

**10:00 a.m . Call to Order – Dolores Paulson, Ph.D., LCSW, Board Chairperson**

- Welcome and Introductions
- Establishment of a Quorum
- Mission of the Board-----Page 3
- Adoption of Agenda

**10:05 a.m. Public Hearing**

*The purpose of the public hearing is to hear public comment related to the proposed regulations regarding changes to endorsement, reinstatement, and standards of practice.*

**Public Comment**

*The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

**Approval of Minutes**

Board Meeting –January 14, 2021\* -----Page 4

Agency Director Report - David E. Brown, DC

**Presentations**

Assessment of Virginia’s Licensed Behavioral Health Workforce – Debbie Oswald, Virginia Health Care Foundation -----  
----- Page 19

- Chairperson Report – Dr. Paulson

**Legislation and Regulatory Report – Elaine Yeatts, DHP, Sr. Policy Analyst/ Erin Barrett, JD, DHP, Sr. Policy Analyst**

- Chart of Regulatory Actions -----Page 40
- General Assembly Report -----Page 41

**New Business – Elaine Yeatts/Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, & Social Work**

- Board Action on Proposed Regulations for Endorsement/Passage of Examination\*-----Page 47
- Consideration of Petition for Rulemaking\*-----Page 52

**Staff Reports**

- Executive Director’s Report (Verbal Report)– Jaime Hoyle
  - Social Work Compact
  - ASWB Updates
  - Staffing Updates
  - Outreach/Training

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- DHP Workgroups/Initiatives
  - DHP Budget
  - Recognition
  - Deputy Executive Director's Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work
    - Discipline Report -----Page 57
  - Deputy Executive Director's Report, Licensing, Charlotte Lenart, Boards of Counseling, Psychology, and Social Work
    - Licensing Report-----Page 59
- 

**Next Meeting Dates:**

- Regulatory: June 2, 2022
  - Full Board: June 3, 2022
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- **Meeting Adjournment**

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\*Indicates a Board vote is required.

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the Board at the meeting. One printed copy of the agenda and packet will be available for the public to view at the meeting pursuant to Virginia Code Section 2.2-3707(F).



Virginia Department of  
**Health Professions**  
Board of Social Work

## **MISSION STATEMENT**

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.



**Virginia Board of Social Work**  
**Quarterly Board Meeting Minutes**  
**Friday, January 14, 2022 at 10:00 a.m.**  
**9960 Mayland Drive, Henrico, VA 23233**  
**Board Room 2**

- PRESIDING OFFICER:** Dolores Paulson, PhD, LCSW, Chair
- BOARD MEMBERS PRESENT:** Eboni Bugg, MSW, LCSW  
Jamie Clancey, MSW, LCSW  
Maria Eugenia del Villar, MSW, LCSW  
Michael Hayter, MSW, LCSW, CSAC  
Gloria Manns, MSW, LCSW  
Teresa Reynolds, MSW, LCSW
- BOARD MEMBERS ABSENT:** Canek Aguirre, Citizen Member  
Angelia Allen, Citizen Member
- BOARD STAFF PRESENT:** Latasha Austin, Licensing & Operations Manager  
Jaime Hoyle, JD, Executive Director  
Jennifer Lang, Deputy Executive Director- Discipline  
Sharniece Vaughan, Licensing Specialist
- DHP STAFF PRESENT:** Barbara Allison-Bryan, MD, Chief Deputy Director, Department of Health Professions  
Erin Barrett, Senior Policy Analyst, Department of Health Professions  
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
Matt Treacy- Conferencing & Video Specialist, Department of Health Professions  
(left meeting at 10:22am)
- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General
- PRESENTATION SPEAKERS:** Yetty Shobo, PhD, Deputy Director, DHP Healthcare Workforce Data Center (left meeting at 10:54am)
- PUBLIC ATTENDEES:** Sue Roland
- CALL TO ORDER:** Dr. Paulson called the board meeting to order at 10:06 a.m.
- ROLL CALL/ESTABLISHMENT OF A QUORUM:** Dr. Paulson requested a roll call. Ms. Austin announced that seven members of the Board were present at roll call; therefore, a quorum was established.
- MISSION STATEMENT:** Ms. Hoyle read the mission statement of the Department of Health Professions, which was also the mission statement of the Board.
- ADOPTION OF AGENDA:** The Board adopted the agenda with the removal of the presentation by Debbie Oswalt from the Virginia Health Care Foundation.
- PUBLIC HEARING:** The Board conducted a Public Hearing to receive public comment on the Board's proposed regulatory change to amend its regulations to reduce the number of continuing education (CE) hours necessary to continue being approved as a supervisor. The regulation will retain the requirement for 14 hours of CE for the initial registration of supervision; thereafter, a supervisor will only have to obtain

seven hours of CE relating to provision of supervision every five years. The current requirement is 14 hours of CE every five years to continue as an approved supervisor.

The National Association of Social Workers (NASW), Virginia Chapter, provided written public comment in advance on the proposed regulatory change for supervisor training. A copy was provided to everyone at the meeting. The NASW Virginia Chapter expressed their concerns why they are opposed to the reduction in continuing education hours necessary to continue being an approved supervisor. *(See Attachment 1)*

The Public Hearing ending at 10:13am.

**PUBLIC COMMENT:**

No additional public comment was provided related to the agenda items.

**APPROVAL OF MINUTES:**

The Board approved the meeting minutes from the Board Meeting held on July 23, 2021 with the addition of comments from Ms. Manns and Dr. Brown regarding the practice of LMSWs and the recommendation for a survey to be conduct at renewal for LMSWs.

**AGENCY REPORT:**

Dr. Allison-Bryan informed the Board that Dr. Brown was currently attending the legislative session and was there to give his expertise during the transition of governors.

Dr. Allison-Bryan informed the Board that Ms. Yeatts would be retiring in 90 days and that Erin Barrett has been hired as the new Senior Policy Analyst for the agency to take her place. Dr. Allison-Bryan added that Ms. Barrett is no stranger to DHP, as she use to be Board Counsel for the Boards of Medicine, Longer Term Care and Funeral.

Dr. Allison-Bryan also informed the Board that the new Secretary of Health and Human Resource is John Littel, who is an attorney and not a physician as past secretaries have been. Dr. Allison-Bryan added that Governor Youngkin has not named his agency heads, so she and Dr. Brown will continue to serve until a decision has been made.

Dr. Allison-Bryan also provided a COVID- 19 update for the Board. She indicated that while COVID cases are the highest they have ever been at a 36% positive test rate, Virginia ranks as one of the highest vaccinated state in the south with the lowest per cap death rate at .11

**PRESENTATIONS:**

Dr. Shobo conducted a PowerPoint presentation for the Board on Virginia's Licensed Clinical Social Worker Workforce. A draft of the full report was provided in the agenda packet. The survey findings concluded that there are significant increases in total licenses and workforce, a younger age distribution, racial diversity is low but increasing, the median income increased; debt is stable, and that there was little effect of the pandemic on the labor marker.

**BOARD CHAIR REPORT:**

Dr. Paulson welcomed new board member Eboni Bugg. She informed the Board that she was not able to be a part of the ASWB Annual meeting in November. She informed the Board that Ms. Manns would chair the Nominating Committee.

Dr. Paulson thanked Gloria and Dr. Brown for requesting a survey to learn what an LMSW actually does. Dr. Paulson indicated that she would like to have the LMSWs surveyed during renewal by the Healthcare Workforce Data Center. She requested

that Dr. Brown be reminded of the survey request.

## **LEGISLATION & REGULATORY ACTIONS:**

### **1. Chart of Regulatory Actions**

Ms. Yeatts discussed the chart of regulatory actions. A copy of the current actions was provided in the agenda packet. Any public comments given will be brought before the Board at the March meeting.

### **2. Draft Legislative Proposal**

Ms. Yeatts passed out a copy of the Report of 2022 General Assembly to everyone at the meeting and reviewed it with the Board. (*See Attachment 2*)

### **3. Adoption of Policy on Electronic Participation**

Ms. Yeatts reviewed a draft of the policy for meetings held with electronic participation with the Board. Ms. Yeatts pointed out in the policy that there has to be a quorum of the Board or Committee physically present at the central location of the meeting. A member wishing to participate electronically due to one of the reasons indicated in the policy must notify the chair and the executive director and it must be recorded in the meeting minutes. A complete copy of the draft policy was provided in the agenda packet.

**Motion:** Ms. Clancey made a motion, which Ms. Reynolds properly seconded, to adopt the policy as presented in the agenda package. The motion passed unanimously.

### **4. Action on Proposed Regulations for Licensure of Music Therapist**

Ms. Yeatts reviewed with the Board the proposed regulations for Licensure of Music Therapist and the minutes from the Advisory Board on Music Therapy held on October 8, 2021 with the Advisory Board's suggested changes.

**Motion:** Ms. del Villar made a motion, which Ms. Clancey properly seconded, to adopt the proposed regulations for licensure of Music Therapist as presented in the agenda package. The motion passed unanimously.

### **5. Petitions for Rulemaking**

Ms. Yeatts reviewed and discussed with the Board two petitions for rule making that were submitted to the Board. Copies of both petitions were provided in the agenda packet. There were no public comments provided on either petition.

- a. Hendrickson- Deletion of passage of exam for licensure by endorsement

**Motion:** Ms. Clancey made a motion, which Ms. Reynolds properly seconded, to accept the request to initiate rulemaking. The motion passed unanimously.

- b. Rodriguez- Allowance of long years of practice to count as supervised experience

**Motion:** Mr. Hayter made a motion, which Ms. Bugg properly seconded, to not initiate rulemaking. The motion passed unanimously.

### **6. Consideration of Social Work Bylaw Change**

The Board reviewed and discussed adding the below delegation of authority to the Executive Director to the Social Work Bylaws:

The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member, or the staff disciplinary review coordinator in consultation with board staff, who may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.

**Motion:** Ms. Clancey made a motion, which Ms. Manns properly seconded, to adopt the proposed changes to the bylaws as presented in the agenda package with the added change that the board member must have a LCSW license. The motion passed unanimously.

#### **7. Senate Document No. 9 - Report on Social Work**

Dr. Allison- Bryan discussed with the Board the report that was prepared by the Department in partnership with a Capstone team from the VCU Wilder School of Public Administration on the need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation of such social workers in the Commonwealth of Virginia. A complete copy of the report and summary of recommendations was provided in the agenda packet.

#### **EXECUTIVE DIRECTOR'S REPORT:**

Ms. Hoyle gave a recap of the ASWB Annual Meeting held in November 2021. She also provided information on the ASWB New Board Member Training and that any member interested in attending should let her know. Ms. Hoyle also reported on the satisfaction survey results for the Board.

#### **DISCIPLINE REPORT:**

Ms. Lang reported on the disciplinary statistics for the Board of Social Work from July 8, 2021- November 17, 2021. A copy of the report given was included in the agenda packet. Ms. Lang added that CE audits are currently in process and that an update would be provided at the next meeting. Ms. Lang also informed the Board that Ms. Reynolds has agreed to be on the Special Conference Committee for the Board.

#### **BOARD OFFICE REPORT:**

Ms. Austin provided the Board office report in Ms. Lenart's absence. Ms. Austin reported on the licensure statistics for the Board from September 2021- December 2021. A copy of the report given was included in the agenda packet.

#### **NEXT MEETING DATES:**

Dr. Paulson announced that the Regulatory Committee would hold its next meeting on Thursday, March 3, 2022 and the Board would hold its next meeting on Friday, March 4, 2022.

#### **ADJOURNMENT:**

Dr. Paulson adjourned the January 14, 2022 Board meeting at 12:11 p.m.

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Dolores Paulson, PhD, LCSW, Chair

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Jaime Hoyle, JD, Executive Director

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January 13, 2022

To: Virginia Board of Social Work

From: NASW Virginia Chapter

RE: Public Comments on proposed Regulatory Change for Supervisor Training

On behalf of the National Association of Social Workers -Virginia (NASWVA), thank you for the opportunity to supply public comments of the following proposed change to the Regulations:

Reduction in CE hours for continuation of approval to be supervisor: the board proposing an amendment to reduce the number of continuing education (CE) hours necessary to continue being approved as a supervisor. The regulation will keep the requirement for 14 hours of CE for the initial registration of supervision; thereafter, a supervisor must only obtain seven hours of CE relating to provision of supervision every five years. The current requirement is 14 hours of CE every five years to continue as an approved supervisor.

**NASW Virginia Comments:**

As presented, this regulatory change would not achieve the primary goal of ensuring a high-quality workforce as related to best practices, standards, and lifelong learning. The primary goal of Supervision, according to the NASW and ASWB standards for Supervision, is to support and aid in ensuring that there is a professional relationship between a supervisor and supervisee in which the responsibility and accountability for the development of competence, demeanor, and ethical practice takes place. This must occur in a structured environment. There are many components to Supervision that require diverse competencies, including administration, supportive functions, practice competencies, and continuing education and lifelong learning for the Supervisor.

In addition, as we have learned, there are direct links between a supervisor and a Supervisee regarding professional and disciplinary matters. The association is sensitive to the requirements to maintain certain roles and responsibilities, and the hours mandated, but reducing the number of hours of continuing learning and education of a supervisor can harm our future generations and, thus, impact the clients served by our professionals.

As said in a vast amount of literature, supervision is a crucial part of reflective practice and an integral part of social work. Against a backdrop of rapid societal and organizational changes, professionals are



increasingly looking for innovative solutions and practice information applicable to their work with clients. It is still crucial that our supervisors maintain a high standard of learning so our next generation of professionals are prepared for the ever-changing aspects of social work and the society in which the field operates. They must be effective leaders since they and their supervisees directly and deeply affect clients in the Commonwealth.

According to the NASW/ASWB Standards of Supervision, Qualifications for Independent Practice Licensure Supervision for a supervisor who supports guiding social workers through the licensure process, the qualifications for supervision are

- A license to practice in the area in which supervision is going to be supplied
  - Specified coursework in supervision and/or a specified minimum number of continuing education hours
  - A minimum of three years of post-licensure experience in a supervisory role
  - Life-long Learning and Professional Responsibility
  - Promote continuing education specific to the practice setting
2. Encourage and model:
- ✓ a. self-awareness
  - ✓ b. professional development
  - ✓ c. professional contributions
  - ✓ d. professional engagement
  - ✓ e. professional consultation
- Remain current in knowledge base of changing professional practice, laws, and regulations
  - For ongoing currency, continuing education courses in supervision that are updated every five years, and approved by the licensing board

As such, from the literature, it is also clear that supervision is a central element to effective social work practice. High-quality, structured, regular supervision--coupled with a trained Supervisor--are key to effective supervision of Supervisees, resulting in fewer disciplinary and practice issues in the future.

In closing, NASW Virginia remains opposed to this change in regulation to reduce the number of hours that a supervisor is required to not only stay current in their own practice, but also ensure best practices and standards are maintained for the incoming workforce. Helmed by supervisors properly educated in contemporary, traditional, and emerging social work practices, laws, regulations, and evidence-based research, the entire social work workforce will remain fully knowledgeable and skilled to provide necessary services to the citizens of Virginia.

If any regulatory changes are to be considered, the chapter requests that a requirement for more frequent refresher training be researched and considered, so that the board can continue to protect citizens from possible harm and be assured that our state's social workers maintain a high quality of standards and best practices

In addition, with the future initiative of ASWB, NASW, and CSWE to support the establishment of chapter compacts in the next few years, it will be more important than ever for Virginia to ensure and secure a well-trained social work workforce through strict education and ethical criteria when offering license reciprocity.”

In a review and comparison of training requirements with Virginia, it is noted that Virginia’s training requirements and refresher requirements are on the lower end of mandated training.

The association urges you, our esteemed Board members, to reconsider this regulatory change. Lifelong learning is of utmost importance for all professionals, including but not limited to those who are teaching/mentoring and supporting our next generation of professionals. To reduce the hours of training for Supervisors is to diminish the role and responsibilities of a professional, and the impact on a new worker could potentially be harmful, not supportive and helpful.

Thank you for your consideration of these comments.

Respectfully Submitted,

*Debra A Riggs*

Debra A. Riggs, CAE  
Executive Director  
NASW Virginia/Metro DC Chapters

## Report of 2022 General Assembly

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### **HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.**

*Chief patron:* Davis

*Summary as introduced:*

**Healthcare Regulatory Sandbox Program; established.** Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

### **HB 234 Nursing homes, assisted living facilities, etc.; SHHR to study consolidating oversight/regulation.**

*Chief patron:* Orrock

*Summary as introduced:*

**Secretary of Health and Human Resources; study consolidating oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency; report.** Directs the Secretary of Health and Human Resources to study the feasibility of consolidating oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency to improve efficiency and effectiveness of regulation and oversight, provide better transparency for members of the public navigating the process of receiving services from such facilities, and better protect the health and safety of the public and to develop recommendations for consolidation of such oversight and regulation and to report his findings and recommendations to the Governor and

the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations and the House Committees on Appropriations and Health, Welfare and Institutions by October 1, 2022.

**HB 242 Professional counselors, licensed; added to list of providers who can disclose or recommend records.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Practice of licensed professional counselors.** Adds licensed professional counselors to the list of eligible providers who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

**HB 264 Public health emergency; out-of-state licensees, deemed licensure.**

*Chief patron:* Head

*Summary as introduced:*

**Public health emergency; out-of-state licensees; deemed licensure.** Provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, a practitioner of a profession regulated by the Board of Medicine who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession shall not be prevented or prohibited from engaging in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship.

The bill also provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, individuals licensed or certified to practice medicine, osteopathic medicine, or podiatry or as a physician assistant, respiratory therapist, advanced practice registered nurse, registered nurse, licensed practical

nurse, or nurse aide by another state, the District of Columbia, or a United States territory or possession shall be deemed to be licensed or certified to practice in the Commonwealth for a period of 30 days when certain criteria are met.

**HB 353 Unaccompanied homeless youth; consent to medical care.**

*Chief patron:* Willett

*Summary as introduced:*

**Unaccompanied homeless youth; consent to medical care.** Provides that except for the purposes of sterilization or abortion, a minor who is 14 years of age or older and who is an unaccompanied homeless youth shall be deemed an adult for the purpose of consenting to surgical or medical examination or treatment, including dental examination and treatment, for himself or his minor child. The bill describes evidence sufficient to determine that a minor is an unaccompanied homeless youth and provides that no health care provider shall be liable for any civil or criminal action for providing surgical or medical treatment to an unaccompanied homeless youth or his minor child without first obtaining the consent of his parent or guardian provided in accordance with the law, with the exception of liability for negligence in the diagnosis or treatment of such unaccompanied homeless youth.

**HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.**

*Chief patron:* Bennett-Parker

*Summary as introduced:*

**Virginia Freedom of Information Act; meetings conducted through electronic meetings.** Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

**HB 537 Telemedicine; out of state providers; behavioral health services.**

*Chief patron:* Batten

*Summary as introduced:*

**Telemedicine; out of state providers; behavioral health services.** Allows certain practitioners of professions regulated by the Boards of Medicine, Counseling, Psychology, and Social Work who provide behavioral health services and who are licensed in another state, the District of Columbia, or a United States territory or possession and in good standing with such regulatory agency to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. The bill provides that a practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

**HB 555 Health care providers; transfer of patient records in conjunction with closure, sale.**

*Chief patron:* Hayes

*Summary as introduced:*

**Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted.** Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

**HB 580 Covenants not to compete; health care professionals; civil penalty.**

*Chief patron:* VanValkenburg

*Summary as introduced:*

**Covenants not to compete; health care professionals; civil penalty.** Adds health care professionals as a category of employee with whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines health care professional as any physician, nurse, nurse practitioner, physician's assistant, pharmacist, social worker, dietitian, physical and occupational therapist, and medical technologist authorized to provide health care services in the Commonwealth. The bill provides that any employer that violates the prohibition against covenants not to complete with an employee health care professional is subject to a civil penalty of \$10,000 for each violation.

**HB 916 Health care providers; health records of minors; available via secure website.**

*Chief patron:* Robinson

*Summary as introduced:*

**Health care providers; health records of minors; available via secure website.** Provides that every hospital and health care provider that makes patients' health records available to such patients through a secure website shall make all health records of a patient who is a minor available to such patient's parent through such secure website.

**HB 939 Commissioner of Health; administration and dispensing of necessary drugs and devices.**

*Chief patron:* Robinson

*Summary as introduced:*

**Commissioner of Health; administration and dispensing of necessary drugs and devices during public health emergency.** Allows the Commissioner of Health to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so in accordance with protocols established by the Commissioner when the Board of Health has made an emergency order for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health. Current law limits the Commissioner's ability to make such authorizations to circumstances when the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency.

**HB 981 Certain health professions; licensure by endorsement.**

*Chief patron:* Scott, P.A.

*Summary as introduced:*

**Certain health professions; licensure by endorsement.** Requires the Boards of Dentistry, Medicine, and Nursing to grant an application by endorsement to any applicant who is licensed, certified, or registered in another state, the District of Columbia, or a United States territory or possession upon submission of evidence satisfactory to such board. Currently, the Boards of

Dentistry, Medicine, and Nursing are authorized but not required to grant a license, certification, or registration by endorsement for applicants wishing to practice regulated professions.

**HB 1095 Health care; decision making; end of life; penalties.**

*Chief patron:* Kory

*Summary as introduced:*

**Health care; decision making; end of life; penalties.** Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

**SB 148 Public health emergencies; expands immunity for health care providers.**

*Chief patron:* Norment

*Summary as introduced:*

**Public health emergencies; immunity for health care providers.** Expands immunity provided to health care providers responding to a disaster to include actions or omissions taken by the provider as directed by any order of public health in response to such disaster when a local emergency, state of emergency, or public health emergency has been declared.

**SB 257 Licensure of professional counselors; Counseling Compact.**



*Chief patron:* Hashmi

*Summary as introduced:*

**Licensure of professional counselors; Counseling Compact.** Authorizes Virginia to become a signatory to the Counseling Compact. The Compact permits eligible licensed professional counselors to practice in Compact member states, provided that they are licensed in at least one member state. The bill has a delayed effective date of January 1, 2023, and directs the Board of Counseling to adopt emergency regulations to implement the provisions of the bill. The Compact takes effect when it is enacted by a tenth member state.

**SB 317 Out-of-state health care practitioners; temporary authorization to practice.**

*Chief patron:* Favola

*Summary as introduced:*

**Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency.** Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Department of Health Professions to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause.

EMERGENCY

**SB 350 Health records; patient's right to disclosure.**

*Chief patron:* Surovell

*Summary as introduced:*

**Health records; patient's right to disclosure.** Requires a health care entity to include in its disclosure of an individual's health records any changes made to the health records and an

audit trail for such records if the individual requests that such information be included in the health records disclosure.

**SB 369 Telemedicine services; practitioners licensed by Board of Medicine.**

*Chief patron:* Stuart

*Summary as introduced:*

**Telemedicine services; practitioners licensed by Board of Medicine.** Allows a practitioner of a profession regulated by the Board of Medicine who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship.

**SB 480 Administrative Process Act; final orders; electronic retention.**

*Chief patron:* McClellan

*Summary as introduced:*

**Administrative Process Act; final orders; electronic retention.** Clarifies that signed originals of final agency case decisions may be retained in an electronic medium. This bill is a recommendation of the Administrative Law Advisory Committee and the Virginia Code Commission.

# **Assessment of the Capacity Virginia's Licensed Behavioral Health Workforce**

## ***Board of Social Work Meeting***

Debbie Oswalt  
March 4, 2022



# Summary of Presentation

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- There was a shortage of BH professionals in Virginia pre-COVID-19 and it is getting worse.
- The pandemic created a tsunami of demand for mental health services.
- Virginia's BH professionals are overwhelmed with no end in sight.
- There are solutions to this problem.

# Virginia Ranks Poorly in Availability of Behavioral Health Services

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- **38 states have more BH providers/100,000 people** than Virginia (*America's Health Rankings, 2021*).
- **Virginia ranks 39<sup>th</sup> in the U.S. for access to mental health care for adults and 41<sup>st</sup> in availability of its BH workforce** (*Mental Health America, 2021*).
- **41% of Virginians live in a Mental Health Professional Shortage Area (MHPSA)**, compared to about 30% of all Americans.
- **Access to BH services is the top concern** in Community Health Needs Assessments conducted by Virginia's nonprofit hospitals.

# Focus on the 5 Licensed BH Professions

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- Psychiatrist (*all types*)
- Psychiatric-Mental Health Nurse Practitioner
- Clinical Psychologist
- Licensed Clinical Social Worker
- Licensed Professional Counselor

# Significant Portions of Virginia's BH Professionals are within 10 Years of Retirement Age

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Behavioral Health Professional Type	% of Workforce Age 55+
Psychiatrist	61%*
Psychiatric-Mental Health Nurse Practitioner	39%**
Licensed Clinical Psychologist	36%
Licensed Clinical Social Worker	37%
Licensed Professional Counselor	32%

\*Psychiatrist Data Source: Association of American Medical Colleges (AAMC) (2019).

\*\*In 2019, 39% of Virginia's Psych NPs were age 61 or older and 60% were age 51 or older. Data Source: Healthcare Workforce Data Center, Virginia Department of Health Professions (October 2020).

LCP, LCSW and LPC Data Source: Profession reports, Healthcare Workforce Data Center, Virginia Department of Health Professions (2020).



# Need for More Racial/Ethnic Diversity Among Virginia's BH Professionals

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Race/Ethnicity	Virginia	Licensed Professional Counselor	Licensed Clinical Social Worker	Licensed Clinical Psychologist
	2020 Census	2020 Virginia Department of Health Professions Reports		
<b>White</b>	<b>60.3%</b>	76%	79%	82%
<b>Black</b>	<b>18.6%</b>	16%	14%	7%
<b>Hispanic</b>	<b>10.5%</b>	4%	3%	4%
<b>Asian</b>	<b>7.1%</b>	1%	2%	4%
<b>2+ Races</b>	<b>8.2%</b>	2%	2%	2%
<b>Other</b>	<b>5.8%</b>	1%	1%	1%



# Number of Virginia Localities with *NO* or $\leq 1$ Licensed BH Professionals

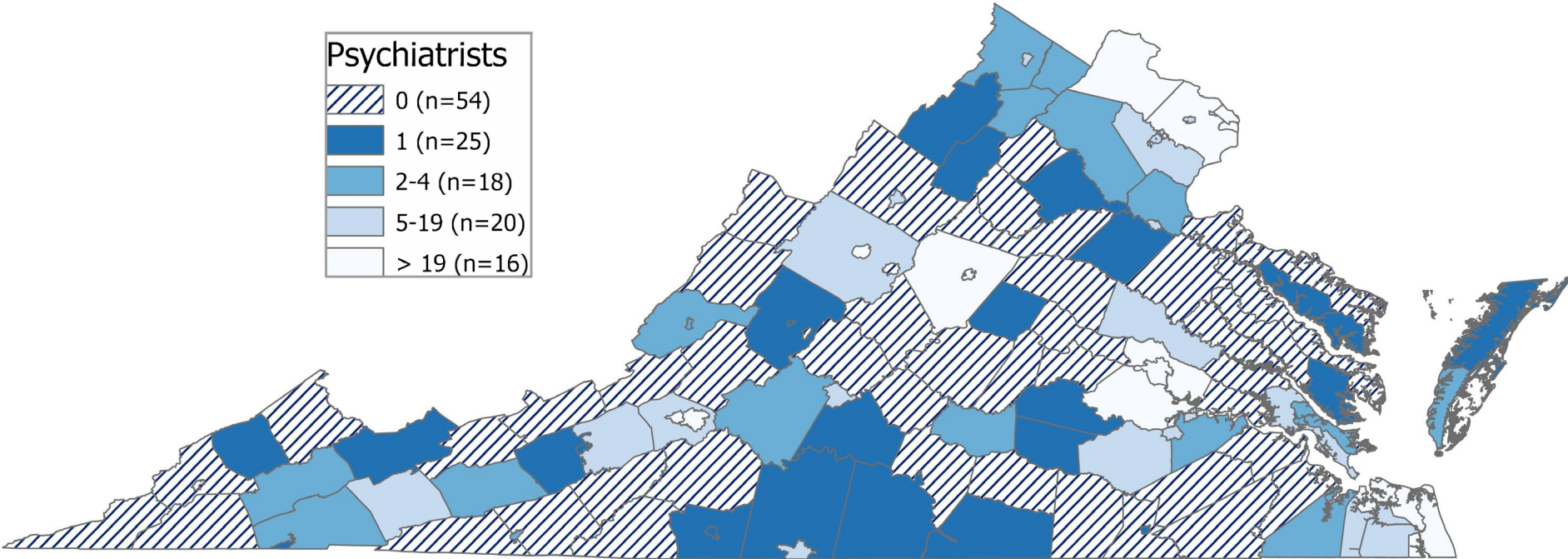
# BH Professionals/ Locality	Psychiatrists	Psych NPs	Clinical Psychologists	LCSWs	LPCs
<b>0</b>	54	51	33	6	3
<b><math>\leq 1</math></b>	25	28	15	5	13
<b>TOTAL</b>	<b>79</b>	<b>79</b>	<b>48</b>	<b>11</b>	<b>16</b>

Data for LCPs, LCSWs and LPCs practicing in Virginia in 2020: Healthcare Workforce Data Center, Virginia Department of Health Professions.

Data for Psychiatrists & Psych NPs practicing in Virginia in 2021: Healthcare Workforce Data Center, Virginia Department of Health Professions and National Provider Identifier registry (*NPI*).

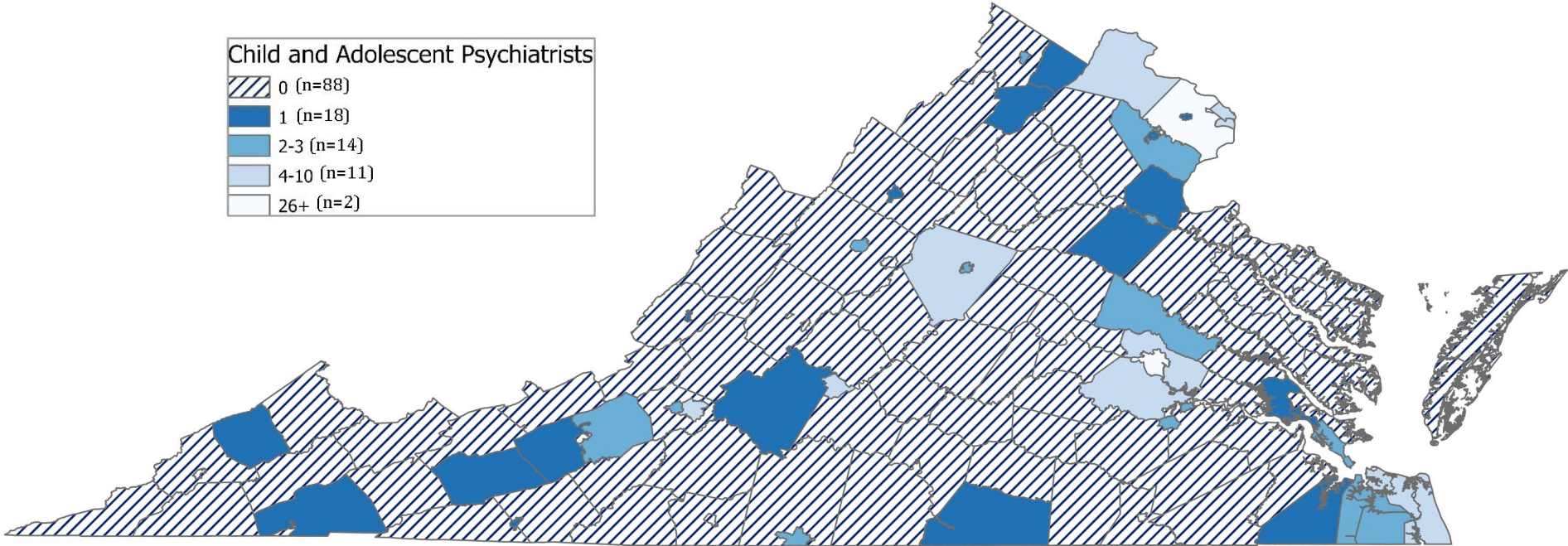
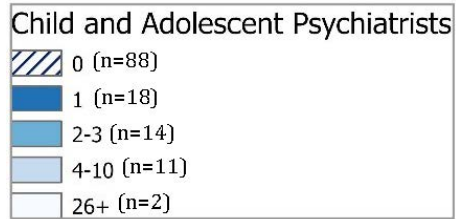
**Note: 35 localities have no BH prescriber (*Psychiatrist, Psych NP*).** 

# Distribution of Psychiatrists in Virginia

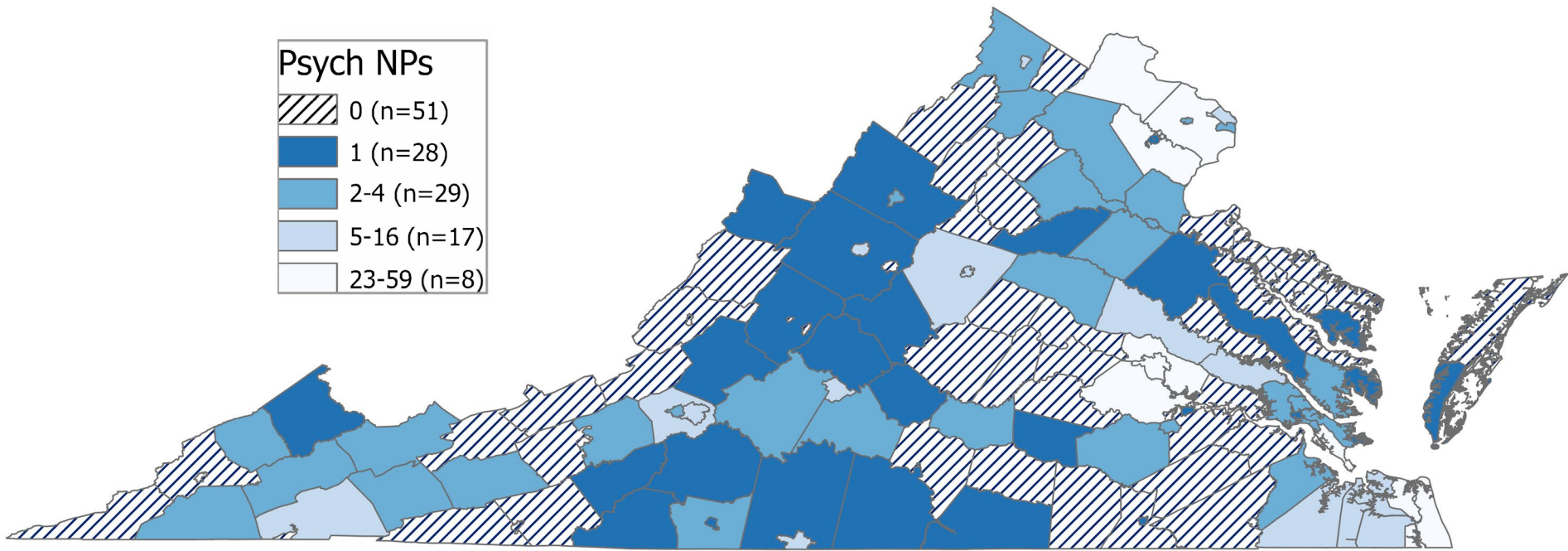


# Distribution of Child and Adolescent Psychiatrists in Virginia

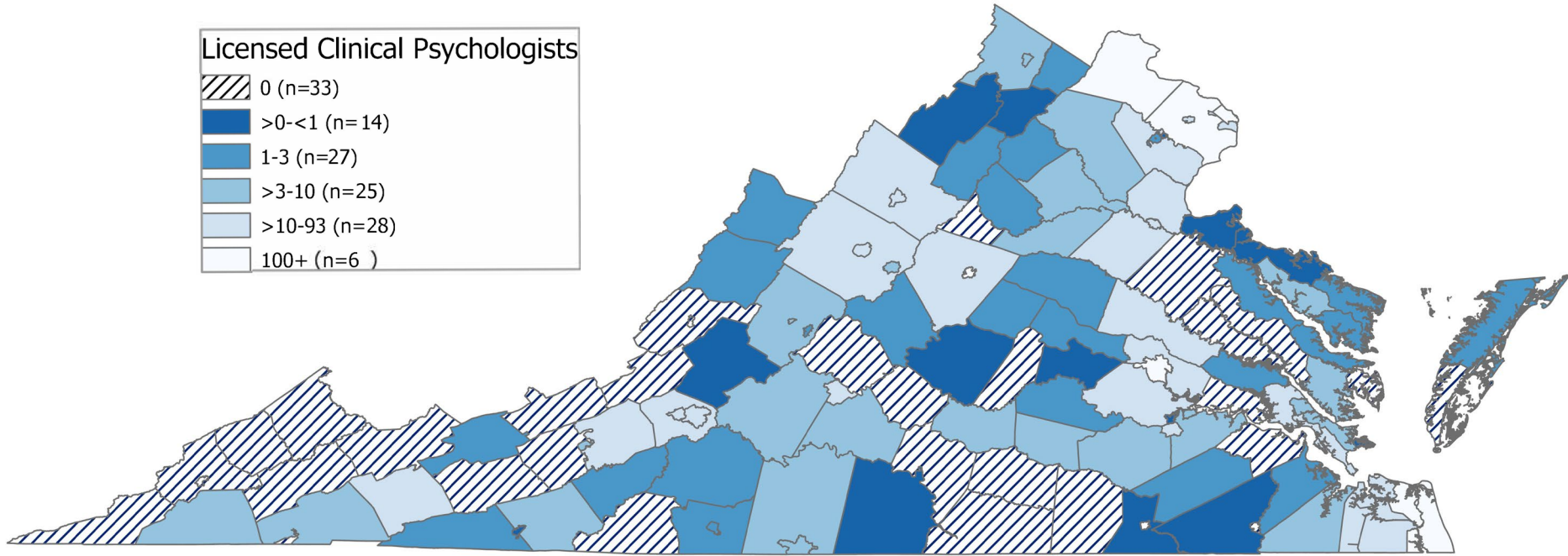
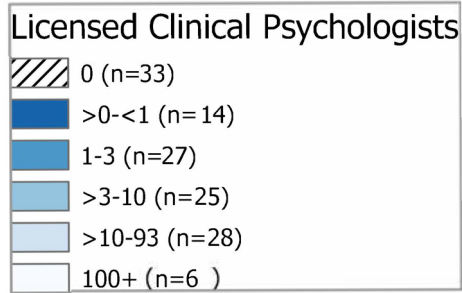
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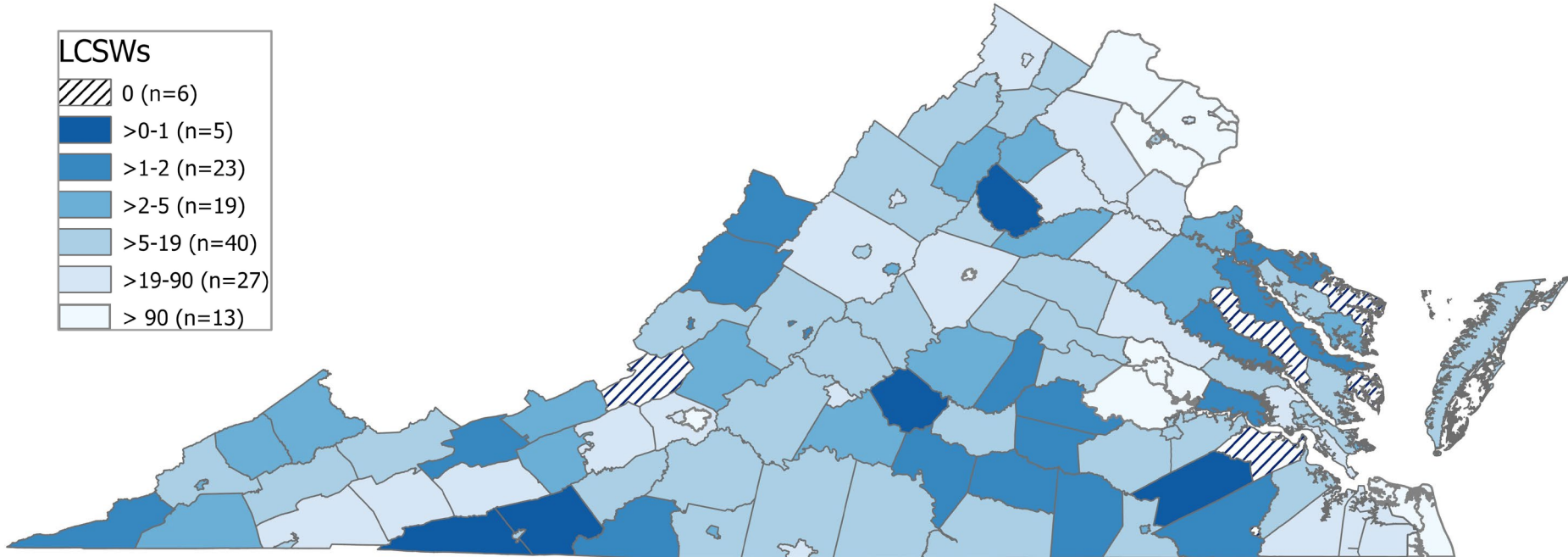
# Distribution of Psychiatric-Mental Health Nurse Practitioners in Virginia



# Distribution of Licensed Clinical Psychologists (*LCPs*) in Virginia

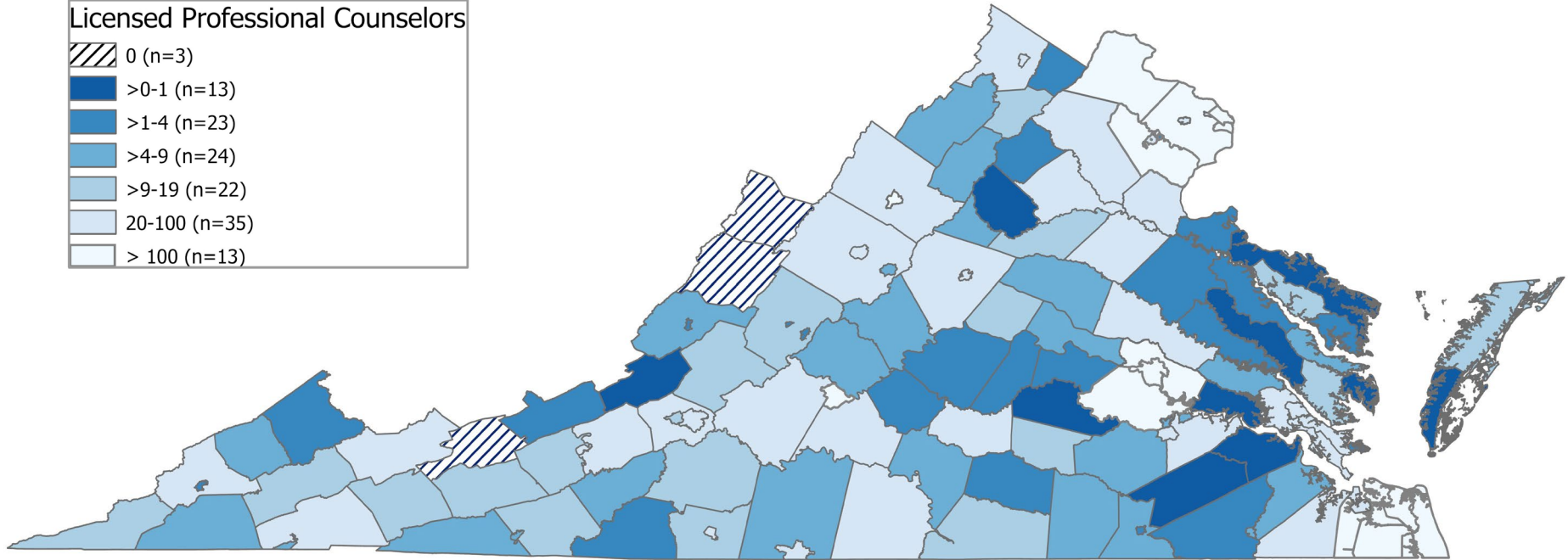
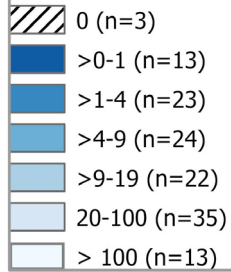


# Distribution of Licensed Clinical Social Workers (LCSWs) in Virginia



# Distribution of Licensed Professional Counselors (*LPCs*) in Virginia


Licensed Professional Counselors

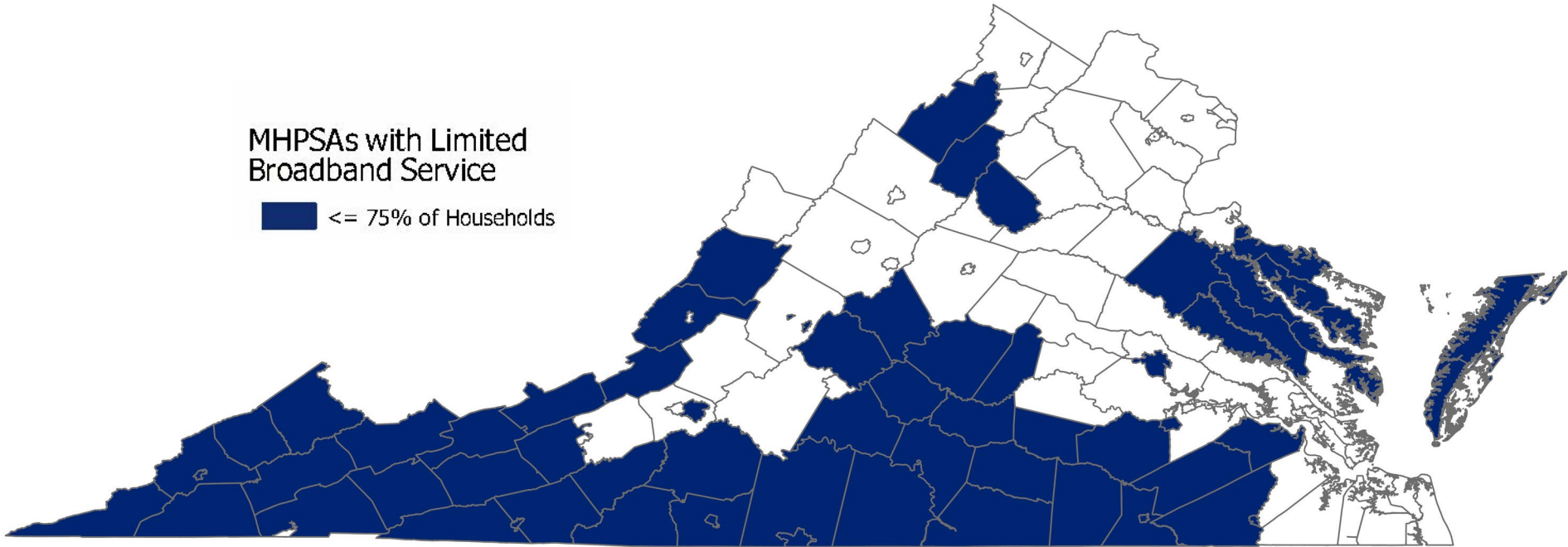


# ≤75% of Households in the Majority of MHPSAs Report Having Broadband Service

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MHPSAs with Limited  
Broadband Service

 ≤ 75% of Households



Data Source: Mental Health Professional Shortage Areas (MHPSAs), Office of Health Equity, Virginia Department of Health (August 2021). Localities where ≤75% of households have broadband internet services needed to assure ready access to BH services via telehealth (U.S. Census, 2015 - 2019).



# The Lack of Local BH Professionals Has Consequences

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Localities with fewer BH professionals have poorer outcomes on key BH indicators than the state as a whole:

- In all of these localities, the percent of adults reporting frequent mental distress (*14+ poor mental health days/month*) exceeds the Virginia rate of 12.5%.
- In all of these localities, the average number of adults reporting mentally unhealthy days in the past 30 days exceeds the number of days reported by Virginia adults, overall (*4 days/month*).

In 81% of localities with  $\leq 1$  prescriber **and**  $\leq 1$  therapist, the suicide rate exceeds the state rate (*13.6/100,000 people*).

Data Sources: Data regarding poor mental health days are from the 2018 Behavioral Health Risk Factor Surveillance System (BRFSS) conducted by the U.S. Centers for Disease Control and Prevention. The Suicide Death Rate is from the *Office of the Chief Medical Examiner Annual Report, 2019*, Virginia Department of Health (June 2021).



# BH Professional Job Postings in Virginia

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BH Professional Type	# Job Postings
Psychiatrist	172
Psychiatric-Mental Health Nurse Practitioner	97
Licensed Clinical Psychologist	148
Licensed Clinical Social Worker	549
Licensed Professional Counselor	412
<b>TOTAL</b>	<b>1,378</b>

Data Source: Indeed.com, November 2021



# Virginia BH Professional Programs and Graduates

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BH Professional Program	# Virginia Schools with BH Program	# Graduates from Virginia BH Programs (2019)
Psychiatry ( <i>residency</i> )	5	32
Psychiatric Mental-Health Nurse Practitioner	7	33
Clinical Psychology	10	58
<b>Master's of Social Work</b>	<b>4</b>	<b>351</b>
Master's of Professional Counseling	14	295
<b>TOTAL</b>	<b>40</b>	<b>777</b>

# Virginia's Schools Need to Produce More BH Professionals to Fill the Void of Coming Retirements

BH Professional Type	Current Virginia Workforce	Current Virginia Workforce Age 55+	<i>ESTIMATED # Graduates Becoming Licensed/Yr in Virginia*</i>
Psychiatry	1109	677 (61%)	26
Psychiatric-Mental Health Nurse Practitioner	544	212 (39%)	39
Clinical Psychology	2860	1030 (36%)	63
<b>LCSW</b>	<b>6304</b>	<b>2333 (37%)</b>	<b>193</b>
<b>LPC</b>	5812	1860 (32%)	202

\*Estimates for LCPs, LCSWs, LPCs & Psych NPs use 5-yr averages for the number of graduates from Virginia universities *plus* licensure exam pass rates for those schools. There is no data from Old Dominion University. Its first cohort started in 2021 and there are no graduates yet. Estimates for Psychiatrists are based on the average pass rate of 80% for the national psychiatry licensure exam.



# Several Opportunities Exist to Expand Virginia's BH Workforce

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- Accelerate licensure of more LCSWs and LPCs by paying for required supervisory fees (*\$10,000 and \$20,000, respectively*).
- Approve Virginia's participation in Interstate Compacts for each BH profession. These authorize Virginia licensure for tele-mental health and/or reciprocity with other states participating in the Compact.
- Create more psychiatric residencies for both general psychiatry and child and adolescent psychiatrists and incentivize graduating residents to practice in Virginia.
- Make recruitment, production and retention of more BH professionals in Virginia a state policy priority.



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**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of February 22, 2022**

<b>Board of Social Work</b>		
<b>Chapter</b>		<b>Action / Stage Information</b>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<p><u>Acceptance of state examinations</u> [Action 5792]</p> <p>NOIRA - Register Date: 1/3/22 Comment closed: 2/2/22</p>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<p><u>Changes to endorsement and reinstatement; standards of practice</u> [Action 5631]</p> <p>Proposed - Register Date: 1/31/22 Comment closes: 4/1/22</p>
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<p><u>Reduction in CE hours for continuation of approval to be a supervisor</u> [Action 5702]</p> <p>Proposed - Register Date: 1/3/22 Comment closes: 3/4/22</p>
[18 VAC 140 - 30]	Regulations Governing the Practice of Music Therapy (under development)	<p><u>Initial regulations for licensure of music therapists</u> [Action 5704]</p> <p>Proposed - AT Attorney General's Office [Stage 9537]</p>



**Board of Social Work**  
**Report of the 2022 General Assembly**

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**HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.**

*Summary as passed House:*

**Healthcare Regulatory Sandbox Program; established.** Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

02/11/22 House: Engrossed by House - committee substitute HB80H2

02/14/22 House: Read third time and passed House (54-Y 46-N)

02/14/22 House: VOTE: Passage (54-Y 46-N)

02/16/22 Senate: Constitutional reading dispensed

02/16/22 Senate: Referred to Committee on Education and Health

**HB 234 Nursing homes, assisted living facilities, etc.; SHHR shall study current oversight/regulation.**

*Summary as passed House:*

**Secretary of Health and Human Resources; study consolidating oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency; report.** Directs the Secretary of Health and Human Resources to study the current oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings to improve efficiency and effectiveness of regulation and oversight, provide better transparency for members of the public navigating the process of receiving services from such

facilities, and better protect the health and safety of the public and to develop recommendations for consolidation of such oversight and regulation and to report his findings and recommendations to the Governor and the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations and the House Committees on Appropriations and Health, Welfare and Institutions by October 1, 2022.

02/02/22 House: VOTE: Passage (99-Y 0-N)

02/03/22 House: Impact statement from DPB (HB234E)

02/03/22 Senate: Constitutional reading dispensed

02/03/22 Senate: Referred to Committee on Education and Health

02/21/22 Senate: Assigned Education sub: Health

**HB 242 Professional counselors, licensed; added to list of providers who can disclose or recommend records.**

*Summary as introduced:*

**Practice of licensed professional counselors.** Adds licensed professional counselors to the list of eligible providers who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

02/08/22 Senate: Referred to Committee on Education and Health

02/17/22 Senate: Reported from Education and Health (15-Y 0-N)

02/18/22 Senate: Constitutional reading dispensed (38-Y 0-N)

02/21/22 Senate: Read third time

02/21/22 Senate: Passed Senate (40-Y 0-N)

**HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.**

*Summary as introduced:*

**Virginia Freedom of Information Act; meetings conducted through electronic meetings.** Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. Definitions, procedural

requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

02/01/22 House: Read second time and engrossed

02/02/22 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)

02/02/22 House: VOTE: Block Vote Passage (98-Y 0-N)

02/03/22 Senate: Constitutional reading dispensed

02/03/22 Senate: Referred to Committee on General Laws and Technology

**HB 537 Telemedicine; out-of-state providers, behavioral health services provided by practitioner.**

*Summary as passed House:*

**Telemedicine; out of state providers; behavioral health services.** Allows certain practitioners of professions regulated by the Boards of Medicine, Counseling, Psychology, and Social Work who provide behavioral health services and who are licensed in another state, the District of Columbia, or a United States territory or possession and in good standing with the applicable regulatory agency to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. The bill provides that a practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

02/09/22 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

02/09/22 House: Impact statement from DPB (HB537E)

02/09/22 House: VOTE: Block Vote Passage (99-Y 0-N)

02/10/22 Senate: Constitutional reading dispensed

02/10/22 Senate: Referred to Committee on Education and Health

**HB 555 Health care providers; transfer of patient records in conjunction with closure, etc.**

*Summary as introduced:*

**Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted.** Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with

the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

02/08/22 Senate: Referred to Committee on Education and Health

02/17/22 Senate: Reported from Education and Health (15-Y 0-N)

02/18/22 Senate: Constitutional reading dispensed (38-Y 0-N)

02/21/22 Senate: Read third time

02/21/22 Senate: Passed Senate (40-Y 0-N)

**HB 916 Health care providers; health records of minors, available via secure website.**

*Summary as passed House:*

**Health care providers; health records of minors; available via secure website.** Provides that every hospital and health care provider that makes patients' health records available to such patients through a secure website shall make all health records of a patient who is a minor available to such patient's parent through such secure website unless the hospital or health care provider cannot make such health record available in a manner that prevents disclosure of information, the disclosure of which has been denied by a health care provider or for which required consent has not been provided.

02/15/22 House: Read third time and passed House (95-Y 3-N)

02/15/22 House: VOTE: Passage (95-Y 3-N)

02/16/22 Senate: Constitutional reading dispensed

02/16/22 Senate: Referred to Committee on Education and Health

02/17/22 House: Impact statement from DPB (HB916H1)

**HB 1095 Health care; decision making, end of life, penalties.**

*Summary as introduced:*

**Health care; decision making; end of life; penalties.** Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge,

conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/12/22 House: Prefiled and ordered printed; offered 01/12/22 22100984D

01/12/22 House: Referred to Committee for Courts of Justice

01/13/22 House: Impact statement from VCSC (HB1095)

01/26/22 House: Impact statement from DPB (HB1095)

02/15/22 House: Left in Courts of Justice

**SB 148 Public health emergencies; expands immunity for health care providers.**

*Summary as passed Senate:*

**Public health emergencies; immunity for health care providers; emergency.** Expands immunity provided to health care providers responding to a disaster to include actions or omissions taken by the provider as directed by any order of public health in response to such disaster when a local emergency, state of emergency, or public health emergency has been declared. The bill contains an emergency clause.

**EMERGENCY**

02/17/22 Senate: Impact statement from DPB (SB148S1)

02/22/22 House: Placed on Calendar

02/22/22 House: Read first time

02/22/22 House: Referred to Committee for Courts of Justice

02/22/22 House: Assigned Courts sub: Subcommittee #2

**SB 257 Counseling Compact; Dept. of Health Professions shall review merits entering into Compact.**

*Summary as introduced:*

**Licensure of professional counselors; Counseling Compact.** Requires a study of the impact of joining the Counseling Compact.

02/02/22 Senate: Impact statement from DPB (SB257S1)

02/02/22 Senate: Read third time and passed Senate (31-Y 9-N)

02/02/22 Senate: Reconsideration of passage agreed to by Senate (40-Y 0-N)

02/02/22 Senate: Passed by for the day

02/03/22 Senate: Read third time and passed Senate (26-Y 14-N)

**SB 317 Out-of-state health care practitioners; temporary authorization to practice.**

*Summary as passed Senate:*

**Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency.** Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Department of Health Professions to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause.

EMERGENCY

02/21/22 House: Placed on Calendar

02/21/22 House: Read first time

02/21/22 House: Referred to Committee on Health, Welfare and Institutions

02/22/22 House: Reported from Health, Welfare and Institutions with substitute (20-Y 0-N)

02/22/22 House: Committee substitute printed 22106790D-H1

**Agenda Item: Board action on proposed regulations for endorsement/passage of examination**

**Included in your agenda package are:**

Copy of NOIRA announcement on Townhall – there were no public comments

Copy of Hendrickson petition that requested deletion of passage of exam for licensure by endorsement if not required for licensure

Applicable section of regulation

**Note:**

The substance of the NOIRA was:

*The Board is considering an amendment to section 45 for licensure by endorsement that would allow acceptance of a state examination rather than the national examination, which is currently required for licensure in Virginia. A state examination would be acceptable only if another U. S. jurisdiction did not require the national examination at the time the social worker was initially licensed and if the examination was deemed to be a comparable level for the license being sought.*

**Board action:**

The Board must decide on proposed changes to section 45.

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**Agency** Department of Health Professions

**Board** Board of Social Work

**Chapter** Regulations Governing the Practice of Social Work [18 VAC 140 - 20]

**Action:** Acceptance of state examinations

**Notice of Intended Regulatory Action (NOIRA)**

Action 5792 / Stage 9358

 [Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)

Documents		
Preliminary Draft Text	None submitted	<a href="#">Sync Text with RIS</a>
<input type="checkbox"/> <a href="#">Agency Background Document</a>	7/28/2021	<a href="#">Upload / Replace</a>
<input type="radio"/> <a href="#">Governor's Review Memo</a>	12/2/2021	
<input type="radio"/> <a href="#">Registrar Transmittal</a>	12/2/2021	

Status	
<b>Public Hearing</b>	Will be held at the <b>proposed stage</b>
<b>Exempt from APA</b>	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
<b>DPB Review</b>	Submitted on 7/28/2021 Policy Analyst: <a href="#">Regan Rusher</a> Review Completed: 8/11/2021
<b>Governor's Review</b>	Review Completed: 12/2/2021 Result: Approved
<b>Virginia Registrar</b>	Submitted on 12/2/2021 <a href="#">The Virginia Register of Regulations</a> Publication Date: 1/3/2022 <input type="checkbox"/> <a href="#">Volume: 38 Issue: 10</a>
<b>Comment Period</b>	Ended 2/2/2022 0 comments

Contact Information	
<b>Name / Title:</b>	Jaime Hoyle / <i>Executive Director</i>
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<b>Email Address:</b>	<a href="mailto:jaime.hoyle@dhp.virginia.gov">jaime.hoyle@dhp.virginia.gov</a>
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Virginia Department of  
**Health Professions**  
Board of Social Work

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(804) 977-9915 (Fax)

### Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

ADEYOLA O HENDRICKSON

Street Address

505 E LINCOLN AVE (317)

Area Code and Telephone Number

917-859-6419

City

MOUNT VERNON

State

New York

Zip Code:

1 0 5 5 2

Email Address (optional)

yolayemi@icloud.com

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC140-20-45(B) of the Virginia Regulations Governing the Practice of Social Work under the requirements for licensure by endorsement, every applicant for licensure by endorsement must provide verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Thank you for considering my petition. I would like the Board to consider amending this requirement as it will limit the number of qualified LCSWs that can practice in the State of Virginia. I submitted an application for LCSW by endorsement (my NY LCSW license#077816, 2010), only to find out that I would need to take the clinical exam. Please be advised that the reason I did not take the clinical exam was because based on my experience and supervision hrs I was one of the first group of SWs in NY to be 'grandfathered' into the LCSW license when NY started making them available. As such it was not necessary to take the exam and I have been able to practice without limitations/restrictions since 2010, including having a private practice. I did not fail to take the test or failed the test, I simply was grandfathered into the LCSW by NY. Thank you for your consideration.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Signature:

*Adeyola Hendrickson*

Date:

06/23/2021

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**VIRGINIA**  
 REGULATORY TOWN HALL

**Secretariat** Health and Human Resources

**Agency** Department of Health Professions

**Board** Board of Social Work

 **Edit Petition**

Petition 349

Petition Information	
<b>Petition Title</b>	Deletion of requirement for passage of exam for endorsement
<b>Date Filed</b>	6/24/2021 <a href="#">[Transmittal Sheet]</a>
<b>Petitioner</b>	Adeyola Hendrickson
<b>Petitioner's Request</b>	To delete the requirement of passage of a board-approved national exam for applicants with a LCSW license in another state applying for licensure by endorsement.
<b>Agency's Plan</b>	<p>In accordance with Virginia law, the petition was filed with the Register of Regulations and will be published on July 19, 2021 with comment accepted through August 18, 2021. The petition is also posted on the Virginia Regulatory Townhall at <a href="http://www.townhall.virginia.gov">www.townhall.virginia.gov</a>.</p> <p>The petition and any comment will be considered by the Board at its next meeting following the close of comment, which is scheduled for September 10, 2021. The petitioner will be informed of its decision following that meeting.</p>
<b>Comment Period</b>	Ended 8/29/2021 0 comments
<b>Agency Decision</b>	Initiate a regulatory change <a href="#">[Transmittal Sheet]</a>
<b>Response Date</b>	1/14/2022
<b>Agency Decision Summary</b>	The petition was considered by the Board at its meeting on January 14, 2022. The Board has begun the regulatory action to propose acceptance of a state examination if the national exam was not required at the time a social worker was initially licensed in the other state. During the process of promulgating that regulation, it will consider acceptance of licensure by endorsement for applicants with lengthy experience who were grandfathered without examination in another state.
<b>Associated regulatory action</b>	<b><a href="#">Acceptance of state examinations</a></b> Latest Stage: <b><a href="#">NOIRA</a></b>

Contact Information	
<b>Name / Title:</b>	Jaime Hoyle / Executive Director
<b>Address:</b>	

## 18VAC140-20-45. Requirements for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.
2. Documentation of active social work licensure in good standing obtained by standards required for licensure in another jurisdiction as verified by the out-of-state licensing agency. Licensure in the other jurisdiction shall be of a comparable type as the licensure that the applicant is seeking in Virginia.
3. Verification of a passing score on a board-approved national exam at the level for which the applicant is seeking licensure in Virginia.
4. Documentation of any other health or mental health licensure or certification, if applicable.
5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
6. Verification of:
  - a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for 24 out of the past 60 months;
  - b. Active practice in an exempt setting at the level for which the applicant is seeking licensure for 24 out of the past 60 months; or
  - c. Evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50 A 2 and A 3.
7. Certification that the applicant is not the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim.

B. If an applicant for licensure by endorsement has not passed a board-approved national examination at the level for which the applicant is seeking licensure in Virginia, the board may approve the applicant to sit for such examination.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 15, Issue 5, eff. December 23, 1998; amended, Virginia Register Volume 27, Issue 11, eff. March 2, 2011; Volume 29, Issue 22, eff. July 31, 2013; Volume 29, Issue 25, eff. September 26, 2013; Volume 32, Issue 22, eff. August 12, 2016; Volume 36, Issue 11, eff. March 5, 2020.

**Agenda Item: Board action on petition for rulemaking**

**Included in your agenda package are:**

Copy of petition announcement on Townhall – there were no public comments

Copy of McCarroll petition that requested amendments to requirements for licensure by endorsement

Applicable section of regulation

**Board action:**

The Board must decide whether to:

Accept the petitioner's request and initiate rulemaking; or

Deny the request and take no action (reason for denial should be included in the decision)

Virginia.gov Agencies | Governor


**Secretariat** Health and Human Resources

**Agency** Department of Health Professions

**Board** Board of Social Work

 [Edit Petition](#)

Petition 357

Petition Information	
<b>Petition Title</b>	Licensure by endorsement
<b>Date Filed</b>	12/22/2021 <a href="#">[Transmittal Sheet]</a>
<b>Petitioner</b>	Darryl McCarroll
<b>Petitioner's Request</b>	Amendments to section 45, licensure by endorsement, to accept experience in another jurisdiction.
<b>Agency's Plan</b>	<p>In accordance with Virginia law, the petition was filed with the <a href="#">Register of Regulations</a> and will be published on January 17, 2022 with comment accepted through February 16, 2022. The petition is also posted on the Virginia Regulatory Townhall at <a href="http://www.townhall.virginia.gov">www.townhall.virginia.gov</a>.</p> <p>The petition and any comment will be considered by the Board at its next meeting following the close of comment. The Board will be informed the petitioner of its decision following that meeting.</p>
<b>Comment Period</b>	Ended 2/16/2022 0 comments
<b>Agency Decision</b>	Pending
Contact Information	
<b>Name / Title:</b>	Jaime Hoyle / Executive Director
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, 23233
<b>Email Address:</b>	<a href="mailto:jaime.hoyle@dhp.virginia.gov">jaime.hoyle@dhp.virginia.gov</a>
<b>Telephone:</b>	(804)367-4441 FAX: (804)977-9915 TDD: (-)

This petition was created by Elaine J. Yeatts on 12/22/2021 at 11:34am

## **Request for Comment on Petition for Rulemaking**

Promulgating Board: **Board of Social Work**

Regulatory Coordinator: Elaine J. Yeatts  
(804)367-4688  
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle  
Executive Director  
(804)367-4441  
jaime.hoyle@dhp.virginia.gov  
Department of Health Professions

Contact Address: 9960 Mayland Drive  
Suite 300  
Richmond, VA 23233

Chapter Affected:  
18 vac 140 - 20: Regulations Governing the Practice of Social Work

State: Chapter 37 of Title 54.1

Statutory Authority:  
Federal:

Date Petition Received 12/22/2021

Petitioner Darryl McCarroll

### **Petitioner's Request**


Amendments to section 45, licensure by endorsement, to accept experience in another jurisdiction.

### **Agency Plan**

In accordance with Virginia law, the petition was filed with the Register of Regulations and will be published on January 17, 2022 with comment accepted through February 16, 2022. The petition is also posted on the Virginia Regulatory Townhall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov). The petition and any comment will be considered by the Board at its next meeting following the close of comment. The Board will be informed the petitioner of its decision following that meeting.

Publication Date 01/17/2022 *(comment period will also begin on this date)*

Comment End Date 02/16/2022

	Virginia Department of <b>Health Professions</b> Board of Social Work	9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 <a href="http://www.dhp.virginia.gov/social">www.dhp.virginia.gov/social</a>	Email: <a href="mailto:socialwork@dhp.virginia.gov">socialwork@dhp.virginia.gov</a> (804) 367-4441 (Tel) (804) 977-9915 (Fax)
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### Petition for Rule-making

*The Code of Virginia (§2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.*

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix.)

McCarroll, Darryl G.

Street Address

144 Holbrook Ave

Area Code and Telephone Number

3369870333

City

Danville

State

Virginia

Zip Code:

2 4 5 4 1

Email Address (optional)

darryl1960@gmail.com

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC140-20-45. Requirements for licensure by endorsement.

6. Verification of:

a. Active practice at the level for which the applicant is seeking licensure in another United States jurisdiction for

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Please recognize that my credentials were concentrated on meeting the North Carolina Social Worker Boards requirement for licensure. However, the confusion is clear. I worked in Virginia as a QMHP A-C for three years and received authorization from the North Carolina Board to secure my hours as an associate social worker under the supervision of a North Carolina LCSW. Now I am asking that my experiences could be authorized by the Virginia Board of Social Work and if necessary I will seek a Virginia LCSW to partner with my agency for supervision, but I need to know what to do to practice in Virginia.

If the regulations, code, or policy prevent authorization of LCSW license by endorsement then how or what will you authorized that sets a path for full licensure in the State of Virginia.

I feel betrayed I spent 253 K. to become a licensed Social Worker and now I discover that because I did not ask that my employment be recognized in Virginia since I worked in Virginia you are not allowing me a pathway to full licensure, but you have authorized my supervisor endorsement rating, but did not authorize me a path for full licensure and note I met all other expectations for endorsement except notifying your office that one day I may request a license in Virginia. Please understand I had no intention of applying for a license in Virginia. I was moving back to my house in Thomasville, NC. However, employment opportunities have presented themselves and now I am requesting for a full license by endorsement, I did not work in the state of North Carolina but was allowed by permission to work in Virginia and complete my training. However, the time has arrived I want an endorsement to work as a LCSW. I need a waiver.

Respectfully,

Darryl McCarroll, MM, MSW, LCSW, (DSW) CHT, QMHPA-C

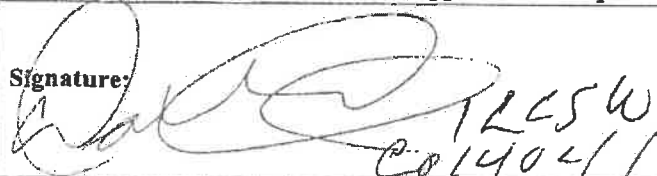
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

18VAC140-20-45. Requirements for licensure by endorsement.

A. Every applicant for licensure by endorsement shall submit in one package:

1. A completed application and the application fee prescribed in 18VAC140-20-30.

Signature:

  
 LCSW  
 20140411

Date: 12/20/2021

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**Staff Discipline Reports**  
 11/18/2021 - 02/16/2022

NEW CASES RECEIVED IN BOARD 11/18/2021 - 02/16/2022				
	Counseling	Psychology	Social Work	BSU Total
Cases <b>Received</b> for Board review	105	32	21	<b>158</b>

OPEN CASES (as of 02/16/2022)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	52	100	16	
Scheduled for Informal Conferences	27	0	17	
Scheduled for Formal Hearings	4	1	0	
Other (on hold, pending settlement, etc)	20	11	10	
Cases with APD for processing (IFC, FH, Consent Order)	9	6	0	
<b>TOTAL CASES AT BOARD LEVEL</b>	<b>112</b>	<b>118</b>	<b>43</b>	<b>273</b>
<b>OPEN INVESTIGATIONS</b>	<b>95</b>	<b>31</b>	<b>22</b>	<b>148</b>
<b>TOTAL OPEN CASES</b>	<b>207</b>	<b>149</b>	<b>65</b>	<b>421</b>

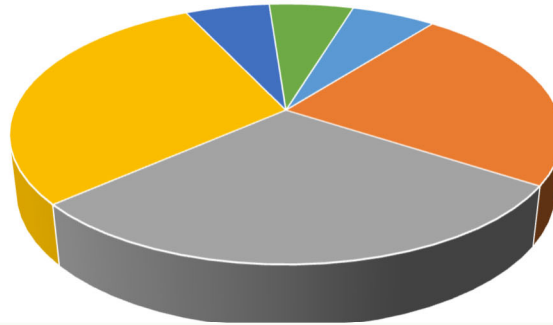
UPCOMING CONFERENCES AND HEARINGS	
<b>Informal Conferences</b>	Conferences Held: n/a  Scheduled Conferences: March 4, 2022 March 25, 2022 May 20, 2022
<b>Formal Hearings</b>	Hearings Held: n/a  Scheduled Hearings: Following scheduled board meetings, as necessary



Virginia Department of  
**Health Professions**  
 Board of Social Work

<b>CASES CLOSED (11/18/2021 - 02/16/2022)</b>	
Closed – <b>no violation</b>	16
Closed – <b>undetermined</b>	1
Closed – <b>violation</b>	0
Credentials/Reinstatement – <b>Denied</b>	0
Credentials/Reinstatement – <b>Approved</b>	0
<b>TOTAL CASES CLOSED</b>	<b>17</b>

**Closed Case Categories**



- Abuse/Abandonment/Neglect (1)
- Diagnosis/Treatment (4)
- Inability to Safely Practice (5)
- No jurisdiction (5)
- Records Release (1)
- Scope of Practice (1)

<b>AVERAGE CASE PROCESSING TIMES (counted on closed cases)</b>	
Average time for case closures	<b>148</b>
Avg. time in Enforcement (investigations)	85
Avg. time in APD (IFC/FH preparation)	0
Avg. time in Board (includes hearings, reviews, etc).	63
Avg. time with board member (probable cause review)	10



## DEPUTY EXECUTIVE DIRECTOR OF LICENSING REPORT

### Satisfaction Survey Results

2022 1<sup>st</sup> Quarter (July 1, 2021 – September 30, 2021)  
81.6%

### Total as of February 21, 2022\*

Current Licenses	
Associate Social Worker	1
Licensed Baccalaureate Social Worker	46
Licensed Clinical Social Work	8,619
Licensed Master's Social Worker	1,032
LSW – Under Supervision	7
Registered Social Worker	8
Supervisees in Social Work	2,888
<b>Total</b>	<b>12,601</b>



Virginia Department of  
**Health Professions**  
Board of Social Work

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

Email: [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov)  
Phone: (804) 367-4441  
E-Fax: (804) 977-9915  
Website: [www.dhp.virginia.gov/social](http://www.dhp.virginia.gov/social)

## Licenses and Registrations Issued

Licenses and Registrations Issued	September 2021	October 2021	November 2021	December 2021	January 2022*
Licensed Baccalaureate Social Worker (LBSW)	4	1	1	2	2
Licensed Clinical Social Worker (LCSW)	81	82	107	111	45
Licensed Master's Social Worker (LMSW)	20	17	15	27	21
Supervisees in Social Work	65	188	115	98	69
<b>Total</b>	<b>170</b>	<b>288</b>	<b>238</b>	<b>238</b>	<b>137</b>

## Applications Received

Licenses and Registrations Issued	September 2021*	October 2021*	November 2021*	December 2021*	January 2022*
Licensed Baccalaureate Social Worker (LBSW)	1	1	3	1	5
Licensed Clinical Social Worker (LCSW)	129	105	111	99	125
Licensed Master's Social Worker (LMSW)	23	34	35	34	40
Supervisees in Social Work	119	117	91	90	73
<b>Total</b>	<b>272</b>	<b>257</b>	<b>240</b>	<b>224</b>	<b>243</b>

\*Unofficial numbers (for informational purposes only)