DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
May 4, 2010

TIME AND PLACE:	The meeting was called to order at 11:05 a.m. on Tuesday, February 9, 2010, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA.
PRESIDING OFFICER:	Damien Howell, P.T., Chair
MEMBERS PRESENT:	David Boehm, L.C.S.W. Susan Chadwick, AU.D. Mary Lou Argow, LPC, LMFT, LSATP
MEMBERS NOT PRESENT:	Fernando J. Martinez
STAFF PRESENT:	Elizabeth A. Carter, Ph.D., Executive Director for the Board Justin Crow, Research Assistant Laura Chapman, Operations Manager
OTHERS PRESENT:	Gary Bolden J. T. Magee, Jr. Dr. Delano Tucker, Norfolk Sate University Michael Minor, VAMC Lisa Shoaf, Virginia Physical Therapy Assoc. Cal Whitehead, VA Academy of Sleep Medicine Ralston King, VA Academy of Sleep Medicine Debra Riggs, NASWVA Jake Jacobs, CSA Teresa Nadder, Ph.D., VCU Dept. of Clinical Science Scott Sprouse, CSA, VASA David Jennette, VASA Lori Shuart Kevin Browns, AST Martha Kent, Legislative Aide to Senator P. Ticer Rose Pruden, Legislative Assistant to Senator Yvonne Miller
QUORUM:	With four members present a quorum was established.
AGENDA:	No additions or changes were made to the agenda.
PUBLIC COMMENT:	Gary Bolden, Kinesiotherapist Mr. Bolden requested information regarding the opposition to Kinesiotherapy licensure. Dr. Carter advised Mr. Bolden that all information is public knowledge. Mr. Bolden was provided page 577 of the meeting packet, the draft workplan for regulating Kinesiotherapists in the Commonwealth of Virginia.

Michael Minor, Kinesiotherapist
Mr. Minor stated that Kinesiotherapists have been serving in VA hospitals for over 40 years. They work with severely injured people. He stated that Kinesiotherapists are trying to create an open market for health care in the public and private sector.

Dr. Delano Tucker, Norfolk State University, Kinesiotherapy
Mr. Tucker informed the committee that there currently is a shortage of therapists in Virginia. Kinesiotherapists would like a license to be able to practice under a doctors supervision outside of the VA. He does not feel that with only six (6) schools in the United States that Kinesiotherapists will be flooding the market. Dr. Tucker noted that the United States Government lets Kinesiotherapists work with Veterans and indicated that he believed that they should work with the general public and help address assisting the aging.

J.T. Magee, Jr. Kinesiotherapist, McGuire Medical Veterans Center. Mr. Magee stated that it is very difficult to determine how many Kinseiotherapists are actually in Virginia. He further stated that Kinesiotherapists treat patients under the guidance of a doctor. Educational requirements separate Kinesiotherapists from personal trainers as they do not do the same thing. He feels that licensure is necessary for Kinseiotherapist to be able to complete for jobs.

Dr. Lisa Shoaf, Virginia Physical Therapy Association
Dr. Shoaf stated that her association opposes licensure of Kinesiotherapists based on three (3) issues; 1) there is insufficient evidence of harm posed by Kinesiotherapists which is the underlying intent of regulation, 2) the small number of practitioners would make funding a regulatory program's operations difficult, and 3) the need for licensure, as opposed to a less restrictive regulatory method, has not been made clear.

APPROVAL OF MINUTES: With four members in attendance a quorum was established and meeting minutes from November 10, 2009, January 11, 2010, February 9, 2010 and March 31, 2010 were approved.

EMERGING PROFESSIONS UPDATE: Research Assistant Justin Crow provided an update on the research gathered, to date, on the Emerging Professions currently under review. The slide presentation is incorporated into the minutes as Attachment 1.

Polysomnography Study
The Committee considered the final staff report on Polysomnographers. Prior to the full completion of the study, the General Assembly moved forward in the 2010 Session with legislation to require the licensure of Polysomnographers and

regulation through an advisory committee of the Board of Medicine (ref. HB725). This report incorporates reference to this legislative action.

On properly seconded motion by Ms. Argow, the Committee voted to forward the final report to the Full Board for approval.

General Assembly Studies
Kinesiotherapy, Medication Aides in Nursing Homes and Clinical Laboratory Scientists workplans were reviewed. These studies are due to the General Assembly November 2, 2010. The Committee recommended that a public hearing for the three studies be held on one day.

On properly seconded motion by Ms. Argow, the Committee voted to present all three workplans to the Full Board for review.

Genetic Counselors
Mr. Howell indicated that he believed that the sunrise review request prepared by the Genetic Counselors was prepared according to the Policies and Procedures guidance and would be useful to serve as an example for those groups submitting review requests.

On properly seconded motion by Mr. Boehm, the Committee directed staff to advise the Genetic Counselors that their sunrise review is slated to begin in the Fall of 2010. The three aforementioned studies requested by the General Assembly are due in early November and must take precedence at this time.

Surgical Tech and Surgical Assistants
The Committee reviewed the draft report and additional summary of public comment concerning the four legislative options prepared by staff from the March 31, 2010 public hearing.

On properly seconded motion by Dr. Chadwick, the Committee recommended that Option 4 be presented to the Full Board. Option 4 provided for licensure of surgical assistants, the mandatory certification of surgical technologists, with both regulated through the Board of Medicine and overseen through their Physician Assistant Advisory Committee.

Allied Health Board
The Committee deemed that its review into the need for an allied health board addresses issues that could directly affect the operation of existing boards and the overall Department. As such, the need for assured complete objectivity is essential and necessitates the research be conducted by an independent researcher/organization. Further the resources will need to be on

par with university/think tank professional researchers who are adept in health professional regulation and board operations.

On properly seconded motion by Mr. Boehm, the Committee directed that an RFP be prepared and that grant funding be explored to support the effort. The review is also to include analysis of the potential effectiveness of employing a modified Ontario model. This model of regulation focuses not on regulating the profession, per se, but on regulating certain "controlled acts" which if performed without sufficient education and training could endanger patients.

ADDITIONAL PUBLIC COMMENT: There was no additional public comment.

NEW BUSINESS: No new business was presented.

ADJOURNMENT: The meeting adjourned at 12:10 p.m.

Damien Howell, P.T.
Chair

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

Attachment 1

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Emerging Professions

Polysomnographers
Community Health Workers
Kinesiotherapists
Medication Aides
Clinical Laboratory Scientists
Genetic Counselors
Surgical Assistants/Surgical Technologists

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Polysomnographers (Pg. 31)

- Virginia Acts of Assembly Chapter 838
  - Licensure program for polysomnographers
  - Separate Advisory Board with Medicine
  - No separate license for Respiratory Therapists

Community Health Workers

- Received the Grand Aide Manual—March 16
- Public Hearing, May 26, 10:00 AM

Kinesiotherapists (pg. 577)

- Request for study from Senate Committee on Education and Health
- Review and approve workplan
- Nov. 2, 2010

Medication Aides (pg. 580)

- House Joint Resolution 90
- Study the Advisability of permitting the use of medication aides in nursing homes
- Nov. 30 2010

Clinical Laboratory Scientists (pg. 584)

- Request for study from Delegate O'Bannon pursuant to HB 601
- Review and Approve Workplan

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Genetic Counselors (Pg. 589)

- Virginia Association of Genetic Counselors (VaAGC)
  - Request for study
  - Provided supporting information

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Surgical Technologists & Surgical Assistants

Version	Advisory Board	Scrub Role Certified	Advanced Surgical Tech Certified	LPNs perform advanced surgical tech?
1	SA/ST	Yes	Yes	Yes
2	SA/ST	No	Yes	No
3	PA	No	Yes	No
4	PA	Yes	Yes	Yes
Overview of proposed statutes				

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Public Hearing
Surgical Technologists & Surgical Assistants

- STs & SAs should be regulated separately
  - A single statute for unlicensed surgical staff is more cohesive
  - Welcome alternate bills from professional organizations
- Advanced Surgical Technology creates three-tiered profession
  - Targeted regulation
  - Allows the RRC choice
  - Professional "tiers" are up to employers and professional organizations
- Hospital-based training programs for surgical technologists
  - Designed to prevent unilateral raising of standards by NBSTSA
  - Most states regulating surgical technologists have some sort of "safety valve"
  - This one includes at least some oversight
  - BOM could raise standards to national accreditation if/when appropriate

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Public Hearing
Surgical Technologists & Surgical Assistants

- Delineation of tasks associated with "Advanced Surgical Technology" is poor. (pg 282, top)
  - Likely requires clinical expertise to determine
  - Board of Medicine determines advanced surgical technology
- Surgical Technologists should be registered
  - New regulatory structure for STs
  - Depends on employers and practitioners to comply
  - Least burdensome method to set universal standards without licensure

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Surgical Assistants & Surgical Technologists

- Supervisory language is unclear/missing
  - Regulations already include supervisory language
    - VDH licensing
    - Joint Commission
    - Centers for Medicare & Medicaid Services
  - Surgeon manages the procedure and the facility sets staff policies
- Clarify that RNs may perform in the scrub role
  - Covered by broad exemption for licensed practitioners
  - May warrant separate line to prevent future scope of practice disputes
- STs & SAs should not be regulated at all (pg. 278)

Surgical Roles and Tasks

Scrub Role	"Advanced Surgical Technology"	First Assistant
• Clean and prep room and equipment • Set up operating room and instrument trays • Assemble medications or solutions • Transport Patient • With circulator, verify chart, patient identity, procedure and site of surgery • Shave and drape patient • Maintain Sterile Field • Perform counts with circulator • Assist surgeon with gown and gloves • Pass instruments • Prepare sterile dressing	• Hold retractors, instruments or sponges • Sponge, suction or irrigate surgical site • Apply electrocautery to clamps • Cut suture material • Connect drains to suction apparatus • Apply dressing to closed wounds • Venipuncture (Inserting IV) • Manipulation of endoscopes within the patient • Skin stapling	• Position patient • Place retractors, instruments or sponges • Cauterization and clamping • Closure and subcutaneous closure • Harvest veins • Placing hemostatic agents • Participate in volume replacement and autotransfusion • Injection of local analgesics • Select and apply dressing to wounds • Assist with securing drainage systems

Table 1: Framework of roles within the Surgical Assistant and Surgical Technologist continuum, and illustrative tasks.

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- VCORN
  - Version 1 w/ suggested amendments
- VASA
  - Version 2 (SA specific)
- AST
  - Version #1 or Version # 4 (prefers 4)
    - w/o unaccredited hospital-based training program