the standards set by NBCOT and asked that an FAQ be created.

5. AOTA's Commission on Practice Seeks Input on OT Practice Framework
   By August 31

   Ms. Skibek stated the review was done every 5 years.

6. Board Member Badges ----

   Dr. Harp informed the Advisory that DHP would no longer be issuing badges to Board members. Ms. Lebo and Dr. Ali returned their badges to Ms. Opher.

7. 2019 Meeting calendar

   Ms. Opher briefly went over the calendar of meetings for 2019.
   45

8. Election of Officers ----

   Ms. Skibek moved to elect Ms. Bedward as Chair and Mr. Pitre as Vice-Chair. Both were elected by acclamation.

ANNOUNCEMENTS:

None

NEXT MEETING DATE

January 22, 2019, 10:00 a.m.

ADJOURNMENT

The meeting of the Advisory Board was adjourned at 11:05 a.m.

Kathryn Skibek, OT, Chair

William L. Harp, M.D.
Executive Director

ShaRon Clanton, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
October 6, 2020
Electronic Meeting

The Advisory Board on Occupational Therapy held a virtual meeting on Tuesday, October 6, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Breshae Bedward, OTL, Chair Dwayne Pitre OTL, Vice-Chair Karen Lebo Kathryn Skibek, OTL
MEMBERS ABSENT:	Raziuddin Ali, MD
STAFF PRESENT:	William L. Harp, MD, Executive Director Michael Sobowale, LLM, Deputy Director, Licensing Colanthia Morton Opher, Deputy Director, Administration ShaRon Clanton, Licensing Specialist
GUESTS PRESENT:	Shaun Conway, OTR - NBCOT

CALL TO ORDER

Breshae Bedward, Chair, called the meeting to order at 10:07a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Roll call established a quorum of 4 Advisory Board members.

APPROVAL OF MINUTES OF MAY 21, 2019

Ms. Lebo moved to approve the minutes dated May 21, 2019. The motion was seconded by Mr. Pitre. By roll call vote, the minutes were approved as presented.

ADOPTION OF AGENDA

Ms. Skibek moved to approve the adoption of the agenda. The motion was seconded by Mr. Pitre. By roll call vote, the agenda was adopted as presented.

PUBLIC COMMENTS ON AGENDA ITEMS (15 minutes)

None

NBCOT PRESENTATION

Shaun Conway, OTR, NBCOT Senior Director for External and Regulatory Affairs, provided a review of NBCOT's national certification program and initiatives, including the Occupational Therapy action exchange for reporting of state actions and Navigator continued competency tools developed for certification renewal.

NEW BUSINESS

1. Regulatory Update and Report of the 2020 General Assembly

   Dr. Harp provided a regulatory update and report of the 2020 General Assembly. He discussed bills that were of interest to members.

2. Approval of 2021 Meeting Calendar

   Ms. Lebo moved to approve the 2021 proposed meeting dates of the Advisory Board as presented. The motion was seconded by Mr. Pitre. By roll call vote, the schedule of meetings for 2021 was approved.

3. Election of Officers

   Ms. Lebo nominated Breshae Bedward for Chair. Mr. Pitre seconded. Ms. Bedward nominated Dwayne Pitre as Vice-Chair; Ms. Lebo seconded. By roll call vote, Breshae Bedward was elected to continue as Chair, and Dwayne Pitre was elected as Vice-Chair.

ANNOUNCEMENTS:

Ms. ShaRon Clanton provided the licensing report. As of October 6, 2020, the Board currently licenses 4,496 occupational therapists and 1,654 occupational therapy assistants.

NEXT MEETING DATE

DRAFT UNAPPROVED

January 26, 2021 @ 10:00 a.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 11:47 a.m.

Breshae Bedward, OTR, Chair

William L. Harp, MD
Executive Director

ShaRon Clanton, Licensing Specialist

---DRAFT UNAPPROVED---

ADVISORY BOARD ON PHYSICIAN ASSISTANTS

Board of Medicine
May 23, 2019, 1:00 PM

The Advisory Board on Physician Assistants met Thursday, May 23, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Portia Tomlinson, PA-C, Chair Kathleen A. Scarbalis, PA-C James B. Carr, PA-C Tracey Dunn, Citizen
MEMBERS ABSENT:	Frazier W. Frantz, MD
STAFF PRESENT:	William L. Harp, MD, Executive Director Colanthia M. Opher, Deputy Director, Administration Elaine Yeatts, Senior Regulatory Analyst ShaRon Clanton, Licensing Specialist
GUESTS PRESENT:	Jonathan Williams, VAPA Tim Faerber, Medical Society of VA

Call to Order-Portia Tomlinson, PA-C Chair

Ms. Tomlinson called the meeting to order at 1:08 p.m.

Emergency Egress Procedures-William Harp, MD

Dr. Harp provided the emergency egress instructions.

Roll Call-ShaRon Clanton

Ms. Clanton called the roll, and a quorum was declared.

Approval of Minutes October 4, 2018

Ms. Tomlinson requested an amendment to the minutes in item #1. Periodic review of regulations – 18VAC85-50-10 to read as follows:

… and can be physically present or accessible for consultation with the physician assistant within one hour.

Ms. Scarbalis moved to adopt the amended minutes; the motion was seconded and carried.

Adoption of Agenda

Ms. Tomlinson moved to adopt the agenda. The motion was seconded and carried.

Public Comment on Agenda Items (15 minutes)

None

NEW BUSINESS

1. Report of the 2019 General Assembly

   Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Ms. Yeatts also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Amendment to Code Chapters 137, 664, 224, and 68

   Ms. Yeatts walked the members through the amendments, and how the changes will affect the physician assistants' current practice.

   This report was for information only and did not require any action.

3. E-mail from Donnie Orfield and Response

   Dr. Harp discussed the questions submitted by Mr. Orfield concerning changes in the language of the regulations and the requirements for a practice agreement.

4. State-by-State Physician Assistant Licensing
   Ms. Tomlinson informed the Board of AAPA use of the PA portal for multiple state verification.

5. Regulations Governing the Practice of Physician Assistants *(for reference only)*

6. Dr. Harp and Mrs. Yeatts discussed how the language in the regulations will be changed to be consistent with the Law.

Announcements

Dr. Harp informed the Board of an e-mail sent concerning fluoroscopy training. It stated that the AAPA has stopped providing the training and certification for PA's wishing to pursue fluoroscopy. Ms. Tomlinson will research this issue and get back with Board staff. She then recognized the new Advisory Board members, Mr. Carr and Ms. Scarbalis, and asked them to introduce themselves.

Dr. Harp then provided a mini-orientation to the Advisory to help acquaint the new members with the processes of the Board of Medicine.

Next Scheduled Meeting: October 3, 2019 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 2:31 p.m.

_____
Portia Tomlinson, PA-C, Chair

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

_____
ShaRon Clanton, Licensing Specialist

DRAFT UNAPPROVED

ADVISORY BOARD ON PHYSICIAN ASSISTANTS
Minutes
October 8, 2020
Electronic Meeting

The Advisory Board on Physician Assistants held a virtual meeting on Thursday, October 8, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Portia Tomlinson, PA-C, Chair Kathleen Scarbalis, PA-C Frazier W. Frantz, MD James Carr, PA-C Tracey Dunn, Citizen
MEMBERS ABSENT:	None
STAFF PRESENT:	William L. Harp, MD, Executive Director Michael Sobowale, LLM., Deputy Director, Licensing Colanthia Morton Opher, Deputy Director, Administration Elaine Yeatts, DHP Senior Policy Analyst Yetty Shobo, PhD, Healthcare Workforce Data Center ShaRon Clanton, Licensing Specialist
GUESTS PRESENT:	Jonathan Williams, VAPA Scott Johnson, JD, MSV Robert Glasgow, PA-C, VAPA

Call to Order

Ms. Tomlinson called the meeting to order at 10:17 am.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Roll was called; all advisory board members present. A quorum was established.

Approval of Minutes May 23, 2019

Ms. Scarbalis moved to adopt the minutes. The motion was seconded by Ms. Dunn. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Ms. Scarbalis moved to adopt the agenda with the topic of the physician assistant licensure compact added to the agenda. The motion was seconded by Mr. Carr. By roll call vote, the adoption of the agenda as amended carried unanimously.

Public Comment on Agenda Items (15 minutes)

None

Healthcare Workforce Data Presentation

Yetty Shobo, PhD, presented the workforce data for physician assistants surveyed in 2019. Her presentation showed a younger workforce and stable economic prospects for the profession as part of their findings.

NEW BUSINESS

1. Proposed Regulations for Public Hearing

   Ms. Tomlinson conducted a Public Hearing to receive comment on proposed amendments relating to the replacement of emergency regulations with final regulations on physician assistant collaborative practice with a patient care team physician. There was no public comment. Ms. Tomlinson concluded the hearing.

2. Physician Assistant Licensure Compact

   Ms. Scarbalis gave a report on the meeting organized by the Federation of State Medical Boards on November 21st, 2019 in Washington, DC at which the physician assistant licensure compact was discussed.

   This report was for information only, and no action was required.

3. Report of Regulatory Actions and 2020 General Assembly

   Mrs. Yeatts provided a legislative update and report of the 2020 General Assembly. She discussed bills that were of interest to members.

4. Approval of 2021 Meeting Calendar

   Ms. Tomlinson moved to approve the 2021 proposed meeting dates for the Advisory Board as presented. The motion was seconded by Ms. Scarbalis. By roll call vote, the schedule of meetings for 2021 was approved.

5. Election of Officers

   Ms. Tomlinson nominated Kathleen Scarbalis for Chair. James Carr seconded. Ms. Tomlinson nominated Mr. Carr for Vice-Chair. Ms. Dunn seconded. By roll call vote, Kathleen Scarbalis was approved as Chair, and James Carr was approved as Vice-Chair.

Announcements

Next Scheduled Meeting: January 28, 2021 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 2:11 p.m.

_____
Portia Tomlinson, PA-C, Chair

_____
William L. Harp, MD, Executive Director

_____
ShaRon Clanton, Licensing Specialist

<< DRAFT >>

ADVISORY BOARD ON POLYSOMNOGRAPHIC TECHNOLOGY
Minutes
October 9, 2020
Electronic Meeting

The Advisory Board on Polysomnographic Technology held a virtual meeting on Friday, October 9, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Jonathan Clark, RPSGT, Chair
Ronnie Hayes, RPSGT
Raid Mohaidat, Citizen Member
Abdul Amir, MD

MEMBERS ABSENT: Hannah Tyler, RPSGT

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Colanthia Morton Opher, Deputy Director, Administration
Jennifer Deschenes, JD, Deputy Director, Discipline

GUESTS PRESENT: None

Call to Order

Jonathan Clark called the meeting to order at 1:01 p.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called, and a quorum was declared.

Approval of Minutes from May 24, 2019

Ronnie Hayes moved to approve the minutes as presented. Dr. Amir seconded. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Raid Mohaidat moved to adopt the agenda. Ronnie Hayes seconded. By roll call vote, the agenda was adopted.

Public Comment on Agenda Items

None

NEW BUSINESS

1. **Regulatory Update and Report from the 2020 General Assembly**

   Dr. Harp provided a regulatory update and report of the 2020 General Assembly. He discussed bills that were of interest to members.

2. **Approval of 2021 Meeting Calendar**

   Ronnie Hayes moved to approve the 2021 proposed meeting dates on the calendar. Raid Mohaidat seconded the motion. By roll call vote, the schedule of meetings for the Advisory Board in 2021 was approved.

3. **Election of Officers**

   Jonathan Clark nominated Ronnie Hayes as Chair. The motion was not seconded. Raid Mohaidat nominated Dr. Amir as Chair. Jonathan Clark seconded the nomination. Jonathan Clark also nominated Ronnie Hayes as Vice-Chair. Dr. Amir seconded. By roll call vote, Dr. Amir was elected Chair, and Ronnie Hayes was elected Vice-Chair.

Announcements

Next Scheduled Meeting:

January 29, 2021 at 1:00 p.m.

Adjournment

With no other business to conduct, Jonathan Clark adjourned the meeting at 1:47 p.m.

Abdul Amir, MD, Chair

William L. Harp, MD, Executive Director

Michael Sobowale, LLM, Recording Secretary

<< DRAFT >>

ADVISORY BOARD ON POLYSOMNOGRAPHIC TECHNOLOGY
Minutes
September 23, 2022

The Advisory Board on Polysomnographic Technology met on Friday, September 23, 2022 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Abdul Amir, MD - Chair
Ronnie Hayes, RPSGT - Vice Chair
Hannah Tyler, RPSGT
Raid Mohaidat - Citizen Member

MEMBERS ABSENT: Jonathan Clark, RPSGT

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Director for Licensure
Colanthia Opher - Deputy Director for Administration

GUESTS PRESENT: None

Call to Order

Dr. Amir called the meeting to order at 2:36 p.m.

Emergency Egress Procedures

Dr. Amir announced the emergency egress procedures.

Roll Call

Roll was called; a quorum was declared.

Approval of Minutes

Ronnie Hayes moved to approve the minutes of the October 8, 2021 meeting. Hannah Tyler seconded. The motion carried.

Adoption of Agenda

Ronnie Hayes made a motion to adopt the meeting agenda. Raid Mohaidat seconded. The motion carried.

Public Comment

None

New Business

1. Periodic Review of Regulations Governing the Practice of Polysomnographic Technologists

   Erin Barrett discussed the mandatory four-year review of Chapter 18 VAC 85-140 to determine whether this regulation should be repealed, amended or retained in its current form, without impacting public safety. The review of the regulations will be guided by the principles in Executive Order 14 as amended July 16, 2018. There was no public comment received during the comment period. Ms. Barrett presented her recommendations to amend or delete current language provisions in 18VAC85-140-10 (C), 18VAC85-140-20, 18VAC85-140-110, 18VAC85-140-140(E)(3), 18VAC85-140-150(A)(2), (3), (4), 18VAC85-140-150(B), and 18VAC85-140-170. Some of these provisions are in the law, and it is unnecessary to repeat them in regulation.

   Dr. Amir moved that the Advisory Board recommend to the full Board to retain and amend Chapter 140 with suggested changes as discussed. Ronnie Hayes seconded. The motion carried.

2. Review of Bylaws for Advisory Boards

   Erin Barrett presented the uniform Bylaws for all Advisory Boards that the full Board approved at its June meeting. Since the Bylaws are slated to become effective on September 29, 2022, this was for information only.

3. Approval of 2023 Meeting Calendar

   Ronnie Hayes moved to approve the 2023 meeting calendar. Hannah Tyler seconded. The motion carried.

4. Election of Officers

   Dr. Amir nominated Ronnie Hayes for Chair. Hannah Tyler seconded. Dr. Amir then nominated Hannah Tyler for Vice-Chair. Ronnie Hayes seconded. Both motions carried.

Announcements:

Next Scheduled Meeting

The next scheduled meeting is February 10, 2023 at 2:30 p.m.

Adjournment

There being no other business, the meeting was adjourned at 2:28 p.m.

William L. Harp, MD, Executive Director

---DRAFT UNAPPROVED ---

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Virginia Board of Medicine
October 3, 2018, 1:00 p.m.

The Advisory Board on Radiologic Technology met on Wednesday, October 3, 2018 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Joyce O. Hawkins, RT, Chair
MEMBERS ABSENT:	Jan Gillespie Clark, RT Margaret Toxopeus, M.D. Patti S. Hershey, RT Citizen Member seat is vacant
STAFF PRESENT:	William L. Harp, M.D., Executive Director Colanthia Opher Morton, Deputy for Administration Elaine Yeatts, DHP Senior Policy Analyst Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	Elizabeth Carter, PhD

CALL TO ORDER

Joyce Hawkins called meeting to order at 1:05 p. m.

EMERGENCY EGRESS PROCEDURES – Dr. Harp provided the emergency egress procedures.

ROLL CALL – Ms. Archer called the roll. No quorum was established.

APPROVAL OF MINUTES OF January 31, 2018 –

Without a quorum, the minutes were not approved.

ADOPTION OF AGENDA

Joyce Hawkins declared the agenda adopted.

PUBLIC COMMENT

None

NEW BUSINESS

1. **Periodic Review of Regulations- Elaine Yeatts**

   Ms. Yeatts explained the 4-year process of mandatory regulatory review.
   She explained that the regulations may be retained with no changes or that amendments to the regulations could be recommended by staff or the Advisory Board to advise the full board for fast-tracking or by the regulatory process for extensive amendments.

   Changes to the regulations are as follows: Page 8, Section 101-26

   "...All notices required by law or by this chapter *to be* given by the board to any such licensee shall be validly given when *sent* to..."

   Fee Reductions

   Ms. Yeatts explained that fee reductions occur as the result of a surplus in the budget. The Board can reduce fees in its regulations without going through the regulatory process. She also explained that an increase in fees occurs by legislative actions. Renewal fees will be reduced for 2019.

2. Dr. Elizabeth Carter presented a concise overview of Virginia's Licensed Radiologic Technologist Workforce 2017. She also spoke of the Healthcare Workforce Data Center's achievement as an industry leader on best practices for health professions surveys. Dr. Carter discussed various functions of the HWDC that included interactive websites to obtain reports, surveys, labor statistics trend analyses, etc.

3. Board Member Badges

   Dr. Harp said that badges will no longer be issued by DHP. Visitors' badges will be available to Board members while they are in the building.

4. 2019 Meeting Calendar

   The scheduled meetings were deemed appropriate, although changes may need to be made if Board members have conflicts.

5. Election of Officers

   Tabled until January 2019 meeting.

ANNOUNCEMENTS

None

NEXT MEETING DATE

January 23, 2019 at 1:00 pm.

ADJOURNMENT

Ms. Hawkins adjourned the meeting.

Joyce Hawkins, RT Chair

William L. Harp, MD, Executive Director

Beulah Baptist Archer, Recording Secretary

---DRAFT UNAPPROVED ---

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Virginia Board of Medicine
January 23, 2019, 1:00 p.m.

The Advisory Board on Radiologic Technology met on Wednesday, January 23, 2018 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Joyce O. Hawkins, RT, Chair Rebecca Keith, RT David Roberts, RT William E. Quarles, Jr., Citizen
MEMBERS ABSENT:	Uma Prasad, MD
STAFF PRESENT:	William L. Harp, M.D., Executive Director Colanthia Opher Morton, Deputy Director, Administration Elaine Yeatts, DHP Senior Policy Analyst Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	Jessica Hutchings Mark Crosthwaite, VCU, Associate Professor and Program Director of Nuclear Medicine, Department of Radiation Sciences

CALL TO ORDER

Joyce Hawkins called meeting to order at 1:00 p. m.

EMERGENCY EGRESS PROCEDURES - Dr. Harp gave the emergency egress procedures.

ROLL CALL – Beulah Archer called the roll. A quorum was established.

APPROVAL OF MINUTES – January 31 and October 3, 2018

Mr. Quarles moved to approve minutes. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Harp asked the Advisory Board to amend the agenda with this item to discuss and approve a non-ACRRT approved chiropractic program taught by Eugene A. Lewis, DC, M.P.H., under #4 of 18VAC85-101-55 '*Educational Requirements for radiologic technologist-limited*'.

Mr. Quarles motioned to amend the agenda. The motion seconded and carried.

PUBLIC COMMENT

Mark Crosthwaite discussed his concern and wish that Nuclear Medicine Technologists, under the 'umbrella' of Radiologic Technology, have distinguishing language placed on their rad tech license. Board staff indicated that this could probably be done by adding, "Qualified to Practice Nuclear Medicine Technology."

NEW BUSINESS

1. Orientation to the Work of the Advisory Board-William L. Harp, MD

Dr. Harp apprised the Advisory Board of its three primary functions that protect the public:

- License only qualified applicants
- Take disciplinary action for unprofessional conduct
- Promulgate strong regulations governing the practice of Radiologic Technology

2. Review of SB 1760 – 32.1-228.1 X-Ray Equipment, Inspection, and Manufacture Training– Elaine Yeatts

Mrs. Yeatts discussed concern that trusting the manufacturer of x-ray equipment to train non- radiologic technology personnel for 'non-diagnostic' assessments ultimately endangers the public, as it overrides the Virginia regulatory mandate for licensure when using equipment that emits ionizing radiation outside of a hospital environment.

3. Discussion Radiologic Technologist Categories and Possible Additions to the Regulations

The Advisory Board reviewed the various credentials issued by ARRT, and it was determined that the Board's regulations authorized it to license all categories. The issue Mr. Crosthwaite spoke to will be addressed at the policy level.

ANNOUNCEMENTS

No announcements

NEXT MEETING DATE

May 22, 2019, at 1:00 pm.

ADJOURNMENT

Ms. Hawkins adjourned the meeting.

Joyce Hawkins, RT Chair

William L. Harp, MD, Executive Director

Beulah Baptist Archer, Recording Secretary

---DRAFT ---

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY

Minutes
October 7, 2020
Electronic Meeting

The Advisory Board on Radiologic Technology held a virtual meeting on Wednesday, October 7, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Joyce Hawkins, RT, Vice-Chair Rebecca Keith, RT Uma Prasad, MD William Quarles, Jr., Citizen Member
MEMBERS ABSENT:	David Roberts, RT
STAFF PRESENT:	William L. Harp, M.D., Executive Director Michael Sobowale, LLM, Deputy Director, Licensing Colanthia Morton Opher, Deputy Director, Administration Elaine Yeatts, DHP Senior Policy Analyst Beulah Baptist Archer, Licensing Specialist
GUESTS PRESENT:	None

Call to Order

Joyce Hawkins called the meeting to order.

Emergency Egress Procedures

Joyce Hawkins announced the emergency egress instructions.

Roll Call

A quorum of 4 Advisory Board members was established.

Approval of Minutes from May 22, 2019

Dr. Prasad moved to approve the minutes of the May 24, 2019 meeting. Rebecca Keith seconded. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Dr. Prasad moved to adopt the agenda. Rebecca Keith seconded. By roll call vote, the agenda was adopted.

Public Comment

None

Healthcare Workforce Data Presentation

Yetty Shobo, PhD, presented the workforce data for radiologic technologists surveyed in 2019. Her presentation showed a younger workforce that is less likely to be working in non-metro locations and stable economic prospects for the profession.

NEW BUSINESS

1. **Petition for Rulemaking**

   Mrs. Yeatts discussed a petition for rulemaking submitted by the Virginia Society of Radiologic Technologists to amend regulation to require maintenance of ARRT and/or NMTCB certification on renewal, reinstatement, or reactivation of a license. Members generally discussed that not having current ARRT certification to practice was a loophole in the regulations which affects patient safety.

   After discussion, members inquired about tabling the discussion for further consideration at the next Advisory Board meeting. William Quarles moved to table discussion. Dr. Prasad seconded the motion. By roll call vote, the members unanimously approved to table this item and place it on the agenda for discussion at the next meeting.

2. **Regulatory Update and Report of the Actions of the 2020 General Assembly**

   Ms. Yeatts provided a regulatory update and a report of the 2020 General Assembly. She discussed bills that were of interest to members.

3. **Approval of 2021 Meeting Calendar**

   Rebecca Keith moved to approve the proposed meeting dates of the Advisory Board for 2021. Dr. Prasad seconded. By roll call vote, the schedule of meetings in 2021 was approved.

4. **Election of Officers**

William Quarles nominated Rebecca Keith for Chair. Dr. Uma Prasad seconded. Ms. Keith nominated William Quarles for Vice-Chair. Ms. Hawkins seconded. By roll call vote, Rebecca Keith was elected Chair, and Mr. Quarles was elected Vice-Chair.

Announcements

Beulah Archer provided the report for licensed Radiologic Technologists. There are a total of 4,619 licensed by the Board. In Virginia, there are 3,586 current active Radiologic Technologists and 29 with inactive licenses. There are 990 current active Radiologic Technologists out-of-state and 14 with inactive licenses.

Next Meeting Date

Next scheduled meeting: January 27, 2021 @ 1:00 p.m.

Adjournment

With no other business to conduct, Joyce Hawkins adjourned the meeting at 2:40 pm.

Joyce Hawkins, RT, Chair

William L. Harp, MD, Executive Director

Beulah Baptist Archer, Licensing Specialist

---DRAFT ---

ADVISORY BOARD ON RADIOLOGICAL TECHNOLOGY
Minutes
September 21, 2022

The Advisory Board on Radiological Technology met on Wednesday, September 21, 2022, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: Joyce O. Hawkins, RT - Chair
Rebecca Keith, RT, - Vice-Chair
Uma Prasad, MD

MEMBERS ABSENT: David Roberts, RT

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Director for Licensure
Colanthia Opher - Deputy Director for Administration
Erin Barrett, JD - DHP Senior Policy Analyst
Beulah Baptist Archer - Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Joyce Hawkins called the meeting to order at 1:02 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions.

ROLL CALL

Beulah Archer called the roll. A quorum was declared.

APPROVAL OF MINUTES

Dr. Prasad moved to adopt the minutes of the May 25, 2022 meeting. Rebecca Keith seconded the motion. The motion passed.

ADOPTION OF AGENDA

Rebecca Keith moved to adopt the agenda. Dr. Prasad seconded the motion and passed unanimously.

PUBLIC COMMENT ON AGENDA ITEMS

None

New Business

1. Periodic Review of Regulations Governing the Practice of Radiologic Technologists

   Erin Barrett discussed the mandatory four-year review of Chapter 18VAC 85-101 to determine whether this regulation should be repealed, amended or retained in its current form, without impacting public safety. The review of the regulations will be guided by the principles in Executive Order 14 as amended July 16, 2018. There were six public comments received during the public comment period all in favor of retaining the Chapter as written.

   Erin Barrett presented her recommendations to amend or delete current provisions in 18VAC85-101-20, 18VAC85-101-145 (4), 18VAC85-101-162, and 18VAC85-101-163 (D). Some of these provisions are in the law, therefore it is unnecessary to repeat them in regulation

   Rebecca Keith moved that the Advisory Board make a recommendation to the full Board to retain and amend Chapter 101 with the changes discussed. Dr. Prasad seconded. The motion passed.

2. Review of Bylaws for Advisory Board

   Erin Barrett presented the uniform Bylaws for all Advisory Boards that the full Board approved at its June meeting. Since the Bylaws are slated to become effective on September 29, 2022, this was for information only.

3. Discuss Onset of Educational Practices to Fill Gaps in Available Radiologic Technologists

   Joyce Hawkins expressed concern about limited-radiologic technology programs that may be started in hospitals to help with the short staffing or rad techs. She noted that radiologic technologists in hospitals do not have to be licensed, and according to the regulations, cannot teach limited programs without a license.

   Dr. Harp suggested that a reminder be placed in Board Briefs regarding limited radiologic technology licensees practicing only in the authorized anatomical scope of practice printed on their licenses.

4. Approval of 2023 Calendar

   Rebecca Keith moved to adopt the 2023 meeting calendar. Dr. Prasad seconded. The motion passed.

5. Election of Officers

By acclamation, members approved the current officers to continue to serve: Joyce Hawkins as Chair and Uma Prasad as Vice-Chair.

ANNOUNCEMENTS

Licensing Statistics

Beulah Baptist Archer provided the license count for radiological technology as follows:

Limited Radiologic Technologist	Virginia	Current Active	483
	Virginia	Current Inactive	19
	Out of State	Current Active	23
	Out of State	Current Inactive	1
Total			**526**
Radiologic Technologist	Virginia	Current Active	3,559
	Virginia	Current Inactive	28
	Out of State	Current Active	1192
	Out of State	Current Inactive	15
Total			**4,794**
Radiologist Assistant	Virginia	Current Active	12
	Out of State	Current Active	4
Total			**16**

Next Scheduled Meeting

The next scheduled meeting is February 8, 2023 at 1:00 p.m.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 1:48 pm.

William L. Harp, MD, Executive Director

---- DRAFT UNAPPROVED ----

ADVISORY BOARD ON RESPIRATORY THERAPY
Minutes
October 6, 2020
Electronic Meeting

The Advisory Board on Respiratory Therapy held a virtual meeting on Tuesday, October 6, 2020 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:	Shari Toomey, RRT, Chair Daniel Gochenour, RRT, Vice-Chair Bruce Rubin, MD Santiera Yearling-Brown, RRT Denver Supinger, Citizen Member
MEMBERS ABSENT:	None
STAFF PRESENT:	William L. Harp, MD, Executive Director Michael Sobowale, LLM, Deputy Director, Licensing Colanthia Morton Opher, Deputy Director, Administration
GUESTS PRESENT:	Brian Walsh, PhD, RRT

Call to Order

Shari Toomey, Chair, called the meeting to order at 1:03 p.m.

Emergency Egress Instructions

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called, and a quorum was declared.

Approval of Minutes of May 21, 2019

Denver Supinger moved to approve the minutes of May 21, 2019. The motion was seconded by Daniel Gochenour. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Dr. Rubin moved to approve the adoption of the agenda. The motion was seconded by Daniel Gochenour. By roll call vote, the agenda was adopted as presented.

Public Comment on Agenda Items

None

Special Guest Presentation

Dr. Brian Walsh appeared as a special guest to make a presentation to the Board on steps being taken in the profession to establish an advanced practice respiratory therapist (APRT) designation. He discussed that, so far, Ohio State University has developed an APRT curriculum, and there is an APRT regulation declaratory ruling in North Carolina. The Commission on Accreditation for Respiratory Care (CoARC) has completed the development of standards of accreditation for advanced practice programs in respiratory care. There has also been an advanced practice provider scope of practice published.

Dr. Walsh suggested placing the APRT designation on the agenda for the next meeting to be discussed with additional information, including what other states are doing to implement this initiative.

This report was for the Advisory Board's information. No action was required.

NEW BUSINESS

1. Regulatory Update and Report of the 2020 General Assembly

   Mrs. Yeatts provided a regulatory update and report of the 2020 General Assembly. She discussed bills that were of interest to members.

2. Approval of 2021 Meeting Calendar

   Daniel Gochenour moved to approve the 2021 proposed meeting dates of the Advisory Board as presented. The motion was seconded by Santiera Yearling-Brown. By roll call vote, the schedule of meetings for 2021 was approved.

3. Election of Officers

Santiera Yearling-Brown nominated Daniel Gochenour for Chair. Dr. Rubin seconded. Denver Supinger nominated Santiera Yearling-Brown as Vice-Chair; Ms. Toomey seconded. By roll call vote, Daniel Gochenour was elected Chair, and Santiera Yearling-Brown was elected Vice-Chair.

Announcements

Next meeting date: January 26, 2021 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 2:14 p.m.

Daniel Gochenour, RRT, Chair

William L. Harp, MD, Executive Director

Michael Sobowale, LLM, Recording Secretary

<< DRAFT >>

ADVISORY BOARD ON RESPIRATORY THERAPY
Minutes
September 20, 2022

The Advisory Board on Respiratory Therapy met on Tuesday, September 20, 2022 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Santiera Brown-Yearling, RRT, Chair
Shari Toomey, RRT, Vice-Chair
Daniel Gochenour, RRT
Bruce Rubin, MD

MEMBERS ABSENT: Denver Supinger, Citizen Member

STAFF PRESENT: William L. Harp, MD - Executive Director
Erin Barrett, JD – DHP Senior Policy Analyst
Michael Sobowale, LL.M - Deputy Director for Licensure
Colanthia Opher - Deputy Director for Administration
Delores Cousins - Licensure Specialist

GUESTS PRESENT: None

CALL TO ORDER

Santiera Brown-Yearling called the meeting to order at 1:08 p.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress procedures.

ROLL CALL

Delores Cousins called the roll. A quorum was established.

APPROVAL OF MINUTES OF MAY 24, 2022

Shari Toomey moved to approve the minutes from the May 24, 2022 meeting. Daniel Gochenour seconded. The motion passed.

ADOPTION OF AGENDA

Shari Toomey moved to adopt the agenda as presented. Bruce Rubin seconded the motion, which passed unanimously.

PUBLIC COMMENT ON AGENDA ITEMS

None

New Business

1. **Periodic Review of Regulations Governing The Practice of Respiratory Therapy**

   Erin Barrett led the discussion. She presented her recommendations to retain or amend current provisions with suggested changes in 18VAC85-40-10, 18VAC85-40-20, 18VAC85-40-30, 18VAC85-40-55 (4), 18VAC85-40-70, 18VAC85-40-86(E) (2), (3), 18VAC85-40-87(B), and 18VAC85-40-89. Some of these provisions are in the law; therefore, it is unnecessary to repeat them in regulation. Members discussed retaining the current language in 18VAC85-40-86(E) as respiratory therapists can be self-employed, and also, 18VAC85-40-87(B) given the discussion surrounding advanced level respiratory therapy practice in the future.

   Daniel Gochenour made a motion to retain and amend Chapter 40 with the suggested changes discussed. Shari Toomey seconded. The motion passed

2. **Review of Bylaws for the Advisory Boards**

   Erin Barrett presented the uniform Bylaws for all Advisory Boards that the full Board approved at its June meeting. Since the Bylaws are slated to become effective on September 29, 2022, this was for information only.

3. **Discussion of Contiguous State Licensure**

   Shari Toomey stated that the American Association for Respiratory Care has had some discussions about developing a respiratory therapy licensure compact. Since Virginia does not have reciprocal licensing, she suggested that developing such a licensure pathway might make it more convenient for respiratory therapists living in contiguous states to work in Virginia. A compact would make licensure more expeditious and convenient for eligible applicants. Erin Barrett stated that compacts are created by state legislatures in the various states that agree to form a compact. There is no true reciprocity in other states and across the healthcare professions in general.

4. **APPROVAL OF 2023 MEETING CALENDAR**

Shari Toomey moved to adopt the 2023 meeting calendar. Daniel Gochenour seconded. The motion passed.

5. **ELECTION OF OFFICERS**

Dr. Rubin made a motion to retain the current officers. Santiera Brown-Yearling and Shari Toomey, for second terms. Daniel Gochenour seconded. The motion passed.

ANNOUNCEMENTS:

License Statistics

Delores Cousins provided the license statistics report. There are a total of 4,428 respiratory therapists. 3,051 are current active in Virginia with 83 current inactive. 1,268 are current active out-of-state with 25 are current inactive out-of-state. 1 is current active on probation.

Next Scheduled Meeting:

The next scheduled meeting date is February 7, 2023 @ 1pm.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 2:20 pm.

_____

William L. Harp, MD, Executive Director

<< DRAFT >>

ADVISORY BOARD ON SURGICAL ASSISTING
Minutes
October 16, 2020

The Advisory Board on Surgical Assisting met on Friday, October 16, 2020 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Thomas Gochenour, CSA
Deborah Redmond, CSA
Jessica Wilhelm, CSA
Srikanth Mahavadi, MD [Joined at 10:07 am]
Nicole Meredith, RN, Citizen

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Elaine Yeatts, Senior Policy Analyst, DHP

GUESTS PRESENT: David Jennette, CSA, NSAA
W. Scott Johnson, JD, MSV

Call to Order

William L. Harp, MD, acted as chair and called the meeting to order at 10:01 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

The roll was called; a quorum was declared.

Introduction of Members and Staff

Dr. Harp asked the staff members present and the Advisory Board members to introduce themselves.

Adoption of Agenda

Deborah Redmond moved to adopt the agenda. Nicole Meredith seconded. By show of hands, the agenda was adopted unanimously.

Public Comment on Agenda Items

David Jennette, CSA, Chief Administrative Officer for the National Surgical Assistant Association (NSAA) discussed the association's recommendations for the Advisory Board to consider creating a separate application for surgical assistants and requiring licensed surgical assistants to meet current continuing competence requirements offered by either the National Board of Surgical Technology and Surgical Assisting (NBSTSA), National Commission for the Certification of Surgical Assistants (NCCSA), or National Surgical Assistant Association (NSAA), upon license renewal.

No action was taken by the Advisory Board.

NEW BUSINESS

1. **Review of Laws and Regulations Governing Licensure of Surgical Assistants and Registration of Surgical Technologists**

   Elaine Yeatts reviewed the law passed by the 2020 General Assembly which created the Advisory Board and the regulations governing the licensure and practice of surgical assisting in Virginia. She discussed the differences between the statutory licensure designation for surgical assistants and registration of surgical technologists, which is still required currently in law and regulation.

2. **Review of Physician Assistants' Regulations**

   Mrs. Yeatts reviewed the Physician Assistants' regulations to guide the Advisory Board in its deliberation on regulations that they may be considering in the development of regulations for the licensure and practice of surgical assisting.

3. **Development of Regulations for Licensure and Regulation of Surgical Assisting and Registration of Surgical Technologists**

   Mrs. Yeatts provided a basic outline of the standard regulatory process. After discussion, members agreed to approve the adoption of a Notice of Intended Regulatory Action (NOIRA) to make modifications to the regulations for the licensure of surgical assistants and registration of surgical technologists as follows: 1) add definitions as necessary; 2). Conform fees for licensure to other professions under the Board; 3) add requirements for continuing competency for surgical assistants licensed under a grandfathering provision; 4) provide for an inactive license and for reactivation or reinstatement of a license; 5) provide for a restricted volunteer license or voluntary

practice by out-of-state practitioners; and 6) provide for renewal of registration for surgical technologists. Finally, the Board will adopt standards of practice similar to those for other licensed professions under its jurisdiction and will also consider the code of ethics specific to surgical assistants, including provisions on maintenance of confidentiality and patient records.

Deborah Redmond moved that a Notice of Intended Regulatory Action (NOIRA) be recommended to the Board of Medicine for consideration at its next meeting on October 22, 2020, and that the recommendations of Advisory Board be added to Chapter 160, Section 10 of the Agency's regulations in Virginia Administrative Code, Title 18. Thomas Gochenour seconded the motion. By unanimous show of hands, the Advisory Board voted approval of the motion.

4. **Discussion of License Application for Surgical Assisting**

Michael Sobowale led the discussion and suggested changes to be made to the existing application for registration of surgical assistants. The Advisory Board expressed a desire to maintain a separate application form for the registration of surgical technologists. The Advisory Board discussed allowing grandfathered applications to be accepted for no more than a year, effective October 14, 2020, and also, to allow a grace period of one year for those currently practicing as a surgical assistant to be licensed. The grace period to obtain licensure will end on October 14, 2021.

Dr. Mohavadi moved for the Advisory Board to allow a grace period of one year to submit applications in order to allow those currently practicing surgical assisting to continue to work. By show of hands, the Advisory Board voted unanimous approval of this motion.

5. **Board Orientation and Overview**

Dr. Harp gave a brief orientation on the function of Department of Health Professions and an overview of the role and responsibilities of the Advisory Board.

6. **Election of Officers**

Jessica Wilhelm nominated Debbie Redmond as Chair. Thomas Gochenour seconded. Debbie Redmond nominated Jessica Wilhelm as Vice-Chair. Thomas Gochenour seconded. By unanimous show of hands, the Advisory Board voted to approve Debbie Redmond's election as Chair, and Jessica Wilhelm as Vice-Chair.

Announcements

Next Scheduled Meeting:

Dr. Harp announced that the Advisory Board would most likely meet to further consider regulations prior to January 2021.

Adjournment

With no other business to conduct, Dr. Harp adjourned the meeting at 1:40 p.m.

Deborah Redmond, CSA, Chair

William L. Harp, MD, Executive Director

Michael Sobowale, LLM, Recording Secretary

<< DRAFT UNAPPROVED >>

ADVISORY BOARD ON SURGICAL ASSISTING
Minutes

February 13, 2023

The Advisory Board on Surgical Assisting met on Monday, February 13, 2023 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Deborah Redmond, CSA
Jessica Wilhelm, CSA
Nicole Meredith, RN
Thomas Gochenour, CSA
Srikanth Mahavadi, MD

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Erin Barrett, JD, Director of Legislative and Regulatory Affairs
Beulah Archer, Licensing Specialist

GUESTS PRESENT: Colanthia Morton Opher, Deputy Director for Administration
Jennifer Deschenes, Deputy Director for Discipline
Matt Novak, DHP Policy Analyst

Call to Order

Deborah Redmond called the meeting to order at 10:02 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Beulah Archer called the roll; a quorum was declared.

Approval of Minutes from May 31, 2022

Dr. Mahavadi moved to approve the May 31, 2022 minutes as presented. The motion was seconded by Jessica Wilhelm and carried unanimously.

Adoption of Agenda

Thomas Gochenour moved to adopt the agenda as presented. The motion was seconded by Nicole Meredith and carried unanimously.

Public Comment on Agenda Items

There was no public comment.

NEW BUSINESS

1. **Legislative Update from the 2023 General Assembly**

   Erin Barrett discussed several bills of interest for the Advisory Board. This was for informational purposes only and did not require any action.

2. **Update on Regulatory Actions:**

   Ms. Barrett reviewed the status of the Advisory Board's regulatory actions and noted that other than an update on the number days in the Secretary's office, there were no other changes to report. This was for informational purposes only and did not require any action.

3. **Review of Bylaws for the Advisory Board**

   Ms. Barrett explained that the Bylaws for the 11 advisories differ only by the statute for each profession. So instead of maintaining documents for each the Board, they have been combined into one. This was for informational purposes only and did not require any action.

4. **Discuss Certification Requirement re: Surgical Assistant Working as Surgical Technologist; Discuss Inactive Certification and Reinstatement Requirements for Surgical Technologists**

   Deborah Redmond asked for direction when scope of practice queries arise for Surgical Assistants. Dr. Harp reviewed statute *§ 54.1-2956.12,* from the Code of Virginia which provides title protection for Surgical Technologists. No person can hold himself out to be a surgical technologist or assume the title or abbreviations indicating such. RN's, Surgical Assistants, and others cannot call themselves Surgical Technologists or practice the profession of Surgical Technology, but they can perform "tasks" that may fall into their scope and the scope for Surgical Technology. It was suggested that hospital and practice attorneys familiarize themselves with this law and consider their specific circumstances and how the law applies.

5. **Approval of 2023 Meeting Calendar**
   After acknowledging the change in the June meeting date to June 20, 2023, the calendar was accepted.

6. **Election of Officers**

After the floor was opened for nominations, Ms. Redmond nominated Ms. Wilhelm for Chair. Ms. Meredith seconded the motion which carried unanimously.

Ms. Redmond then nominated Mr. Gochenour for Vice-Chair. Ms. Wilhelm seconded the motion which carried unanimously.

Announcements

Beulah Baptist Archer provided the following licensure totals for surgical assistants and surgical technologists.

Licensed Surgical Assistants		Surgical Technologist	
Current active in Virginia	530	Current active in Virginia	1424
Current Active out of state	127	Current active out of state	487
Total	**536**		**1911**

Licensure totals during the extended grandfathering period from January 1, 2022 until January 1, 2023

Licensed Surgical Assistant	**Surgical Technologist**
193	1,250

Ms. Archer was given a standing ovation for her efficiency and dedication to the licensing of surgical technologists and surgical assistants.

Next Scheduled Meeting: June 20, 2023, at 10:00.

Adjournment

With no other business to conduct, the meeting adjourned at 10:40 a.m.

William L. Harp, MD, Executive Director

Agenda Item: **Licensing Report**

Staff Note: Mr. Sobowale will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: **Discipline Report**

Staff Note: Ms. Deschenes will provide information on discipline matters.

Action: Consent orders may be presented for consideration.

Agenda Item: **Approval of the 2024 Meeting Calendar**

Staff Note: For your review.

Action: Motion to accept or recommend alternate dates.

DRAFT

Virginia Board of Medicine

2024 Board Meeting Dates

Full Board Meetings

February 15-17	DHP/Richmond, VA	BR Rooms TBA BR Rooms TBA BR Rooms TBA
June 13-15	DHP/Richmond, VA	BR Rooms TBA BR Rooms TBA BR Rooms TBA
October 24-26	DHP/Richmond, VA	BR Rooms TBA BR Rooms TBA BR Rooms TBA

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

Executive Committee Meetings

April 5	DHP/Richmond, VA	BR Rooms - 4/TR2
August 2	DHP/Richmond, VA	BR Rooms - 4/TR2
December 6	DHP/Richmond, VA	BR Rooms - 4/TR2

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

Legislative Committee Meetings

January 5	DHP/Richmond, VA	BR Rooms - 4/TR 2
May 3	DHP/Richmond, VA	BR Rooms - 4/TR 2
September 13	DHP/Richmond, VA	BR Rooms - 4/TR 2

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

Credentials Committee Meetings

January 10	May 15	September - 18
February - TBA	June - TBA	October - TBA
March 14	July - 17	November - 13
April 17	August - 14	December - 18

Times for the Credentials Committee meetings - TBA

Joint Boards of Medicine and Nursing – Wednesday @9:00

February 28	April 24	June 19	October 23	December 11

Advisory Board on:

Behavioral Analysts			10:00 a.m.
Mon –February 5	June 3	September 30	
Genetic Counseling			1:00 p.m.
Mon - February 5	June 3	September 30	
Occupational Therapy			10:00 a.m.
Tues – February 6	June 4	October 1	
Respiratory Care			1:00 p.m.
Tues - February 6	June 4	October 1	
Acupuncture			10:00 a.m.
Wed - February 7	June 5	October 2	
Radiological Technology			1:00 p.m.
Wed - February 7	June 5	October 2	
Athletic Training			10:00 a.m.
Thurs - February 8	June 6	October 3	
Physician Assistants			1:00 p.m.
Thurs - February 8	June 6	October 3	
Midwifery			10:00 a.m.
Fri - February 9	June 7	October 4	
Polysomnographic Technology			2:30 p.m.
Fri - February 9	June 7	October 4	
Surgical Assisting			10:00 a.m.
Mon - February 12	June 10	October 7	

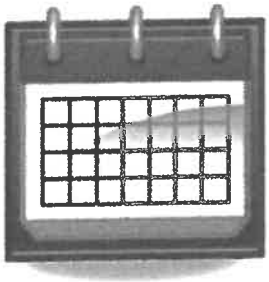
Agenda Item: **Report of the Nominating Committee**

Staff Note: The Committee met at 7:45 a.m. to develop a slate of officers for next year.

Action: Approve the slate as presented or develop an alternate slate.

Next Meeting Date of the Full Board is

October 19, 2023



Please check your calendars and advise staff of any known conflicts that may affect your attendance.

Non-state employees are eligible for a $50.00 per diem and mileage reimbursement.

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher with 30 days after completion of their trip". (CAPP Topic 20335, State Travel Regulations, p.7)

In order for the agency to be in compliance with the state travel regulations, please submit your request for today's meeting no later than

July 20, 2023