

July 1, 2012 – June 30, 2014

Biennial Report

Virginia Department of Health Professions

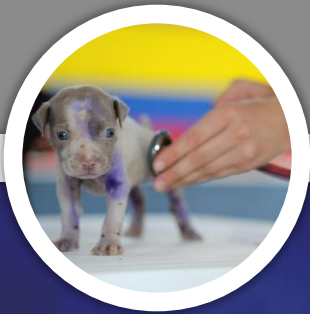


Table Of Contents

About DHP.....	1
Director’s Message.....	2
Executive Office.....	3
Support Divisions.....	4
Licensure.....	5
Boards & Programs.....	6-70
<i>Breakdown of the Boards and Programs section is listed to the right</i>	
Appendices.....	71-115
<i>Appendix A – Licenses.....</i>	71-76
<i>Appendix B – Complaints Against Licensees.....</i>	77-83
<i>Appendix C – Violations.....</i>	84-90
<i>Appendix D – Sanctions.....</i>	91-97
<i>Appendix E – Categories.....</i>	98-112
<i>Appendix F – Confidential Consent Agreements.....</i>	113
<i>Appendix G – Disciplinary Staff.....</i>	114
<i>Appendix H – Financial Overview.....</i>	115

Boards & Programs Breakdown

Introduction.....	6
Explanation of Key Performance Measures.....	7
Audiology & Speech-Language Pathology.....	8-10
Counseling.....	11-14
Dentistry.....	15-18
Funeral Directors & Embalmers.....	19-22
Health Professions.....	23-24
Long-Term Care Administrators.....	25-27
Medicine.....	28-34
Nursing.....	35-40
Optometry.....	41-43
Pharmacy.....	44-49
Physical Therapy.....	50-52
Psychology.....	53-55
Social Work.....	56-59
Veterinary Medicine.....	60-62
Health Practitioners’ Monitoring Program.....	63-65
Prescription Monitoring Program.....	66-68
Healthcare Workforce Data Center.....	69-70

About DHP

Our Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.



Our Vision

Competent professionals providing healthcare services within the boundaries of their standards of practice to an informed public.

Department of Health Professions

The Virginia Department of Health Professions (DHP) is the umbrella agency for the 13 health regulatory boards and the Board of Health Professions that together license and regulate more than 370,000 healthcare practitioners across 82 professions. Health regulatory boards also regulate facilities and programs such as pharmacies, funeral establishments, veterinary establishments, nursing education and pharmacy technician training programs.

Boards

- Audiology & Speech Language Pathology
- Counseling
- Dentistry
- Funeral Directors & Embalmers
- Health Professions
- Long-Term Care Administrators
- Medicine
- Nursing
- Optometry
- Pharmacy
- Physical Therapy
- Psychology
- Social Work
- Veterinary Medicine

Programs

- Health Practitioners' Monitoring Program
- Prescription Monitoring Program
- Healthcare Workforce Data Center

Director's Message



David E. Brown, D.C.
Director

The core mission of the Department of Health Professions is simple – to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public. However, the actual work of the Department is far from simple.

The Department of Health Professions consists of 13 licensing boards that regulate 82 separate professions, 585 educational programs, and issue over 370,000 licenses. We issue and renew licenses, investigate complaints against licensees, and inspect pharmacies, funeral homes, and veterinary establishments. Our Boards and Advisory Boards rely on 188 gubernatorial appointees to adjudicate disciplinary and licensure hearings, set policy, recommend law, and make regulations. In 2013-14 we received over 9,900 complaints against licensees resulting in 10,600 investigations, disciplinary action against more than 5,900 health professionals, and suspension or revocation of 919 licensees.

During this biennium the Virginia legislature asked the Department to initiate the regulation of behavior analysts, genetic counselors, surgical assistants, and surgical technologists. The Department led Virginia's participation in the National Governor's Association Veteran's Licensure and Certification Policy Academy to find ways to streamline the healthcare licensure of veterans, by taking into account military training and experience.

In addition to our licensing boards the Department is home to the Board of Health Professions, the Healthcare Workforce Data Center, the Prescription

Monitoring Program, and the Health Practitioners' Monitoring Program. The Board of Health Professions advises the Agency Director, the Secretary of Health and Human Resources, the Governor, and the General Assembly on matters relating to the regulation of healthcare providers. The Healthcare Workforce Data Center conducts surveys of selected professions providing the Commonwealth with valuable supply-side data to help meet the growing healthcare needs of Virginians. The Prescription Monitoring Program operates a 24/7 database of prescriptions, a resource for physicians and other prescribers to safely care for patients and a key tool to prevent misuse or diversion of prescription medications. The Health Practitioners' Monitoring Program monitors practitioners in recovery to ensure a safe return to practice as an alternative to disciplinary action.

All board functions are funded through licensing fees, which are among the lowest in the nation. No general fund revenue is used to support the Department.

I assumed the reins of the Department in March of 2014, and I would like to thank former Director Dianne Reynolds-Cane, M.D., and Chief Deputy Director Arne Owens for their leadership during most of this biennium. The next two years promise to be busy and exciting for the Department of Health Professions. Healthcare is changing – telemedicine, electronic medical records, and interstate licensing compacts, for example – and we need to ensure that regulation keeps up with the evolving healthcare landscape.

A handwritten signature in black ink that reads "David E. Brown". The signature is written in a cursive, flowing style.

Executive Office

Jaime H. Hoyle

Chief Deputy Director

The Chief Deputy supports the Agency Director and his initiatives, and serves in the capacity of the Agency Director when necessary. The directors of the agency's programs (the Prescription Monitoring Program, the Health Practitioners' Monitoring Program, the Board of Health Professions and the Healthcare Workforce Data Center) report directly to the Chief Deputy.

Elaine Yeatts

Senior Policy Analyst

The Senior Policy Analyst works with the 13 health regulatory boards and relevant committees and advisory boards on the development of regulations, legislation, and guidance documents. During the General Assembly, the Policy Analyst prepares legislative action summaries for all bills relating to health professions and tracks legislation for the Department.

Jason Brown

Deputy Director for Administration

The Deputy Director for Administration is responsible for all administrative support functions for the Agency. These functions include: finance, accounting, information technology, and business planning.

Diane Powers

Director of Communication

The Communications Office supports the mission of DHP by supplying accurate and timely information to the public through the management of media relations with traditional press, social media, video teleconferencing, and new board member orientation.

Support Divisions

Enforcement Division **Faye T. Lemon, Director**

The Enforcement Division enforces the statutes and regulations pertaining to the Department of Health Profession's 13 health regulatory boards. Enforcement personnel receive and assess complaints, investigate complaints, inspect designated facilities, conduct background checks and conduct reinstatement investigations.

Administrative Proceedings Division **James L. Banning, Director**

The Administrative Proceedings Division is responsible for the preparation, processing, and prosecution of disciplinary cases.

Finance Division

The Finance Division is responsible for the budgeting (**Charles Giles, Manager**), accounting (**Anita Watkins, Director**), contracting and purchasing (**Renee Watson, Manager**), and internal control activities (**Ashley Reed, Manager**) for the entire agency.

Information Systems Division **Robert Jenkins, Director**

The Information Systems Division is responsible for implementing and supporting agency mission critical automated systems, web sites, related computerized applications, and technology operations and production services for the agency and all of the boards.

Human Resources **Deborah S. Barnett, Director**

The Human Resource Division's operations are centralized, providing managers with consultation regarding all functional areas of human resource management.

Planning & Research **Kathy Siddall, Director**

The Business Research and Planning Department is responsible for supporting the development and implementation of agency-wide initiatives, planning activities, records management, and training programs. This department also supports front desk operations.

Licensure

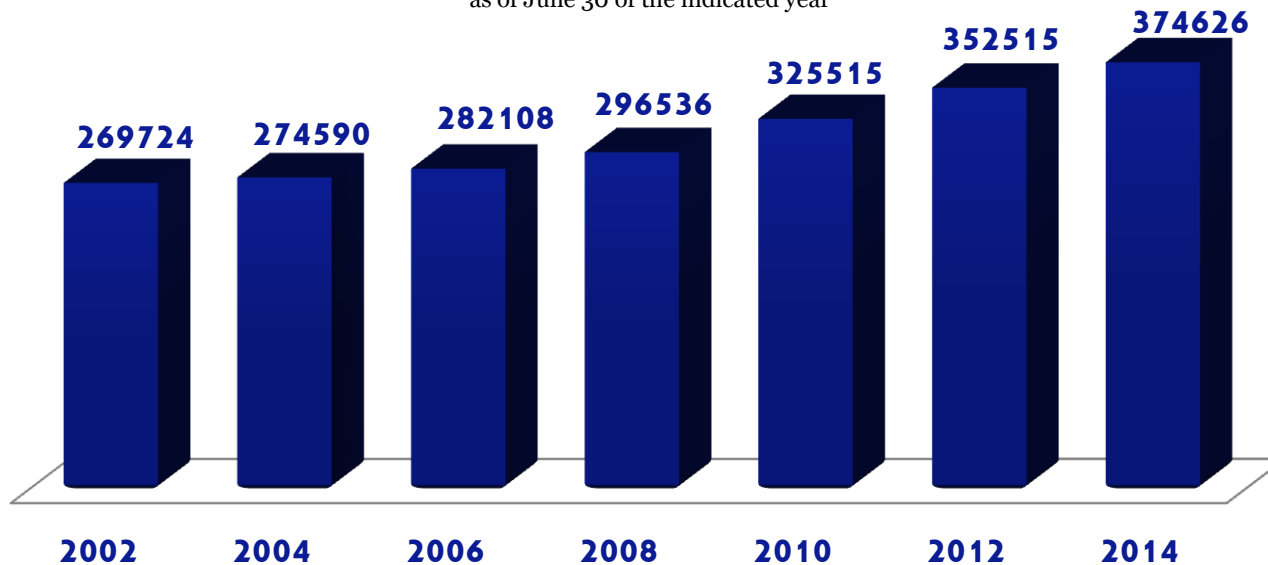
As evident in the graph below, DHP as a whole continues to experience growth in the number of licensees authorized to render healthcare as measured by the number of individuals holding a license on June 30, 2014, the end of the biennium. The increase over the previous biennium is approximately 6.4%.

The growth in numbers of practitioners is believed to be based on the demand for healthcare services and the number of individuals choosing careers in healthcare delivery, as well as the addition of two new professions and the availability of enrollment in corresponding educational institutions.



Licensure Count

as of June 30 of the indicated year



The following information highlights the primary issues, accomplishments, and revenue and expenditures for this biennium for each of the 13 regulatory boards and the Board of Health Professions, as well as three programs (Prescription Monitoring, Health Practitioners' Monitoring, and Healthcare Workforce Data Center). For more information on board and programmatic subjects, links are provided on the agency's website: <http://www.dhp.virginia.gov>

DHP is a special fund agency that receives the money necessary to operate largely through fees charged to those licensed or certified through the health regulatory boards. The *Code of Virginia* requires, with one exception, that each of the 13 health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses. The only regulated health profession whose costs are not paid entirely by registration fees is Certified Nurse Aides (CNA's) under the Board of Nursing. Nurse Aides are regulated pursuant to a federal mandate, and the federal government provides some funding for their regulation. In this biennium, the Department also received grant funding from the National Governors Association focusing on streamlining the process by which transitioning military veterans can convert medical skills acquired in the military into various civilian occupations.



Boards & Programs Explanation of Key Performance Measures

In order to uphold its mission relating to discipline, the Department of Health Professions (DHP) continually assesses and reports on performance. Key Performance Measures (KPMs) offer a concise, balanced, and data-based way to measure disciplinary case processing. Three measures enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload, and Time to Disposition.

Two additional KPMs have been implemented to aid management in assessing its performance in the area of licensure. Applicant Satisfaction and Initial Applications Processed within 30 Days assist management in fulfilling its mission relating to timely and customer service oriented licensure processing.

Variation of percentages within boards that handle a small number of cases tends to be greater.

Clearance Rate: The number of closed cases as a percentage of the number of received cases during the same time period. A 100% clearance rate means that the agency is closing the same number of cases as it receives. DHP's goal was to achieve a 100% clearance rate of allegations of misconduct through the end of FY 2014.

Age of Pending Caseload: The percent of patient care cases open longer than 250 business days. This measure tracks the backlog of patient care cases to aid management in providing specific closure targets. The goal was to reduce the percentage of open patient care cases older than 250 days to no more than 20% by the end of FY 2014.

Time to Disposition: The percent of patient care cases closed within 250 days during the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal was to resolve 90% of cases related to patient care within 250 business days by the end of FY 2014.

Applicant Satisfaction: Calculated using the results of surveys sent to each initial applicant. The number of positive responses is compared to the total number of responses to calculate the percentage of positive responses.

Initial Applications Processed within 30 Days: The percentage of all applications processed within 30 days of being marked complete from an electronic checklist tracking system. This measure assesses the timely completion of the licensing process, assuring that, once all paperwork is submitted, applicants are promptly issued their license to enter the workforce.

Total Licenses: 4,104

(as of June 30, 2014)



Executive Director

Leslie L. Knachel, M.P.H.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	33%	11%	100%	97.0%	100%
12/31/2012	600%	25%	83%	100%	100%
03/31/2013	200%	0%	75%	100%	100%
06/30/2013	100%	0%	100%	100%	100%
09/30/2013	--	0%	100%	94.8%	100%
12/31/2013	0%	0%	--	85.7%	100%
03/31/2014	100%	0%	100%	100%	100%
06/30/2014	200%	0%	100%	100%	100%

Biennial Fiscal Summary

Revenue: \$599,240

Expenditures: \$530,292

Innovations & Advancements

The Board of Audiology and Speech-Language Pathology's (BASLP) efforts to actively collect email addresses in support of its "Go Green" initiative resulted in 95% of licensees registering this information with the Board. Licensure renewal notification and informational updates were sent via email to reduce expenditures related to printing and mailing documents.

Representatives from BASLP participated in professional association meetings by presenting on regulatory and licensing issues and being available to answer questions about the Board's activities.

The BASLP informed licensees via email of important updates such as regulatory changes and guidance document approvals.

Regulatory Actions

Two regulatory actions were finalized:

- The Board adopted a reduction in renewal fees for December of 2013.
- Chapter 781 of the 2014 Acts of the Assembly eliminated the separate license issued by the Department of Education for school speech-language pathologists. Accordingly, the Board amended requirements for licensure of school speech-language pathologists to conform regulations to changes in the Code of Virginia. Amended regulations became effective 8/13/14.

Three regulatory actions were submitted for Executive Branch review and remain in process:

- A periodic review of Chapter 20 resulted in an action to repeal and re-organize regulations into a new Chapter 21; it was submitted on 10/4/13.
- Proposed amendments to establish the training, supervision, and practice of speech-language pathologists (SLP) in the performance of fiberoptic endoscopic evaluation of swallowing (FEES) were submitted on 10/1/11.
- Chapter 436 of the 2013 Acts of the Assembly amended § 54.1-2604 to authorize the Board to issue a provisional license to an applicant in speech-language pathology in order to allow for the applicant to obtain clinical experience. Amended regulations to establish a provisional license were submitted on 7/29/13.

Challenges & Solutions

Prior to the 2014 General Assembly session, the Board of Education and BASLP issued licenses to school speech-language pathologists which limited practice to public school divisions only. In addition, BASLP issued a Full Speech-Language Pathology License which had no restrictions on practice location. This dual-agency licensure system created confusion and in some cases resulted in disciplinary action against a speech-language pathologist for practicing without the appropriate license. During the 2014 General Assembly session, legislation was passed to identify the Board of Audiology and Speech-Language Pathology as the sole licensing entity for the practice of speech-language pathology.

The public school divisions, especially in rural areas, often have difficulty providing speech-language pathology services due to a lack of available practitioners. The use of assistant speech-language pathologists to assist in the provision of services has been identified as a possible solution. The 2014 General Assembly session passed legislation requiring the BASLP to identify qualifications, duties, and supervision requirements for an assistant speech-language pathologist. The BASLP formed an ad hoc committee to address the new legislative requirements.

Additional Issues

The Board conducted annual continuing education audits to ensure that licensees are completing requirements to remain current in the practice of audiology and speech-language pathology.

Total Licenses: 6,545

(as of June 30, 2014)



Executive Director

Catherine Chappell, M.H.R.M.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	100%	41%	100%	60.3%	100%
12/31/2012	57%	40%	100%	78.0%	100%
03/31/2013	85%	38%	100%	69.9%	100%
06/30/2013	120%	31%	80%	76.3%	100%
09/30/2013	117%	20%	85%	80.1%	100%
12/31/2013	77%	20%	50%	83.2%	100%
03/31/2014	109%	18%	92%	86.7%	100%
06/30/2014	111%	18%	100%	92.8%	100%

Biennial Fiscal Summary

Revenue: \$1,460,256 Expenditures: \$1,357,504

Innovations & Advancements

The Board of Counseling sponsors annual Educational Summits for Virginia graduate counseling programs. These Summits are designed to facilitate discussion between educators and the Board in matters of educational trends, core coursework, and clarification of the professional role of a licensed counselor. The Summits have proven to be an effective means to promote the understanding of counselor educational preparation for independent licensure.

The Board has developed a new partnership with the Virginia Criminal Injury Fund. The Board now supports training opportunities for licensed practitioners with respect to the provision of trauma counseling services.

The Board continues to work collaboratively with other state agencies to ensure competent and qualified mental health professionals are available to meet the needs of the most vulnerable citizens of the Commonwealth of Virginia. The Board has continued its partnership with the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assurance Services (DMAS) to support the coordination of prompt and appropriate licensure of individuals providing mental health services in the Medicaid community.

In accordance with legislation effective July 1, 2013, the Board has implemented a supervisory registry, which lists the licensees who are approved by the Board to provide supervision to residents.

Through staff educational outreach efforts, the Board is able to educate students, residents, licensees, and employers regarding licensure requirements and application processes. These presentations have been provided in person as well as through video telecommunications. This has led to the development and strengthening of collegial relationships with stakeholders.

Individuals are encouraged by Board staff to submit a petition for

rulmaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Counseling includes contacts from graduate counselor education programs, professional associations, and members of the public interested in the activities of the Board of Counseling.

The Board's website is monitored closely by staff and timely updates are posted on the announcements section. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities.

Regulatory Actions

One regulatory action was finalized for Chapter 20, Regulations Governing the Practice of Professional Counseling:

- The Board adopted amendments to clarify requirements for applicants and students, and to put in place less restrictive requirements, including a reduction in the clinical practice required for licensure by endorsement (24 months in past 60 months versus five of the past six years) if the applicant does not meet equivalent education and experience requirements, and allowance for use of real-time visual technology to meet the requirement for face-to-face supervision; they became effective 7/3/14.

One regulatory action in process:

- A periodic review of Chapters 20, 50 (Marriage and Family Therapy) and Chapter 60 (Licensed Substance Abuse Practitioners) resulted in recommendations for amendments and publication of a Notice of Intended Regulatory Action on 7/14/14.

(continued on the next page)

Regulatory Actions

(continued from previous page)

Legislative action affecting the Board:

- Chapter 590 of the 2013 Acts of the Assembly modified the composition of the Board to reduce the number of professional counselors from eight to six, and require three members to be marriage and family therapists who are clinical fellows of the American Association for Marriage and Family Therapy, and three members to be licensed substance abuse treatment practitioners.
- Chapter 264 of the 2013 Acts of the Assembly modified the definitions of “counseling” and “professional counseling”, and established a requirement for a registry of supervisors.

Challenges & Solutions

The Board continues to seek innovative means to reduce the timeline from application to initial licensure or certification. The volume of requests to begin supervision or apply for licensure continues to grow, as does the complexity of such requests. Staff have developed systems, such as a matrix tool detailing required counselor educational coursework, that have significantly reduced the time needed to evaluate each application. As a result of the reduced turnaround time, as well as the education provided to stakeholders on the application process, the Board has seen a remarkable

increase in applicant satisfaction survey results, with a 25% increase in satisfaction ratings from June 2012 to those of June 2014.

The Board continues to ensure fair and objective discipline of its practitioners and has seen a significant increase in cases relating to unlicensed practice and standards of practice over the past two years. There has been an approximate 400% increase in the number of cases received as of June 2012 to those as of June 2014. This is attributed to increased public awareness of the ability to file a complaint as well as the significant increase in volume of licensing activity resulting in credentials appeals.

Because of documented examples of substandard supervised experiences over the years, the Board requires pre-approval prior to beginning supervision towards licensure. The Board recognizes that applicants often face workforce challenges with respect to quality and quantity of clinical experiences but finds that the required supervisor training has better ensured the adequacy of supervision to those seeking autonomous licensure.

Regulations have been amended due to an increase in endorsement applications for licensure in Virginia, the national emphasis on licensure portability, and the Board’s goal to reduce the burden on its applicants. These regulations have lowered the number of years of required active practice in another jurisdiction necessary for licensure in Virginia.

Additional Issues

Effective July 1, 2013, the Board experienced a change in the composition of its board members. This led to delays in appointing new board members to vacant or expired seats. As a result, the Board often faced difficulty in establishing quorums.

Through regulatory changes by DMAS the designation of 'license eligible' was created. This designation is not recognized nor regulated by the Board. Due to these regulatory changes and subsequent program requirements established by DBHDS in 2010, reimbursement for services to Medicaid clients is now allowed to individuals who these agencies have

deemed to be "license eligible." The Board continues to face significant challenges due to the increase in the volume and complexity of requests to obtain this status of "license eligible." The Board has worked closely with DMAS and DBHDS to remove the term "license eligible" from their regulations and policies and to replace it with "Resident in Counseling." The Board continues to face challenges when applicants for licensure seek this "licensed-eligible" status but do not always meet the education and training necessary to become a "Resident in Counseling." The Board is cognizant of workforce challenges facing mental health providers as well as the needs of citizens with respect to the provision of mental health services.

Total Licenses: 13,140

(as of June 30, 2014)



Executive Director
Sandra K. Reen

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	54%	13%	87%	92.9%	100%
12/31/2012	78%	16%	90%	94.1%	100%
03/31/2013	77%	16%	92%	72.2%	100%
06/30/2013	114%	24%	79%	94.7%	99.8%
09/30/2013	130%	24%	74%	90.1%	100%
12/31/2013	127%	25%	72%	95.9%	100%
03/31/2014	77%	25%	74%	92.3%	96.1%
06/30/2014	62%	22%	63%	88.9%	99.4%

Biennial Fiscal Summary

Revenue: \$5,358,613 Expenditures: \$4,138,493

Innovations & Advancements

The Board of Dentistry became the first Board in the Department of Health Professions to have statutory authority to recover costs associated with investigating and monitoring licensees who have been disciplined by the Board. On November 12, 2012, the Board adopted a detailed guidance document, 60-17, on the assessment of costs to be recovered. Licensees are notified of the assessment in the orders entered to address disciplinary cases. Guidance document 60-17 is updated annually in September to reflect the actual costs incurred in the previous fiscal year.

Public awareness and facilitation of public participation in the biennium:

- Licensees and the individuals and organizations on the Board's notification list received four editions of 'BRIEFS', the Board's periodical which introduces the current licensing, regulatory, and policy matters being addressed. 'BRIEFS' includes links to pertinent documents and addresses public comment opportunities.
- Notices and agendas for the eight Board business meetings and numerous meetings of the Regulatory/Legislative and Examination Committees were sent to the individuals and organizations on the Board's notification list.
- Requests for comments on a legislative proposal to address fee splitting were sent to the Board's notification list.
- Two presentations were given to the senior class of dental students at the Virginia Commonwealth University School of Dentistry. One presentation addressed the regulations governing practice and the other addressed application for licensure.
- A presentation on the Regulations Governing Dental Practice was given

to the Roanoke Valley Dental Society.

- The Board President and Executive Director presented at the Southern Conference of Deans and Dental Examiners.
- The Board Executive Director attended three meetings of the Board of Directors of the Virginia Dental Association and attended the annual meeting of the Virginia Oral Health Coalition.
- A Board representative gave opening remarks at the annual meeting of the Virginia Dental Hygienists' Association.

Regulatory Actions

Nine regulatory actions were finalized for Chapter 20, Regulations Governing Dental Practice:

- Pursuant to authorization in HB2058 of the 2009 Acts of the Assembly, the Board promulgated regulations for recovery of costs associated with investigating and monitoring licensees for whom disciplinary action has been imposed; they became effective 11/21/12.
- Regulations for temporary and faculty licenses were amended to conform to changes in the Code; they became effective 11/21/12.
- Regulations were amended to incorporate by reference the protocol of the Department of Health for remote supervision of dental hygienist by dentists employed by the Department; they became effective 11/21/12.
- The Board amended regulations to include training in pulp capping as part of training in amalgam or composite resin restorations for Dental Assistants II; they became effective 11/22/12.

(continued on next page)

Regulatory Actions

(continued from previous page)

- The Board amended section 195 on radiation safety certification to include options for: 1) a course and examination offered by an institution with a dental assisting, dental hygiene or dentistry program accredited by the Commission on Dental Accreditation, and 2) a specific course provided by the Dental Assisting National Board; they became effective 12/6/12.
- Section 50 was amended to add the American Academy of Dental Hygiene to the listing of organizations and entities that can sponsor continuing education courses for dentists and dental hygienists in Virginia; it became effective 9/26/13.
- Two actions corrected errors in regulations; they became effective on 5/8/13 and 2/12/14.
- Chapter 526 of the 2011 Acts of the Assembly required the Board of Dentistry to revise its regulations to provide for permits for dentists who provide or administer conscious/moderate sedation or deep sedation/general anesthesia in a dental office. The key provisions of the regulations were: 1) establishment of definitions for words and terms used in sedation and anesthesia regulations, 2) general provisions for administration, including record keeping and requirements for emergency management, 3) requirements for deep sedation/general anesthesia permits including training, delegation of administration, emergency equipment, monitoring and discharge of patients, and 4) requirements for conscious/moderate sedation permits including training, delegation of administration emergency equipment, monitoring and discharge of patients. The final regulations replaced emergency regulations and became effective 5/7/14.

One regulatory action has been submitted for Executive Branch review and remains in process:

- A comprehensive periodic review of Chapter 20 resulted in separation of provisions into four new chapters: Chapter 15, Regulations Governing the Disciplinary Process in Dentistry; Chapter 21, Regulations Governing the Practice of Dentistry; Chapter 25, Regulations Governing the Practice of Dental Hygienists; and Chapter 30, Regulations Governing the Practice of Dental Assistants. Proposed regulations were submitted for Executive Branch review on 4/3/12, and the final stage was submitted on 3/17/14 but has not yet been approved.

Legislative action affecting the Board:

- Chapter 20 of the 2012 Acts of the Assembly clarified the patient care activities allowed for a person enrolled in an advanced Virginia dental education program who has a temporary license to practice dentistry while in the program, clarified requirements for the Board to issue a faculty license to a qualified person from out of state to teach dentistry or dental hygiene, and specified that a restricted license for a foreign dentist to teach dentistry in Virginia is a temporary appointment and extended this restricted license expiration from one year to two years.
- Chapter 240 of the 2013 Acts of the Assembly modified the definition of "dental hygiene" and clarified the licensure requirement for a dental hygienist of graduation from a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education.

Challenges & Solutions

The Board of Dentistry began to address concerns advanced through public comment and through disciplinary cases regarding the business entities which deliver dental services such as:

- sole proprietorships
- large corporate dental practices, and
- practice management companies.

The Board is conferring with other state agencies to identify any legal provisions currently in place to address the accountability of business entities for their actions that have a bearing on the quality of dental care being provided to citizens of the Commonwealth. This information will be used to foster discussion of coordinated oversight and, as needed, development of policy to assure accountability.

The Board implemented a proactive approach to regulate the administration of sedation for dental treatment. The Board is now issuing permits in order to verify the educational qualifications of the dentists administering sedation, and to identify the location of practices where sedation is administered. This action is a result of investigations of numerous cases addressing fatalities, and adverse reactions, as well as egregious practices related to sedation and the treatment of patients while under sedation. The regulatory requirements for administration were expanded effective September 14, 2012 to address:

- requirements for permits
- findings that resulted from the investigations as addressed above, and
- national standards of professional organizations including the American Dental Association and the American Academy of Pediatric Dentistry .

The Board also adopted a guidance document, 60-3, and an inspection form which will be used to evaluate compliance with the regulatory requirements for treating patients undergoing sedation.

Additional Issues

The Board also issued and/or revised the following guidance documents:

- 60-1 Board Policy on Confidential Consent Agreements
- 60-2 Sanction Reference Point Instruction Manual
- 60-6 Board Policy on Sanctioning for Practicing with an Expired License
- 60-18 Dental laboratory Work Order Form
- 60-19 Dental Laboratory Subcontractor Work Order Form
- 60-22 Policy on Sanctioning for Failure to Comply with Insurance and Billing Practices

Total Licenses: 2,471

(as of June 30, 2014)



Executive Director

Lisa R. Hahn, M.P.A.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	29%	0%	50%	100%	100%
12/31/2012	33%	0%	100%	100%	100%
03/31/2013	125%	8%	100%	--	100%
06/30/2013	38%	0%	67%	100%	100%
09/30/2013	90%	5%	100%	100%	100%
12/31/2013	120%	6%	67%	100%	100%
03/31/2014	400%	8%	100%	88.9%	100%
06/30/2014	64%	0%	86%	100%	100%

Biennial Fiscal Summary

Revenue: \$1,079,880 Expenditures: \$1,258,392

Innovations & Advancements

The International Conference of Funeral Service Examining Boards (the Conference) is currently developing a Model Practice Act for Funeral Service. The Board's Executive Director was selected to serve on the Model Practice Act Committee. The effort is to increase public protection by establishing standards for minimal competence, methods of discipline, and means of removing incompetent or unethical practitioners. The result of this effort will standardize terminology and regulation across jurisdictions, promote understanding of funeral service, and provide consistency in decisions related to licensure, renewal, and discipline.

The Board has sought ways to reduce the costs related to licensure and discipline activities through promoting the scanning of case files and electronically sharing the information with Board members and other DHP offices. Of paramount consideration is the security of the sensitive information. This process has become more sophisticated over time and currently the Board is piloting the use of Microsoft SharePoint and a Board Portal. The Board Portal is promising with regard to efficiently providing Board members access to documents needed to adjudicate disciplinary cases with greater security.

In 2013, representatives from the Board, along with representatives from the Chief Medical Examiner's Office and the mortuary school at John Tyler Community College, met with representatives of the Joint Mortuary Affairs Center at Fort Lee to discuss how to facilitate the transition of Army Mortuary Affairs Specialists into the civilian workforce. The Board is committing to assisting our veterans transitioning to civilian life. The Board hopes that it will be able to provide credit for the military experience and allow for a reduced internship requirement.

Regulatory Actions

Seven regulatory actions were finalized:

- Chapter 497 of the 2012 Acts of the Assembly changed the hourly requirement for continuing education from 10 hours every two years to five hours per year. Amendments to Chapter 20, Regulations of the Board of Funeral Directors and Embalmers conformed regulations to the change and clarified that the subject matter may include federal laws and regulations as well as Virginia laws and regulations; it became effective on 9/26/12.
- Following a periodic review, Chapter 20 was amended to clarify or make the requirements somewhat less restrictive; it became effective on 9/26/13.
- The Board amended regulations on cremation authorization to conform to changes in the Code of Virginia in Chapters 228 and 355 of the 2014 Acts of the Assembly. The specifics on the execution of a cremation authorization were deleted from regulation and a reference to requirements of § 54.1-2818.1 (prerequisites for cremation) were inserted; they became effective 7/30/14.
- An action adopted by the Board for Chapter 30, Regulations for Preneed Funeral Planning, clarified the rights of the consumer in termination or modification of an irrevocable trust in preneed funeral contracts; it became effective 11/23/12.
- An exempt action to correct a Code cite in Chapter 30 became effective 12/29/12.
- Following a periodic review, Chapter 30 was amended to allow a contract provider to maintain a chronological or alphabetical listing of all preneed contracts; it became effective 9/26/13.

(continued on the next page)

Regulatory Actions

(continued from previous page)

- Following a periodic review, Chapter 40, Regulations Governing the Funeral Service Internship was amended to: 1) allow the Board to approve an internship in embalming in a government facility or accredited educational institution; and 2) change reporting requirements for internships from 10 days to 14 days; they became effective on 9/26/13.

Two regulatory actions were submitted for Executive Branch review and remain in process:

- Amendments to Chapters 20 and 40 were proposed in 2010 to increase fees in order to have sufficient revenue for expenditures of the Board. In its adoption of final regulations, the Board proposed a two-time debt reduction surcharge on the renewal due in 2015 and in 2016. Proposed regulations were initially proposed in 11/10/10, re-proposed on 5/8/12, and approved on 5/15/14. Final regulations were submitted on 8/21/14.
- Chapter 377 of the 2010 Acts of the Assembly amended requirements for identification prerequisites for cremation, and regulations were adopted by an emergency action and were effective between 10/1/12 and 9/30/13. The replacement regulations were submitted on 5/2/13.

Challenges & Solutions

The Board's biggest challenge has been the budget. The Board anticipated the need for a fee increase and submitted the request for increased fees four years ago but the regulations were stalled. The Board has been operating in a negative cash flow position for a few years. The proposed fees were recently approved by the Secretary and the Governor. We hope to have the final regulations in effect for the March 2015 renewal.

A 2013 Attorney General Opinion was provided that more narrowly defined

the law regarding the handling of unclaimed dead human bodies. As a result, local sheriffs began to refuse to accept unclaimed bodies. To address this situation a large group of affected stakeholders (hospitals, long term care facilities, Funeral Service Associations, Funeral Board, law enforcement and other agencies) developed a comprehensive piece of legislation that:

- Defines who has the legal authority to remove and dispose unclaimed bodies
- Maintains the responsibility of local law enforcement to assist in identifying the decedent and next of kin
- Establishes a process for issuance of a court order authorizing transfer of an unclaimed body to a funeral home for disposition
- Establishes responsibility for local governments to pay expenses of such disposition
- Protects funeral professionals, hospitals and others named from liability exposure for claims related to acceptance or disposition

The changing nature of funeral practices provides challenges for regulatory bodies. The Board has studied the business of Virtual Funeral Homes. These are independent funeral homes that may only have a presence on the internet. Currently the laws and regulations of Virginia do not allow for this type of funeral home. Internet sales connected to "main funeral establishments" are allowable and are starting to emerge. The Board will continue to monitor this for consideration of future regulatory needs.

The Board has studied alkaline hydrolysis, which is a method of final disposition and an alternative to burial and cremation. Currently in Virginia, this method is not allowable by law. It is anticipated that the promoters of this method will continue to pursue legislative changes in Virginia and other states to allow for alkaline hydrolysis.

(continued on next page)

Challenges & Solutions

(continued from previous page)

The Board has noticed an increase in the number of disciplinary cases related to surface transportation and removal companies. It appears that some of these companies have gone beyond the practice boundaries of their registration. In addition to providing training to funeral service licensees on the laws and regulations related to surface transportation and removal, the Board intends to submit appropriate regulations to clarify the surface transportation and removal duties and close loopholes.

The timely filing of death certificates continues to be problematic. Funeral Directors often have difficulty in getting a healthcare practitioner to sign the death certificate. The law has been expanded to allow additional people to sign for the physician, however, this has not resolved the problem. The Board has worked with stakeholders, such as the Board of Medicine and the Virginia Department of Health (VDH), to address this problem. The Board of Medicine and VDH sent out another letter to physicians reminding them of their “last act of patient care.” We have posted this letter on the Board’s website as an additional resource.

The Board determined that there is a loophole in the definition of embalming which would allow the use of chemicals on the skin of a dead body as a sufficient manner of embalming. This was never the intent of the embalming definition. The Board voted to recommend a legislative change to the definition of embalming.

Additional Issues

The Board has had several disciplinary cases that attracted significant media attention and/or have been appealed to the Circuit Court and the Virginia Court of Appeals. The Courts have upheld the Board’s decision related to these cases.

Innovations & Advancements

The Board of Health Professions (BHP) examined the need for regulation of *new* professions, scrutinized scope of practice barriers to evolving health team delivery models, and updated the Sanction Reference Point systems.

Code of Virginia §54.1-2510 requires that the Board “advise the Governor, the General Assembly, and the Director on matters pertaining to the regulation or deregulation of healthcare professions and occupations.” BHP broadly monitors healthcare developments, especially relative to emerging professions. The Board is nationally regarded for its empirically-based evaluative criteria and standardized research methodology. In 2013, BHP conducted a single sunrise review of Perfusionists and recommended against state regulation. In the prior biennium, the Board reviewed a record seven (7) professions and was in favor of state regulation for the following: Clinical Laboratory Scientists, Clinical Laboratory Technicians, Genetic Counselors, Polysomnographic Technologists, Surgical Assistants, and Surgical Technologists. The General Assembly has since passed legislation for the regulation of four. Polysomnographic Technologist licensure passed in 2010 and Genetic Counselors licensure in 2014. The General Assembly also mandated registration for Surgical Assistants and Surgical Technologists in 2014. All four professions are now regulated through the Board of Medicine.

With rapidly evolving changes to the healthcare system, an aging practitioner workforce, growing population, and the institution of federal health reform, BHP instituted a series of reviews into scope of practice barriers to the development of new care delivery models. Beginning in 2011, these reviews have examined Nurse Practitioners, Pharmacists, and during the current biennium, Pharmacy Technicians, Dental Hygienists and Dental Assistants. Legislation passed in 2012 and 2013 substantially amended Nurse Practitioner and Pharmacy practice authority within collaborative environments. Regarding Pharmacy Technicians, the Board deemed that the education and training requirements vary greatly and are



Executive Director

Elizabeth A. Carter, Ph.D.

currently at too rudimentary level to consider recommending greater practice authority at this time. The Board continues to monitor their progression. The Dental Hygienist and Dental Assistant review is currently underway.

Virginia’s “best practices” scope of practice research strategies were highlighted in a March 2014 webinar on Health Professions Regulation in the U.S. hosted by the National Center for Health Workforce Analysis Health’s Workforce Technical Assistance Center.

BHP continually evaluates the effectiveness of the Sanction Reference Point system (SRP). SRPs were instituted first for the Board of Medicine in 2004 and subsequently for all 13 Boards since 2011 when the Department received the Council on Licensure Enforcement and Regulation’s Regulatory Excellence Award for the project. The latest updates during the current biennium include refinements to the Board of Nursing’s system to include Certified Massage Therapists and Registered Medication Aides and the Board of Pharmacy’s Pharmacy Technicians.

(continued on the next page)

Innovations & Advancements

(continued from previous page)

During the biennium, the Board held public hearings to solicit comment on the Pharmacy Technician Scope of Practice Barrier review and Study into the Need to Regulate Perfusionists. The Board also hosted a public hearing on behalf of the Department to solicit input on views concerning House Bill 1235 (2014). This Bill pertained to implantable Medical Devices distributed by medical device distributors in which a physician in the Commonwealth has an ownership interest.

Regular reports on agency Communications activities are presented at each full Board meeting.

Challenges & Solutions

One of the chief challenges facing the Board is remaining abreast of the rapidly changing healthcare landscape. As a result, the Department's Healthcare Workforce Data Center now tracks key information from over 20 professions and federal and state data sources that informs about practitioner demographics, practice locations, types of practice, services provided, patient population and more. A summary of the Center's activities during the current biennium is provided elsewhere in this report.

Total Licenses: 2,054

(as of June 30, 2014)



Executive Director

Lisa R. Hahn, M.P.A.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	143%	5%	90%	100%	100%
12/31/2012	50%	4%	67%	100%	100%
03/31/2013	114%	9%	75%	100%	100%
06/30/2013	90%	5%	78%	--	100%
09/30/2013	60%	10%	100%	100%	100%
12/31/2013	86%	9%	67%	100%	100%
03/31/2014	100%	5%	60%	88.9%	100%
06/30/2014	29%	5%	100%	100%	100%

Biennial Fiscal Summary

Revenue: \$774,122

Expenditures: \$856,324

Innovations & Advancements

As Americans live longer and in greater numbers, consumers are looking for more options of long term care support and services. Legislative changes at the federal level call for state Medicaid programs to fund home and community based services, an emerging area within this expanding continuum of care. The Patient Protection and Affordable Care Act, requires lines of services to coordinate care and offers provider incentives to keep consumers out of the hospitals, prompting a potential increase in the use of home care or adult day care settings. In response, the National Association of Long Term Care Administrator Boards (NAB) initiated its Professional Practice Analysis (PPA), a study to meet the needs of all lines of service in long term care administration including hospice, home, and community based care. The Board of Long Term Care Administrator's is an active participant in the PPA. NAB's PPA articulates both broad and specific knowledge related to home and community based services, assisted living, hospice, home care, adult day care, independent living and skilled nursing care. The PPA analyzes the knowledge and skills an administrator must have to enter the profession and to demonstrate competency for advancement. NAB seeks to develop a nationally recognized and voluntary Health Services Executive credential that encompasses all lines of service and will also support professional mobility across state borders.

The Board's Executive Director was selected to work in collaboration with the American College of Health Care Association (ACHCA) and NAB to help create a model Administrator in Training (AIT) Program as well as a Model Preceptor Development Curriculum and program that meet the preceptor training requirements in multiple states. This will provide opportunities for administrator licensees to "give back" to their profession by actively serving as preceptors for emerging LTC leaders.

The Board has sought ways to reduce the costs related to licensure and discipline activities through promoting the scanning of case files and electronically sharing the information with Board members and other DHP offices. Of paramount consideration is the security of the sensitive information. This process has become more sophisticated over time and currently the Board is piloting the use of Microsoft SharePoint. SharePoint is an internet program which allows the electronic and secure transmission of sensitive information between Board staff, the Enforcement Division, and the Adjudication Proceedings Division. Included with the SharePoint pilot is the development of a Board Portal which gives Board members limited access to documents needed to adjudicate disciplinary cases with greater security and efficiency than our previous methods of transmitting sensitive documents. Electronic conversion of case records has reduced paper and postage costs.

Board staff attended several meetings and conferences throughout this Biennium to present current Board information and answer questions. The presentation encouraged people to attend upcoming board meetings and provided ways to participate in the regulatory process. The presentation also provided an opportunity to discuss the Virginia Regulatory Town Hall.

Board staff participates in the Assisted Living Facility Stakeholder's Group. Meetings are held on a quarterly basis. The Board received feedback during a Stakeholders meeting asking that the Board work to increase the membership in the "Voluntary Preceptor" Directory. In response Board staff included a question on the 2014 renewals for licensed Preceptors to contact us if they agreed to have their contact information on a public directory. We were able to add 30 names to the list.

Board Staff also participates in the Nursing Facility Advisory Committee meetings which are held quarterly.

Regulatory Actions

Two regulatory actions were finalized:

- An action adopted by the Board changed the name of the behavioral health state agency for conformity to the name change made in 2009; it became effective 8/29/12.
- A periodic review of Chapter 20 resulted in an action to clarify certain requirements and make others less restrictive. For example, the Board allowed credit towards completion of a nursing home administrator-in-training program for an applicant with years of service as a licensed assisted living administrator and will accept continuing education offered by a government agency; they became effective 7/18/03.

Two regulatory actions were submitted for Executive Branch review and remain in process:

- Amendments to Chapter 20 (Regulations Governing the Practice of Nursing Home Administrators) and Chapter 30 (Regulations Governing the Practice of Assisted Living Administrators) are proposed to require applicants for licensure to provide a current report from the U. S. Department of Health and Human Services Data Bank; they were submitted on 6/27/14.
- An increase in fees charged to applicants and licensees was initially submitted on 9/15/10. In the adoption of final rules, the Board proposed a one-time debt reduction surcharge on the renewal due in 2015. Proposed regulations were initially submitted on 12/17/10, resubmitted on 6/20/12 and approved on 10/21/13. Final regulations were submitted on 6/24/14.

Challenges & Solutions

The Board's biggest challenge has been the budget. The Board has been operating in the red for several years due to stalled regulatory action. The Board submitted an original request for a fee increase four years ago. The fees were recently approved at the Governor's office and will become effective on October 22, 2014.

Additional Issues

DHP's Healthcare Workforce Data Center completed the analysis of the 2014 survey results compiled during the March renewal cycle. This report identifies future workforce shortages as well as geographical statistics by profession. This report will be shared with the Board during their next full meeting.

The Board of Long Term Care has gone "**green**". Members bring their personal laptops to meetings with the agenda's saved to their computers. The agenda and meeting information is also presented on the video screen for the audience to view the materials. This has greatly reduced the Board's copying and paper costs.

Licensing staff have begun the process of scanning completed licensure files into L2K which will eliminate the cost of microfilming completed applications and the space required to store them.

Discipline staff continues to scan disciplinary cases and send this information to members either by CD or via SharePoint.

Total Licenses: 61,788

(as of June 30, 2014)



Executive Director

William L. Harp, M.D.

Biennial Key Performance Measures

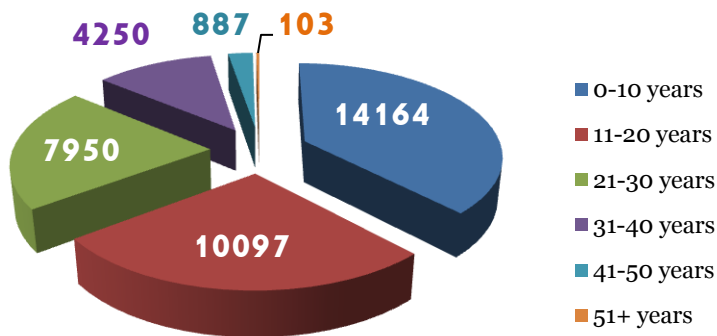
Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	122%	19%	122%	93.9%	99.9%
12/31/2012	103%	19%	91%	86.2%	100%
03/31/2013	91%	20%	92%	94.4%	100%
06/30/2013	82%	18%	94%	87.5%	99.9%
09/30/2013	106%	14%	92%	91.1%	100%
12/31/2013	100%	16%	96%	91.8%	100%
03/31/2014	86%	15%	95%	92.1%	100%
06/30/2014	103%	21%	96%	95.0%	100%

Biennial Fiscal Summary

Revenue: \$15,674,470 Expenditures: \$13,508,714

* The summary of information that follows is the information required to be reported by doctors of Medicine, Osteopathy, and Podiatry by Virginia Code §54.1-2910.1. The data in physicians' profiles is not comprehensively verified by the Board of Medicine, and therefore the Board does not accept responsibility for the accuracy of the self-reported information. Some data provided only represents a portion of the population of licensees and should not be used as a complete summary of the Board of Medicine's licensees.

Years In Practice



The graph to the left shows the distribution of the number of years of each reporting physician in active, clinical practice as specified by regulations of the Board.

Total Average Years In Practice: 16.61 Years

Geographic Distribution of Reporting Physicians

The chart to the right shows the geographic distribution of the practice locations of reporting physicians. This does not represent the total population of licensed and reporting physicians. This may not include every practice location of reporting physicians.

Central: 1,743

Northern: 3,420

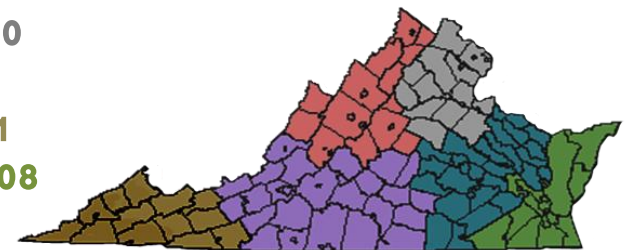
Southern: 802

Southwest: 281

Tidewater: 1,808

Valley: 523

Out of State: 3,777

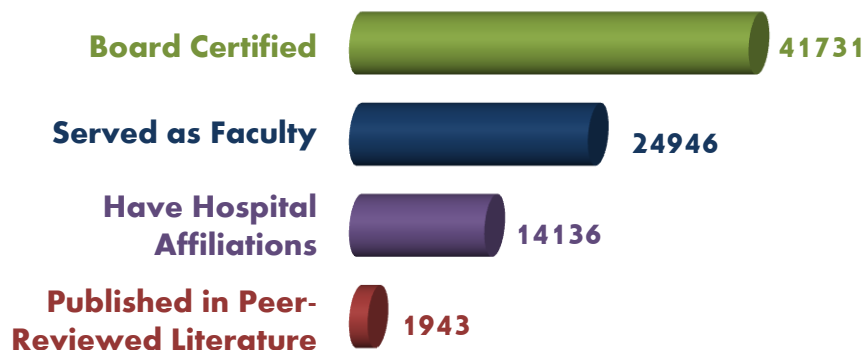


* The summary of information that follows is the information required to be reported by doctors of Medicine, Osteopathy, and Podiatry by Virginia Code §54.1-2910.1. The data in physicians' profiles is not comprehensively verified by the Board of Medicine, and therefore the Board does not accept responsibility for the accuracy of the self-reported information. Some data provided only represents a portion of the population of licensees and should not be used as a complete summary of the Board of Medicine's licensees.

The chart to the right shows the number of physicians reporting:

- By category (medicine, osteopathy, and/or podiatry)
- Access to translation services
- Participation in Medicaid
- *Any* felony convictions from any point in time
- Medical malpractice settlements greater than \$10,000 within the most recent 10 year period (2004-2014)
- *Any* disciplinary action that resulted in a suspension or revocation of privileges, or termination of employment at any point in time.

By Category:		39,279	2,813	525
		<i>Medicine</i>	<i>Osteopathy</i>	<i>Podiatry</i>
Translation Service Access	14,917	Felony Convictions 82		
Medicaid Participation	17,930	Medical malpractice Settlements >\$10,000 4,710		
		Disciplinary action resulting in suspension, revocation, or termination 617		



The graph to the left shows the number of physicians reporting:

- Board certifications as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the American Board of Multiple Specialties in Podiatry, or the Council on Podiatric Medical Education of the American Podiatric Medical Association
- Serving as faculty to schools of medicine, osteopathy, and pathology
- Any hospital affiliations
- Publications in peer-reviewed literature within the most recent 5 year period (2009-2014)

Innovations & Advancements

The Board of Medicine elected Valerie Hoffmann, D.C. of Danville Virginia, to lead the Board during FY2013. This is the first time that a chiropractor has served as Board President.

As a result of sound fiscal management and operational efficiencies in both the Licensing and Discipline Sections, the Board was able to approve an approximate 14% decrease in renewal fees for all its professions in calendar years 2014 and 2015.

The Department of Health Professions (DHP), contracted with VeriDoc to provide electronic verifications of licensure to other state boards when requested by our licensees. This electronic efficiency has not only sped up the verification process, it has freed up approximately 0.5 full-time equivalency unites for other tasks.

The Board continues to negotiate settlements in a large percentage of cases. This provides due process but results in a Final Order that will not be appealed. By holding fewer informal conferences and formal hearings considerable savings is recognized.

The Board has continued its relationship with the Federation of State Medical Boards (FSMB). Virginia is one of the states interested in piloting Maintenance of Licensure (MOL) projects. These projects examine the rationale for the development of a new system of maintenance of licensure in the United States. The Board also assisted the DHP Healthcare Workforce Data Center in its collaboration with FSMB on the Minimum Data Set project. This project's goal is to establish a national minimum standard on the collection of workforce demographics. Data collected by the FSMB's 69 member boards is under review to determine if it is possible to ask the boards to collect workforce data in a consistent manner. The Board of Medicine agreed with this objective and has engaged its workforce group to collaborate with the FSMB on this project.

The Board remains in active discussion about the Interstate Medical Compact that is being developed by the Federation of State Medical Boards. The Compact promises a number of benefits to physicians and the public, including shortening licensure time, promoting license portability, and facilitating telemedicine as it finds it place in healthcare.

The Board approved an Ad Hoc Committee on Telemedicine to develop a guidance document with the help of experts and stakeholders by the end of calendar year 2014.

The Board updated its approach to candidates for the United States Medical Licensing Examination (USMLE) testing to be consistent with the new guidelines of the National Board of Medical Examiners and the Federation of State Medical Boards. In June 2014, the USMLE decided to discontinue state medical board sponsorship for the Step 3 Exam of the USMLE. The outdated system of committing to work in one state is no longer utilized. As a result the Board of Medicine dissolved its contract with the USMLE.

The Board sends out newsletters after each of its full board meetings to ensure that licensees are provided the most current information.

Individuals are encouraged by Board staff to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Medicine currently exceeds 100 interested entities and individuals.

(continued on next page)

Innovations & Advancements

(continued from previous page)

The Board of Medicine provided its first medical resident rotation in “Medical Regulation”. This is a postgraduate elective currently offered through the Virginia Commonwealth University School of Medicine. The rotation was well received by participants.

Board staff has continued to present “Medical Regulation in the 21st Century” to the graduating class at the VCU School of Medicine. The course is designed to prepare graduates for residency.

Board staff assisted the Federation of State Medical Boards and its partners in the development of a continuing medical education course on the FDA’s Risk Evaluation and Mitigation Strategies Program. The course is designed to educate prescribers of opioid analgesics regarding the specific issues related to Extended-Release/Long-Acting opioid preparations and precautions to be taken with their use.

Board staff has given presentations to the Health Section of the Virginia Bar Association, University of Richmond School of Law, VCU School of Medicine, Richmond Psychiatric Society, Psychiatric Society of Virginia, Brandermill Regional Men’s Club, Virginia Association of Medical Staff Services, and the Graduate Medical Education Directors from across the Commonwealth.

Regulatory Actions

Seven regulatory actions were finalized:

- As a result of a periodic review of Chapter 20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Chiropractic and Podiatry, the Board adopted amendments to update and clarify terminology; it became effective on 11/21/12.
- Chapter 50, Regulations Governing the Practice of Physician Assistants, was amended to eliminate the “fourth visit rule” and to clarify language for a practice agreement; it became effective on 7/3/13.
- The Board amended Chapter 80, Regulations Governing the Practice of Occupational Therapy, on general and individual responsibilities of occupational therapists to conform regulations to changes in the Code of Virginia; it became effective on 10/10/12.
- The Board adopted amendments to all chapters under the Board of Medicine for a one-time fee reduction applicable to renewal cycles for all professions in 2014 or 2015; it became effective on 9/25/13.
- The following were amended pursuant to a periodic review to update and clarify provisions of the chapters; they became effective 9/26/13: Chapter 40, Regulations Governing the Practice of Respiratory Care Practitioners; Chapter 50, Regulations Governing the Practice of Physician Assistants; Chapter 101, Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited; Chapter 110, Regulations Governing the Practice of Licensed Acupuncturists; and Chapter 120, Regulations Governing the Licensure of Athletic Trainers.

(continued on next page)

Regulatory Actions

(continued from previous page)

- Pursuant to Chapter 646 of the 2009 Acts of the Assembly, the Board promulgated regulations in Chapter 130, Regulations Governing the Practice of Licensed Midwives, for disclosure on options for consultation and referral and information on health risks association with certain high risks pregnancies; they became effective on 12/18/13.
- Pursuant to Chapter 3 of the 2012 Acts of the Assembly, the Board promulgated Chapter 140, Regulations Governing the Practice of Behavior Analysis, for licensure of behavior analysts and assistant behavior analysts; they became effective on 5/7/14.

Regulatory actions in process include:

- Mandated by Chapter 838 of the 2010 Acts of the Assembly, initial regulations for licensure of polysomnographic technologists were adopted as necessary to ensure minimal competency for practice, continued competency for renewal of licensure, supervisory responsibilities, and standards of conduct. The proposed regulations were submitted for Executive Branch review on 9/20/11; they were submitted on 12/31/13.
- Emergency regulations for Chapters 30 and 40, Regulations Governing the Licensure of Nurse Practitioners and Prescriptive Authority, pursuant to Chapter 213 of the 2012 Acts of the Assembly, became effective on 5/7/14 and expire on 11/6/14. Replacement regulations were submitted for Executive Branch review on 8/2/13 and have not yet been approved.
- Chapter 81 of the 2012 Acts of the Assembly required the Board promulgate regulations establishing the criteria for use of fluoroscopy by physician assistants. Emergency regulations became effective on

11/12/13 and expire 5/11/15. Replacement regulations were submitted on 2/20/14.

- The Board amended Chapter 110, Regulations Governing the Practice of Licensed Acupuncturists, to authorize acceptance of applicants who are graduates of schools in candidacy status with the ACAOM; it was submitted on 2/25/14.

Legislative action affecting the Board:

- Chapter 3 of the 2012 Acts of the Assembly established licensure for behavior analysts and assistant behavior analysts under the Board of Medicine.
- Chapter 399 of the 2012 Acts of the Assembly amended the definition of the practice of athletic training so that licensed physical therapists may no longer direct such practice.
- Chapter 15 of the 2012 Acts of the Assembly established a definition of surgery and specified which practitioners can perform surgery.
- Chapter 168 of the 2012 Acts of the Assembly amended the definition of "practice of occupational therapy" to include the therapeutic use of habilitation and rehabilitation.
- Chapter 81 of the 2012 Acts of the Assembly allows a licensed physician assistant, under certain conditions to use fluoroscopy for guidance of diagnostic and therapeutic procedures.
- Chapter 144 of the 2013 Acts of the Assembly amended the Medical Practice Act to eliminate outdated provisions and clarify others.
- Chapter 365 of the 2013 Acts of the Assembly required at least five years for revocation of a license if a practitioner is guilty of sexual misconduct.

Challenges & Solutions

The Board began licensing two new professions in September 2012, Behavior Analysts and Assistant Behavior Analysts.

The 2014 General Assembly created and assigned three new professions to the Board of Medicine: Genetic Counselors, Surgical Assistants, and Surgical Technologists. This brings the Board's total to 22 professions including Interns/Residents and Nurse Practitioners.

Additional Issues

The Board adopted a number of new and revised guidance documents including:

- Virginia Board of Medicine Bylaws
- Guidance on the Use of Opioid analgesics in the treatment of chronic pain
- Policy on the United States Medical Licensing Examination Steps
- Disclosure by Licensed Midwives for high-risk pregnancy conditions
- Role of Licensed Midwives in newborn hearing screening, documentation, and reporting
- Authority of Licensed Nurse Practitioners to write do not resuscitate orders
- Treatment by women's health Nurse Practitioners of male clients for STD's
- Practice agreements requirements for Licensed Nurse Practitioners

The Trust for America's Health's 2013 report on overdose death rates for the 51 jurisdictions in the continental United States indicated that only North Dakota, South Dakota and Nebraska had lower rates than Virginia.

A number of current and former board members are serving in positions of leadership within the Federation of State Medical Boards.

Total Licenses: 213,291

Education/Training Programs: 585

(as of June 30, 2014)



Executive Director

Jay P. Douglas, R.N., M.S.M., C.S.A.C.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	105%	14%	92%	95.9%	100%
12/31/2012	98%	14%	91%	94.1%	99.9%
03/31/2013	94%	13%	89%	94.7%	100%
06/30/2013	108%	14%	94%	96.9%	99.6%
09/30/2013	114%	14%	95%	94.9%	100%
12/31/2013	98%	14%	94%	97.1%	100%
03/31/2014	99%	16%	94%	94.8%	99.9%
06/30/2014	91%	14%	92%	95.4%	100%

Biennial Fiscal Summary

Nursing
Revenue: \$22,327,904
Expenditures: \$16,962,403

Nursing Scholarship
Expenditures: \$134,816

Certified Nurse Aides
Revenue: \$3,438,138
Expenditures: \$3,923,759

Innovations & Advancements

The Board of Nursing participated in the National Council of State Boards of Nursing's (NCSBN) Taxonomy of Error Root Cause Analysis Program (TERCAP), a research study conducted by the NCSBN to examine disciplinary cases involving standard of care issues. To date 103 cases have been submitted. NCSBN will conduct an analysis once a threshold of 200 cases has been met. The Board will share results with Nurse Employers and Educators in an effort to reduce incidents of the disruption or absence of any aspects of good nursing practice.

The Board implemented an online licensure application process for Massage Therapists, Clinical Nurse Specialists, and Medication Aides. Applications for all occupations and professions for the Board of Nursing are now available online.

The Board participated in Virginia Action Coalition (VAC) workgroups on Access to Care, Nursing Education Progression and Leadership. VAC, led by the Virginia Nurses Association and VA AARP, was convened as a result of the Robert Wood Johnson Foundation, Future of Nursing: Campaign for Action. VAC is working to implement the Initiative on the Future of Nursing recommendations published in the Institute of Medicine Report.

In 2013 the Board of Nursing was recognized by NCSBN for Best Practices related to management of discipline cases.

The Board Executive developed an "Orientation to Board of Nursing Regulations for Chief Nursing Officers and Nursing Leaders". This program was delivered twice in 2013 and 2014 in the form of a four hour workshop. Attendees were from diverse geographic and practice areas.

The Board has convened a Committee to study the need to require National Nursing Accreditation for pre licensure RN and LPN education programs in order to obtain Board approval. The committee is comprised of Board Members, Nurse Educators from Public and Private Universities, Programs, Community Colleges, and Professional Nursing and Employer Organizations. The Committee has surveyed educators at the Diploma, Associate, and Baccalaureate levels. This committee will bring recommendations back to the Board.

Board visibility through presentations by staff to Professional Associations, Hospitals, and other Agencies is a high priority. These are provided on a regular and frequent basis upon request on topics related to the regulation of Nursing in Virginia. In 2013 Board staff initiated video conferencing as a method of delivery for some of these presentations, therefore ensuring participation of larger numbers of people in the remote areas of the state. Video conferencing has reduced Board related travel costs.

The Board developed, posted, and distributed frequently asked questions and information related to new Nurse Practitioner Regulations and Continued Competency requirements for license renewal for Nurses. A mailing went to all licensed Nurse Practitioners and notices to all Nurses. Continued Competency renewal requirements went into effect August 2013.

In 2014 the Board communicated electronically with all Nursing Employers about the availability of a Coordinated Licensure Data base (NURSUS) subscribed to by Virginia and 23 other states that participate in the Nurse Licensure Compact. NURSUS provides licensure and multi state privilege verification for all states. NURSUS also offers an E-Notify system that issues information on RN and LPN license renewal dates.

Regulatory Actions

Ten regulatory actions were finalized:

Actions Specific to Chapter 20, Regulations Governing the Practice of Nursing:

- The Board adopted requirements for continuing competency activities or courses in order to renew an active license as a registered nurse or a practical nurse each biennium. The options available included a refresher course, post-licensure academic course, current specialty certification, research and teaching, active practice for 640 hours and 15 hours of courses or 30 hours of approved courses. The entities and organizations that can recognize or approve a continuing education provider were listed in regulation; it became effective on 8/1/13.
- The Board amended regulations to allow an applicant from another state in the Nurse Licensure Compact to practice for 90 days awaiting a licensure decision rather than the current 30 days; it became effective 8/2/13.
- The definition of “accreditation” was amended to correct the name of the accrediting body; the National League for Nursing Accrediting Commission (NLNAC) was changed to the Accreditation Commission for Education in Nursing (ACEN); it became effective 11/20/13.
- Section 300 was amended to add failure to report evidence of child abuse or elder abuse, as required by law, to the definition of unprofessional conduct as grounds for disciplinary action; it became effective 11/21/13.
- Regulations were amended to facilitate electronic submission of documents and forms, accept a certificate of naturalization as evidence of a name change, eliminate burdensome timelines and documentation

for certain applicants, and clarify regulations; they became effective 2/27/14.

Other regulations actions finalized during the biennium were:

- Chapter 50, Regulations Governing the Certification of Massage, Therapist was amended to conform to changes in the Code of Virginia in Chapter 764 of the 2012 Acts of the Assembly; they became effective 9/12/12.
- Chapter 15, Regulations Governing Delegation to an Agency Subordinate, was amended to allow approval by the executive director of the Board for delegation of cases that involve injury or harm to a patient; it became effective 8/2/13.
- Chapter 60, Regulations Governing the Registration of Medication Aides, was amended to reform regulations by facilitating electronic submission of applications and allowing up to 20% of the skills practice to be by simulation; they became final on 8/15/13.
- Chapter 25, Regulations Governing Certified Nurse Aides and Chapter 26, Regulations for Nurse Aide Education Programs, were promulgated to replace existing regulations for nurse aides and nurse aide educational programs previously found within Chapter 20; it became effective on 2/27/14.
- Chapter 21, Regulations for Medication Administration Training and Immunization Protocol, was promulgated to replace existing regulations previously found within Chapter 20; it became effective on 2/27/14.

(continued on next page)

Regulatory Actions

(continued from previous page)

Six regulatory actions were submitted for Executive Branch review and remain in process:

- Emergency regulations for Chapters 30 and 40, Regulations Governing the Licensure of Nurse Practitioners and Prescriptive Authority, pursuant to Chapter 213 of the 2012 Acts of the Assembly became effective on 5/7/14 and expire on 11/6/14. Replacement regulations were submitted for Executive Branch review on 8/2/13 and have not yet been approved.
- Chapter 712 of the 2011 Acts of the Assembly authorized the Board to provide for provisional licensure for applicants as registered nurses to obtain supervised clinical experience if their educational programs lacked the requisite number of hours. Emergency regulations became effective on 8/1/13 and expire on 1/28/15. Replacement regulations were submitted on 9/26/13 and have not yet been approved.
- Chapter 183 of the 2013 Acts of the Assembly required the Board of Nursing to promulgate regulations governing training in the administration of epinephrine and glucagon by persons authorized to administer epinephrine and glucagon; it was submitted on 8/7/13.
- Chapter 114 of the 2013 Acts of the Assembly required the Board to adopt regulations for a training program for unlicensed persons to administer medication via a gastrostomy tube in DBHDS licensed facilities. Emergency regulations became effective on 10/11/13 and expire 4/9/15. Replacement regulations were submitted on 2/9/14.
- To address deficiencies and problems that the Board has encountered with educational programs in recent years, it has made more explicit rules and has incorporated current guidance on observational experiences and simulation. Additionally, the process and procedures for

granting initial or full approval, for placing a program on conditional approval, and for denial or withdrawal of approval are set out in specific sections of regulation. The proposed regulation was submitted on 7/6/11; it was submitted on 3/25/14.

- In response to a petition for rulemaking, the Board amended regulations to ensure that the requirements for evidence of continuing competency in a reinstatement or reactivation are consistent with those for renewal of an active license as a nurse; it was submitted on 3/27/14.

Legislative action affecting the Board:

- Chapter 178 of the 2012 Acts of the Assembly added an exemption from licensure for a nurse who is in the Commonwealth temporarily and is practicing nursing in a summer camp or in conjunction with clients who are participating in specified recreational or educational activities.
- Chapter 136 of the 2012 Acts of the Assembly authorized registered nurses and physician assistants to pronounce death under certain circumstances in continuing care communities
- Chapter 213 of the 2012 Acts of the Assembly amended provisions governing the practice of nurse practitioners to provide that nurse practitioners shall only practice as part of a patient care team and shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician licensed to practice medicine in the Commonwealth. The bill also established requirements for written or electronic practice agreements for nurse practitioners, provided that physicians practicing as part of a patient care team may require nurse practitioners practicing as part of that patient care team to be covered by professional malpractice insurance, and amended requirements related to the prescriptive authority of nurse practitioners practicing as part of a patient care team.

(continued on next page)

Regulatory Action

(continued from previous page)

- Chapter 764 of the 2012 Acts of the Assembly added the Licensing Examination of the Federation of State Massage Therapy Boards as an examination acceptable for certification and eliminated the requirement that the examination lead to national certification.
- Chapter 132 of the 2013 Acts of the Assembly authorized nurses to possess oxygen for administration in treatment of emergency conditions.

Challenges & Solutions

The Board continues to experience an increase in the complexity and volume of non routine applications for licensure, certification, and registration where there may be cause for denial. In 2013 and 2014 approximately 6 % of total applications received were non routine with the largest percentage of these being a result of self reported convictions. Action by other State Boards of Nursing and self reported substance abuse history are the other causes for denial. The Board has discussed pursuing the authority to conduct State and FBI criminal background checks on applicants for nursing licensure.

Receipt and processing of large volumes of discipline cases make it a challenge to sustain performance measures. The Board has increased its delegated authority to staff and has increased its use of Agency Subordinates to hear informal fact finding proceedings. Approximately

70% of cases at the informal level are heard by Agency Subordinates. Additionally in 2013 the Committee of Joint Boards of Nursing and Medicine delegated informal conferences to an Agency Subordinate who is a nurse practitioner. Challenges exist with convening members of two separate Boards for Formal Hearings and meetings.

The Board of Nursing maintains a federally mandated nurse aide registry of 53,335 Certified Nurse Aides and has oversight responsibilities for 250 Nurse Aide Education Programs. The challenge in the administration of this program is that it is federally mandated but only partially funded. Solutions to the challenge are limited. Costs associated with investigation and discipline of patient abuse, neglect, and misappropriation of patient property continue to be an issue. The Board now delegates the majority of informal proceedings to Agency Subordinates to address cost issues. Board staff and Enforcement work collaboratively to streamline the investigation process.

The Board regulates 150 pre licensure RN and LPN education programs. There has been an increase in Board Actions related to low NCLEX pass rates and other quality issues.

A shortage of qualified faculty and sufficient clinical sites for specialty areas exists. The Board has responded by implementing staff- led education sessions to ensure program Directors and staff are familiar with the regulations governing education programs. Additionally the Board supports the use of high fidelity simulation in lieu of a percentage of clinical experiences within defined parameters.

Additional Issues

In 2013 the Board completed a comprehensive review and update of the Registered Medication Aide curriculum. The review committee included Pharmacists, nurse trainers, Board members, and representatives from Virginia Department of Health (VDH) and Department of Social Services (DSS).

In 2014 the Board reviewed and approved curricula related to medication administration by unlicensed individuals in facilities regulated by Department of Behavioral Health & Development Services (DBHDS) and DSS.

The Board completed a review and revision of all Board Of Nursing Guidance Documents in 2013 with the exception of GD # 90-5. A committee comprised of Board Members and Stakeholders will be convened for a comprehensive review of the role of registered nurses in Conscious Sedation.

Total Licenses: 1,906

(as of June 30, 2014)



Executive Director

Leslie L. Knachel, M.P.H.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	200%	0%	100%	--	100%
12/31/2012	100%	14%	100%	--	100%
03/31/2013	40%	10%	100%	--	100%
06/30/2013	150%	22%	100%	100%	100%
09/30/2013	300%	43%	100%	100%	100%
12/31/2013	150%	25%	67%	100%	100%
03/31/2014	33%	15%	100%	--	100%
06/30/2014	300%	11%	100%	--	100%

Biennial Fiscal Summary

Revenue: \$596,110

Expenditures: \$476,614

Innovations & Advancements

The Board of Optometry's efforts to actively collect email addresses in support of its "Go Green" initiative resulted in 88% of licensees registering this contact information with the Board. Licensure renewal notification and informational updates were sent via email to reduce expenditures related to printing and mailing documents.

Board representatives participated in a conference call with the Food and Drug Administration (FDA) regarding the dangers related to the improper use of decorative contact lenses. The FDA requested that all states help to get the message out. The Board prepared a media advisory that contained information on health risks that can be associated with decorative contact lenses and a link to the FDA's website.

The Board President made a report at the professional association's annual meeting.

The Board informed licensees via email of important updates such as regulatory changes and guidance document approvals.

Regulatory Actions

There were no regulatory actions taken during the biennium.

Challenges & Solutions

A number of organizations are proposing to offer Board certification programs for optometrists. There is no overarching organization monitoring the requirements for these certification programs. The Board continued to monitor national activity related to Board certification programs for optometrists.

Additional Issues

The Board conducted annual continuing education audits to ensure that licensees are completing requirements to remain current in the practice of optometry.

Total Licenses: 34,398

(as of June 30, 2014)



Executive Director

Caroline D. Juran, R. Ph.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	56%	18%	93%	97.5%	100%
12/31/2012	53%	18%	90%	98.8%	100%
03/31/2013	121%	18%	90%	95.5%	100%
06/30/2013	135%	15%	88%	97.3%	100%
09/30/2013	116%	13%	98%	97.7%	100%
12/31/2013	78%	18%	89%	98.1%	100%
03/31/2014	59%	16%	91%	97.6%	100%
06/30/2014	113%	21%	89%	99.1%	100%

Biennial Fiscal Summary

Revenue: \$5,937,986 Expenditures: \$5,485,967

Innovations & Advancements

The Board of Pharmacy continued to refine the disciplinary action process resulting from routine pharmacy inspections which was originally implemented in July 2010. Pharmacies cited for specific deficiencies as identified in Board guidance documents may receive an expedited pre-hearing consent order with associated monetary penalties at the conclusion of the inspection. This innovative approach for handling disciplinary actions has significantly decreased the length of time for case resolution, provided clear guidance to our licensees and decreased the costs associated with convening informal conferences.

In March 2014, based on the success of the changes in the pharmacy inspection disciplinary process the Board directed staff to begin implementing a similar process for handling disciplinary action resulting from routine inspections of physicians licensed to sell controlled substances.

Pursuant to §54.1-3307.2, any person who proposes to use a process or procedure related to the dispensing of drugs or devices or to the practice of pharmacy not specifically authorized by Chapter 33 (§ 54.1-3300 et seq.) or by a regulation of the Board of Pharmacy may apply to the Board for approval to use such process or procedure. During the biennium, the Board approved 6 innovative pilot programs which generally allow for the use of new technology in the repackaging and dispensing of medications.

Board staff provided 14 presentations during the biennium on board-related activities to the following groups: Shenandoah University; Virginia Commonwealth University; Virginia Pharmacists Association; Virginia Society of Health-System Pharmacists; Virginia Veterinary Medicine Association; Virginia Association of Chain Drug Stores; International Academy of Compounding Pharmacists; Virginia Pharmacy Congress; and, the National Association of Boards of Pharmacy.

Six e-newsletters were published during the biennium. Emails alerting licensees of each new publication were sent to all those who provided the Board with an email address. This represented approximately 75% of the Board's licensee population. The e-newsletters provided relevant information on board-related activities to further educate the licensees and increase compliance.

Two letters were mailed to all non-resident pharmacies, approximately 550, alerting them of new statutory requirements for renewing their registration and Board guidance adopted on the subject.

A letter was mailed to all pharmacists-in-charge (PIC) practicing in a pharmacy located in Virginia alerting them of an amended guidance document pertaining to PIC responsibilities that emphasizes both required and suggested best practices for safeguarding controlled substances.

The Board provided notification to the meeting notification list and the public participation list as required in law when meetings were scheduled or regulations were promulgated.

Regulatory Actions

Seven regulatory actions were finalized:

- Chapter 20 (Regulations Governing the Practice of Pharmacy), Chapter 30 (Regulations for Practitioners of the Healing Arts to Sell Controlled Substances), and Chapter 50 (Governing Wholesale Distributors, Manufacturers and Warehouse) were amended pursuant to the Governor's Regulatory Reform project to clarify and make requirements less restrictive where possible, consistent with public health and safety. Changes to Chapters 30 and 50 became final on 8/2/13. Changes to Chapter 20 became final on 9/26/13.

(continued on next page)

Regulatory Action

- Chapter 40 (Regulations Governing Collaborative Practice Agreements) was amended to conform to changes in law made in Chapter 192 of the 2013 Acts of the Assembly; they became effective on 4/23/14.

Actions specific to Chapter 20, Regulations Governing the Practice of Pharmacy were:

- Pursuant to Chapter 28 of the 2010 Acts of the Assembly, the Board promulgated regulations to authorize community services boards and behavioral health authorities to possess, repackage and dispense medications and crisis stabilization units to store and administer a stock of drugs needed for emergency treatment; they became effective on 8/15/12.
- The Board modified section 355 regarding the requirement for bulk bins in an automated counting device to be “run dry” every 60 days; it became effective on 8/2/13.
- Amendments were adopted to conform the requirement for administration of drugs by emergency medical services personnel to the changes in § 54.1-3408, adopted in Chapter 191 of the 2013 Acts of the Assembly; they became effective on 9/25/13.
- In response to petitions for rulemaking, the Board adopted less burdensome requirements for verification of storage, location, expiration dates, drug security and validity of access codes for automated dispensing devices in hospitals that would ensure drug security and integrity but would make compliance less burdensome; they became effective 2/12/14.
- The Board amended the requirements to allow for more flexibility and less burden in recordkeeping for on-hold prescriptions; they became effective 2/12/14.

Four regulatory actions were submitted for Executive Branch review and remain in process:

- The Board proposed two new fees for verification of licensure and issuance of duplicate licenses; it was submitted on 6/4/11. Final regulations have not yet been approved.
- In response to a petition for rulemaking, the Board adopted a regulatory action to specify a limitation of excessive hours of work without any breaks for pharmacists; they were submitted for Executive Branch review on 3/4/13.
- In response to a request from the Department of Corrections, the Board proposed to allow correctional facilities to maintain floor stock of certain drugs onsite. The fast track action was submitted on 3/27/14.
- As mandated by Chapter 124 of the 2011 General Assembly, the Board adopted emergency regulations to specify the elements of a continuous quality improvement program in a pharmacy; those regulations were in effect from 10/1/12 to 9/30/13. Proposed regulations to replace emergency regulations were submitted on 1/2/13 and approved on 10/21/13. Final regulations were submitted on 6/9/14.

Legislative action affecting the Board:

- Chapter 173 of the 2012 Acts of the Assembly increased pharmacists' authority to compound to allow the compounding of (i) a commercially manufactured drug whose manufacturer has notified the FDA that the drug is unavailable due to a current drug shortage or (ii) a commercially manufactured drug when the prescriber has indicated in the written or oral prescription for an individual patient that there is an emergent need for a drug that is not readily available within the time medically necessary.

(continued on next page)

Regulatory Action

(continued from previous page)

- Chapters 540 and 541 of the 2012 Acts of the Assembly added carisoprodol to Schedule IV and ezogabine to Schedule V in the Drug Control Act for consistency with federal scheduling by the Drug Enforcement Administration.
- Chapter 160 of the 2012 Acts of the Assembly required the Department of State Police to enter into a memorandum of understanding to establish the Commonwealth's participation in a real-time electronic recordkeeping and monitoring system for the nonprescription sale of ephedrine or related compounds.
- Chapter 233 of the 2013 Acts of the Assembly added two anabolic steroids to Schedule III in the Drug Control Act.
- Chapter 412 of the 2013 Acts of the Assembly permitted pharmacists to dispense a biosimilar that has been licensed by the U.S. Food and Drug Administration as interchangeable with a prescribed biological product unless the prescriber indicates such substitution is not authorized or the patient insists on dispensing of the prescribed biological product.
- Chapter 191 of the 2013 Acts of the Assembly clarified the circumstances under which emergency medical services personnel may administer medications and provides that emergency medical services personnel may administer medications pursuant to an oral or written order or standing protocol.
- Chapter 192 of the 2013 Acts of the Assembly clarified the parties with whom a pharmacist may enter into a collaborative agreement; provided that a patient who does not wish to participate in a collaborative procedure must notify the prescriber of his decision; and provided that a prescriber may elect to have a patient not participate in a collaborative

agreement by contacting the pharmacist or his designated alternative pharmacist or by documenting his decision on the patient's prescription.

- Chapter 504 of the 2013 Acts of the Assembly added sterile water and saline to the list of prescription drugs and devices that a permitted medical equipment supplier may receive, store, and distribute to a consumer.
- Chapter 765 of the 2013 Acts of the Assembly clarified the definition of "compounding" and added a requirement for a current inspection report for registration or renewal of a registration for a nonresident pharmacy. The bill also required every pharmacist-in-charge or owner of a permitted pharmacy or a non-resident pharmacy engaging in sterile compounding to notify the Board of Pharmacy of its intention to dispense or deliver a sterile compounded drug product into the Commonwealth.

Challenges & Solutions

Challenge: Addressing concerns with compounding pharmacies as a result of the 2012 meningitis outbreak resulting from contaminated compounded drugs from the New England Compounding Center which sickened 751 people and killed 64 people, including 5 Virginians.

Solution: The following actions were taken:

- The Board worked diligently to address concerns expressed by various entities, including licensees, the general public, and the media. The Board also responded to two congressional inquiries regarding current oversight of compounding.

(continued on next page)

Challenges & Solutions

(continued from previous page)

- The Board identified which pharmacies within the state perform compounding and focused inspection efforts on these pharmacies. Several disciplinary actions were taken against those compounding pharmacists who were not compounding in compliance.
- Inspectors who serve as agents of the Board and three Board supervisors participated in live training on the United States Pharmacopeia (USP) compounding standards. Board members received free webinar training on compounding standards provided through an agreement with National Association of Board of Pharmacy (NABP).
- The Executive Director provided technical assistance to legislators interested in increasing requirements in law of those resident pharmacies and non-resident pharmacies shipping compounded drugs into and within Virginia.
- The Board proactively mailed a survey to all non-resident pharmacies to identify which are performing compounding and requested documentation of compliance with USP standards.
- The Board implemented an ongoing process for identifying which pharmacies and non-resident pharmacies perform compounding.
- Two letters were mailed to all non-resident pharmacies informing them of the new requirements.
- Board staff reviewed current inspection reports from all non-resident pharmacies as a prerequisite to renewal.
- Board staff worked closely with NABP as it developed the Verified Provider Pharmacy (VPP) inspection report intended to assist those states that do not have the resources to perform routine inspections.

The Board adopted guidance that it would recognize a VPP inspection report from a non-resident pharmacy that did not have a qualifying current inspection report performed by the resident regulatory agency.

- The Board hired an additional pharmacist to assume the licensing duties from the Deputy Executive Director. This shift in duties afforded the opportunity for the Deputy Executive Director to increase the monitoring of facility inspections and compliance with compounding standards.

Challenge: Prescription drug abuse reached epidemic proportions as more Virginians died annually from drug overdose than automobile accidents.

Solution: The following actions were taken:

- Staff provided technical assistance to legislators who addressed drug abuse in several pieces of legislation
- The Executive Director served as Co-Chairman of the Disposal Workgroup under the National Governors Association policy grant initiative to address prescription drug abuse. As a result of the NGA initiative, the Board adopted a legislative proposal to require wholesale distributors to notify the Board when they cease distribution to a dispenser due to suspicious activity.
- The Board worked cooperatively with the Virginia Department of Health and the Department of Behavioral Health and Developmental Services to implement a naloxone pilot intended to increase access to naloxone to counteract opioid overdoses.
- New legislation provided the Board the authority to schedule drugs of concern. Dispensing of these drugs is required to be reported to the Prescription Monitoring Program

(continued on next page)

Challenges & Solutions

(continued from previous page)

- The Board, in communication with the Department of Forensic Science, was also provided authority to expeditiously place chemicals, such as cannabimimetic agents, into Schedule I or II.
- Board staff highlighted concerns of drug abuse in each of its presentations to various schools of pharmacy and professional associations.
- The Executive Director provided a forward in a video produced by the National Association of Boards of Pharmacy® and the Anti-Diversion Industry Working Group, a consortium of pharmaceutical manufacturers and distributors. The video was posted on the Board's website and the State's YouTube account.
- The Board amended the guidance document pertaining to pharmacists-in-charge (PIC) responsibilities by emphasizing both required and suggested best practices for safeguarding controlled substances. This document was mailed to all PICs who practice in Virginia.

Additional Issues

To monitor continuing competency of Board licensees during 2012 and 2013, the Board conducted a random continuing education audit of a statistically significant percentage of licensees each year.

Total Licenses: 10,901

(as of June 30, 2014)



Executive Director

Lisa R. Hahn, M.P.A.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	125%	7%	100%	95.3%	100%
12/31/2012	100%	7%	100%	96.6%	100%
03/31/2013	78%	0%	86%	100%	100%
06/30/2013	114%	0%	100%	98.6%	100%
09/30/2013	71%	0%	100%	96.9%	100%
12/31/2013	140%	6%	86%	98.7%	100%
03/31/2014	78%	0%	100%	100%	100%
06/30/2014	87%	0%	100%	90.5%	100%

Biennial Fiscal Summary

Revenue: \$1,054,900 Expenditures: \$1,065,112

Innovations & Advancements

The Federation of State Boards of Physical Therapy (FSBPT) is researching the feasibility of implementing an interstate Physical Therapy Licensure Compact, similar to the Nursing Licensure Compact. The Board's Executive Director was selected to work on the task force that was established in 2013. The intent of the Physical Therapy Licensure Compact is to increase consumer access to safe and competent physical therapy by eliminating licensure barriers for Physical Therapists and Physical Therapist Assistants.

Virginia is the first state to pilot the Federation of State Boards of Physical Therapy Supervised Clinical Practice Performance Evaluation Tool for graduates of non-approved programs.

The Board has sought ways to reduce the costs related to licensure and discipline activities through promoting the scanning of case files and electronically sharing the information with Board members and other DHP offices. Of paramount consideration is the security of the sensitive information. This process has become more sophisticated over time and currently the Board is piloting the use of Microsoft SharePoint. SharePoint is an internet program, which allows the electronic and secure transmission of sensitive information between Board staff, the Enforcement Division, and the Adjudication Proceedings Division. Included in the SharePoint pilot is the development of a Board Portal which gives Board members limited access to documents needed to adjudicate disciplinary cases with greater security and efficiency than previous methods of transmitting sensitive documents. Electronic conversion of case records has reduced paper and postage costs.

Additionally, the Board provides the ability to apply for licenses and renewals online.

DHP and the Board are working with the National Governors Association to streamline credentialing and licensing by creating a model pathway from

medic to physical therapist assistant (among other paraprofessional careers) as a means to decrease unemployment among veterans and service members.

The Board made revisions to the Board's website to include information to assist the public in understanding physical therapy practice and how to select a Physical Therapist or a Physical Therapist Assistant.

Regulatory Actions

Three regulatory actions were finalized:

- Amendments were adopted to provide more flexibility and accountability in traineeships, eliminate the face-to face requirement and provide more opportunities for obtaining continuing education hours; it became effective on 7/17/13.
- An amendment adopted by the Board allowed approval of CE courses offered by healthcare organizations that are accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation, rather than only those accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); it became effective on 9/26/13.
- Following a periodic review of regulations, amendments were promulgated to: 1) eliminate specific remedial requirements for persons who fail the licensure examination three times; 2) reduce the traineeship hours required for applicants by endorsement, reactivation or reinstatement; 3) clarify that a re-evaluation of patients is required at certain intervals of care; and 4) eliminate the requirement that traineeships be served in facilities approved as clinical sites for students enrolled in an accredited education program; they became effective on 2/27/14.

Challenges & Solutions

FSBPT's new security and score release procedures, including fixed-date testing, has increased the Board's workload but has also increased the integrity of the National Physical Therapy Examination (NPTE). The fixed-date testing produced special challenges to prospective graduates. The Board agreed to allow students who are within 60 days of completion of their program to sit for the examination. The Board also revised its guidance document on traineeships, allowing an additional traineeship after taking the exam and waiting on their official transcript. This was done in order to accommodate the change to fixed date testing.

Test failure of foreign-trained students has been a concern of the Board. For public safety reasons and test security, the Federation of State Board of Physical Therapy has approved a policy of not allowing anyone who scores 400 or below to test more than twice and they will limit the lifetime test attempts to six.

Additional Issues

The Board became aware of a concern by school based Physical Therapists about possibly being asked to exceed their scope of practice in regards to the October 2013 Medicaid and Schools Training. Indications are that they are being asked to certify for Medicaid medical necessity without physician involvement. Representatives of the Board met with representatives from Department of Education (DOE) and the Department of Medical Assistance Services (DMAS) in January of 2014. Both agencies understood the concerns from the Board standpoint. Both DOE and DMAS agree to revise the training manuals and documents/forms used in the schools. The forms/documents have been revised and the DOE is making the same revisions to the Training Manual. Both agencies believe that the amended forms and the manual will be in use by the fall of 2014.

FSBPT and the American Physical Therapy Association (APTA) are collaborating with the National Center for Health Work Force Analysis. Board staff has provided guidance to FSBPT regarding workforce studies completed by DHP's Healthcare Workforce Data Center.

Total Licenses: 3,624

(as of June 30, 2014)



Executive Director

Catherine Chappell, M.H.R.M.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	75%	32%	100%	92.8%	100%
12/31/2012	113%	33%	89%	78.7%	100%
03/31/2013	100%	43%	100%	89.6%	100%
06/30/2013	143%	38%	100%	99.1%	100%
09/30/2013	73%	25%	75%	88.6%	100%
12/31/2013	64%	27%	100%	92.6%	100%
03/31/2014	400%	25%	92%	88.9%	98.4%
06/30/2014	57%	24%	100%	96%	100%

Biennial Fiscal Summary

Revenue: \$897,854

Expenditures: \$762,829

Innovations & Advancements

Regulatory changes now allow pre-doctoral hours to be used to satisfy all or part of the post-doctoral residency requirements for licensure. As a result, many applicants are able to apply sooner for licensure upon completion of their doctoral program than in the past. The Virginia Board of Psychology was the national leader in this initiative. The Board collaborated with doctoral programs to ensure adequate preparation for independent practice was included in the educational program. This streamlined process has reduced the time necessary to obtain licensure as a psychologist.

The annual “Conversation with the Board” at the Virginia Association for Clinical Psychologists has afforded the Board the ability to communicate with students, residents, and licensees regarding issues that the Board is contemplating. This also provides a forum for stakeholders to ask questions about the Board’s activities and direction. Recent topics included distance therapy and supervision as well as competency by practitioners other than psychologists to prepare psychological evaluations.

The Executive Director provided an “Update from the Board” presentation to the Virginia Association of Sex Offender Treatment Providers in 2014. Certified Sex Offender Treatment Providers (CSOTP) are regulated by the Board of Psychology. Certificate holders are often licensed under one of the three Behavioral Sciences Boards and this activity allowed the Board to further develop and foster collegial relationships with stakeholders across all three boards.

Individuals are encouraged by Board staff to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Psychology

includes contacts from graduate education programs, professional associations, and members of the public interested in the activities of the Board of Psychology.

Content on the Board’s website is monitored closely by staff to ensure that the information remains current and relevant updates are posted in the announcements section. Individuals contacting the Board office for information are encouraged to utilize the website as a resource for information on Board activities.

Regulatory Actions

Two regulatory actions were finalized:

- The Board adopted a reduction in renewal fees for all professions which became effective 2/12/14.
- Amendments for Chapter 20, Regulations Governing the Practice of Psychology, were adopted pursuant to the Governor’s Regulatory Reform Project to make regulations relating to licensure less restrictive, including a reduction in the clinical practice required for licensure by endorsement (24 months in past 60 months versus five of the past six years) if the applicant does not have at least 10 years of practice; they became effective 9/26/13.

(continued on next page)

Regulatory Actions

(continued from previous page)

Two regulatory actions were submitted for Executive Branch review and are still in process:

- The Board completed a periodic review of Chapter 30, Regulations Governing the Certification of Sex Offender Treatment Providers. Amendments will clarify certain regulations, specify that the standards of practice apply to applicants as well as certificate holders, and add romantic relationships with clients or trainees as grounds for unprofessional conduct; they were submitted on 3/11/14.
- The Board also completed a periodic review of Chapter 20 to specify that the Board may accept the Certificate of Professional Qualification in Psychology as evidence of education, examination and supervised training for licensure by endorsement and to clarify other regulations relating to licensure and continuing education; they were submitted on 2/28/14.

Challenges & Solutions

The Board continues to seek innovative means to reduce the timeline from application to initial licensure or certification for its five professions. As a result of the reduced turnaround time and education provided to stakeholders on the application process, the Board has seen an increase in applicant satisfaction survey results, from 90% in June 2012 to 96% in June 2014.

Regulations have been amended due to an increase in endorsement applications for licensure in Virginia, the national emphasis on licensure portability, and the Board's goal to reduce the burden on its applicants. These regulations have lowered the number of years of active practice in another jurisdiction for licensure in Virginia.

The Board has seen a significant increase in cases relating to unlicensed practice, standards of practice, and disputes over custody-related evaluations over the past two years. Overall, there is a 50% increase in the number of cases received from June 2012 to June 2014. This, in part, is attributed to the public's increased awareness of how to file a complaint. The Board continues to ensure fair and objective discipline of its practitioners.

The Board remains in discussion on standards of practice concerns regarding distance therapy and supervision in a world increasingly reliant on technology. This national concern continues to be debated. The Board monitors and participates in national discussions when possible.

Total Licenses: 6,350

(as of June 30, 2014)



Executive Director

Catherine Chappell, M.H.R.M.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	157%	30%	100%	84.2%	100%
12/31/2012	33%	24%	100%	87.3%	100%
03/31/2013	114%	35%	100%	84.8%	100%
06/30/2013	42%	19%	75%	94.6%	100%
09/30/2013	100%	13%	100%	86.6%	100%
12/31/2013	88%	16%	100%	90.7%	100%
03/31/2014	35%	16%	86%	95.8%	100%
06/30/2014	72%	14%	91%	88.5%	100%

Biennial Fiscal Summary

Revenue: \$848,490

Expenditures: \$914,609

Innovations & Advancements

The Board of Social Work sponsors annual Stakeholder Summits for Virginia graduate social work programs in collaboration with representatives from social work professional associations. These Summits are designed to facilitate discussion between stakeholders and the Board in matters of educational trends, core coursework, and workforce concerns. The Summits have proven an effective means to ensure understanding of social work educational preparation for independent licensure as well as serving as a discussion forum regarding the challenges facing social workers entering the workforce.

Outreach to stakeholders through presentations has afforded Board staff the ability to communicate with and educate students, supervisees, licensees, and employers regarding licensure requirements and application processes. These presentations have been provided both in person as well as through the use of video telecommunications. The outreach activities have allowed the Board to develop and foster collegial relationships with stakeholders.

The Board continues to work collaboratively with other state agencies to ensure that competent and qualified mental health professionals are available to meet the needs of the most vulnerable citizens of the Commonwealth of Virginia. The Board has continued its partnership with the licensing staff at the Department of Behavioral Health and Developmental Services (DBHDS) and policy staff at the Department of Medical Assurance Services (DMAS) with respect to coordination of prompt and appropriate licensure for individuals providing mental health services in the Medicaid community. The Board has entered into a new partnership with the Virginia Criminal Injury Fund to support training opportunities for licensed practitioners regarding the provision of trauma counseling services.

Through staff education outreach the Board is able to educate students,

residents, licensees, and employers regarding licensure requirements and application processes. These presentations have been provided in person as well as through video telecommunications. This has led to the development and strengthening of collegial relationships with stakeholders.

Individuals are encouraged by Board staff to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Social Work includes contacts from graduate social work educational programs, professional associations, and members of the public interested in the activities of the Board of Social Work.

The Board's website is monitored closely by staff and timely updates are posted on the announcements section. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities.

Regulatory Actions

Three regulatory actions were finalized for Chapter 20, Regulations Governing the Practice of Social Work:

- The Board adopted amendments relating to passage of the national licensing examination, eliminated certain application requirements for licensure by endorsement, clarified the meaning of "active practice," and addressed the issue of reactivation and reinstatement for applicants who have not been practicing social work in recent years or have been practicing elsewhere in an exempt setting; they became effective 7/31/13.

(continued on next page)

Regulatory Actions

(continued from previous page)

- Amendments were adopted pursuant to the Governor's Regulatory Reform Project to make regulations relating to applicants, supervision and continuing education less restrictive; they became effective 9/26/13.
- Chapter 533 of the 2013 Acts of the Assembly added § 54.1-3707.1 to specify a definition for a clinical course of study and the evidence required to document completion of an educational program to qualify an applicant for licensure as a clinical social worker. Accordingly, regulations were amended for conformity with the amended Code of Virginia and became effective 9/25/13.

One regulatory action was submitted for Executive Branch review and is still in process:

- The Board adopted an increase in fees and a change from a biennial to an annual renewal, which was submitted on 11/8/10.

Challenges & Solutions

The Board continues to seek innovative means to reduce the timeline from application to initial licensure for its two professions, Licensed Clinical Social Worker and Licensed Social Worker. Certainly a testament to a growing profession, the volume of requests to begin supervision or apply for licensure continues to grow, as does the complexity of such requests. To address this situation Board staff has developed systems to increase efficiencies and reduce application review time. The Board now works directly with the educational programs to confirm that coursework, in accordance with the regulations, has been properly completed. As a result of the reduced turnaround time for application review and the education

provided to stakeholders on the application process, the Board's applicant satisfaction survey results has shown significant increases throughout the biennial from June 2012 to June 2014.

To meet the challenges of the increased volume of applications, the Board implemented an online application process to further reduce turnaround time. The online process allows the applicant to view the status of their application online and allows Board staff to better capture information in order to render decisions.

With respect to disciplinary authority, the Board continues to ensure fair and objective discipline of its practitioners and has seen a significant increase in cases relating to unlicensed practice and standards of practice over the past two years. Overall, there is approximately a 400% increase in the number of cases received as of June 2012 as compared to those of June 2014. This can be attributed greatly to the increased public awareness of the ability to file a complaint as well as the significant increase in volume of licensing activity resulting in credentials appeals.

Because of documented examples of substandard supervised experiences over the years, the Board requires pre-approval prior to beginning supervision towards licensure. The Board continues to be faced with workforce challenges with respect to quality and quantity of clinical experiences but finds that the required supervisor training has better ensured the adequacy of supervision for those seeking autonomous licensure.

Due to an increase in endorsement applications for licensure in Virginia, the national emphasis on licensure portability, and the Board's goal to reduce the burden on its applicants, Board regulations have been amended. These regulations have lowered the number of years of required active practice in another jurisdiction for licensure in Virginia.

(continued on next page)

Challenges & Solutions

(continued from previous page)

Over the past year, the Board has seen an increase in applications for Licensed Social Workers (LSW) providing case management social work services. Licensure of LSW's has increased by 26% from licenses in effect in June 2012 to those in effect in June 2014. This increase appears to be attributed to an increase in social workers seeking employment in for-profit settings at the case management level.

Additional Issues

Through regulatory changes by DMAS the designation of 'license eligible' was created. This designation is not recognized nor regulated by the Board. Due to these regulatory changes and subsequent program requirements established by DBHDS in 2010, reimbursement for services to Medicaid clients is now allowed to individuals who these agencies have deemed to be "license eligible". The Board continues to face significant challenges due to the increase in the volume and complexity of requests to obtain this status of "license eligible". The Board has worked closely with DMAS and DBHDS to remove the term "license eligible" from their regulations and policies and to replace it with "Supervisee in Social Work". The Board continues to face challenges when applicants for licensure seek this "licensed-eligible" status but do not always meet the education and training necessary to become a "Supervisee in Social Work". The Board is cognizant of workforce challenges facing mental health providers as well as the needs of citizens with respect to the provision of mental health services.

Total Licenses: 6,897

(as of June 30, 2014)



Executive Director

Leslie L. Knachel, M.P.H.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2012	164%	6%	97%	100%	100%
12/31/2012	180%	3%	93%	100%	100%
03/31/2013	96%	9%	93%	83.3%	100%
06/30/2013	56%	3%	88%	93.3%	100%
09/30/2013	84%	3%	100%	97.4%	100%
12/31/2013	123%	2%	94%	100%	100%
03/31/2014	56%	2%	100%	100%	100%
06/30/2014	63%	9%	100%	100%	100%

Biennial Fiscal Summary

Revenue: \$1,793,892 Expenditures: \$1,469,251

Innovations & Advancements

The Board of Veterinary Medicine's efforts to actively collect email addresses in support of its "Go Green" initiative resulted in 76% of licensees registering the information with the Board. Licensure renewal notification and informational updates were sent via email to reduce expenditures related to printing and mailing information.

The Board continued to settle a large percentage of disciplinary cases by Consent Order which reduced expenses related to hearings.

Board representatives made licensing presentations via teleconference to veterinary students at the Virginia-Maryland College of Veterinary Medicine and to veterinary technician students at Northern Virginia Community College and Blue Ridge Community College.

Board representatives participated in professional association meetings by presenting on regulatory and licensing issues, including the pilot program related to the veterinary establishment inspection process and the Virginia Drug Control Act, and were available to answer questions about the Board's activities.

The Board informed licensees via email of important updates such as regulatory changes and guidance document approvals.

Regulatory Actions

Four regulatory actions were finalized:

- An amendment to regulations establishing grounds for unprofessional conduct was adopted to include "committing an act constituting fraud, deceit, or misrepresentation in dealing with the Board or in the veterinarian-client-patient relationship." An amendment on delegation of duties by a veterinarian was adopted to clarify that the delegation may occur by any means, either electronically, in writing or in person; it became effective on 1/3/13.
- The Board adopted an increase in fees charged to applicants and licensees; it became effective for renewals in December of 2013.
- The Board revised the document incorporated by reference for compliance with current rules of the Department of Health for radiographic equipment; it became effective on 4/10/13.
- Following a periodic review of regulations, amendments were adopted to: 1) allow international conferences of veterinary medicine to be used for continuing education; 2) change the required time frame for reinstatement from 30 days after expiration to one year; and 3) revise the requirement for delegation of animal massage; it became effective on 9/26/13.

Challenges & Solutions

The Board requested a fee increase in 2009 due to a large operating deficit. The fee increase became effective on December 4, 2014. Between the time the initial fee increase was requested and its effective date, a number of cost saving measures were implemented. The combination of the fee increase and the cost saving measures resulted in the equalization of the Board's revenue and expenditures.

The Board updated the veterinary establishment inspection process. The inspection process had not been reviewed for a number of years. A pilot program was implemented to validate sanctions for non-compliance with regulations related to the registration of a veterinary establishment. Following the pilot program, the Board adopted a guidance document regarding the inspection process. The Board realized a cost savings as a result of updating the process.

The Board conducted outreach presentations to veterinary and veterinary technician students within Virginia. Due to the Board's operating deficit, it developed presentations that are delivered via teleconferencing in order to save on expenses related to in-person delivery.

The Board convened the Ad Hoc Drug Control Act Committee to discuss issues related to prescribing, dispensing and administering controlled substances by veterinarians. The Committee reviewed and updated guidance documents related to controlled drugs. In addition, Board representatives participated in Board of Pharmacy meetings related to compounded drugs.

Additional Issues

The Board conducted annual continuing education audits to ensure that licensees are completing requirements to remain current in the practice of veterinary medicine.

The Health Practitioners' Monitoring Program offers an alternative to disciplinary action to all licensees and those who are certified by the Department of Health Professions found to be impaired and unsafe to practice their profession. Impairment in VA is defined as a physical or mental disability, including, but not limited to substance abuse, that substantially alters the ability of a practitioner to practice his profession with safety to his patients and the public.

The Department of Health Professions (DHP) has a Memorandum of Agreement with the Virginia Commonwealth University (VCU) Health System, Department of Psychiatry, Division of Addiction Psychiatry, to provide confidential monitoring services.

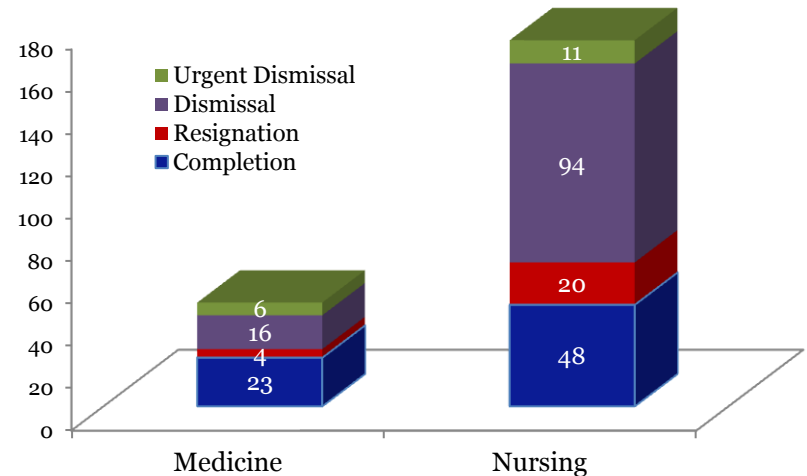
Monitoring services include intake, referrals for assessment and/or treatment, reporting on participant progress to licensing boards, and alcohol and drug toxicology screens.

Each participant in the program is assigned a case manager who monitors their compliance with their Recovery Monitoring Contract. Participants provide monthly progress reports on all activities including meeting attendance, therapy sessions, and medical treatment received. The goal of the program is to return each participant back to practice. Once the program determines that the participant is safe to return to practice, the setting and a work site monitor must be approved. The work site monitor provides monthly reports on the performance of the participant. This process of direct communication between case managers, work site monitors, and participants provides ongoing oversight of all participants.



Intervention Program Manager
Peggy Wood

Type of Discharge by Board 2013



Primary Diagnosis of Active Participants as of 12/31/2013

Board	Chemical Dependency	Psychiatric Only	Physical Only
Medicine	98	9	0
Nursing	328	31	1
Pharmacy	29	1	0
Dentistry	16	0	0
Other*	19	2	1
Total	488	43	2

Opportunities & Innovations

HPMP would like to fund scholarships to be used to defer the costs of treatment for those participants who qualify for financial assistance.

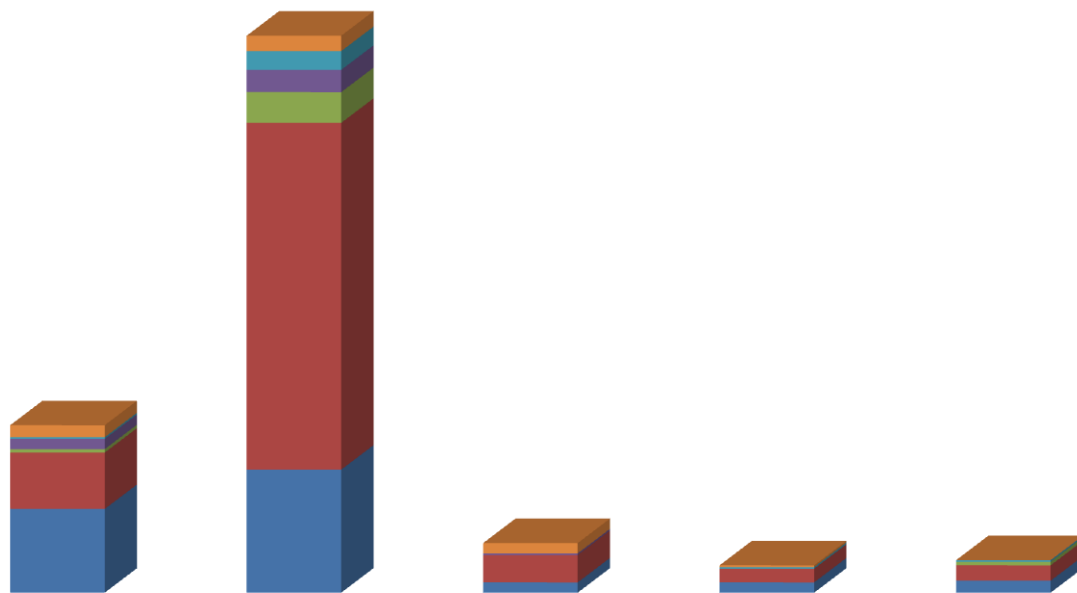
Challenges & Solutions

Due to an increase in the cost of treatment, options for assisting those in financial need are being investigated. A scholarship fund to aid those in financial need is in the development stages. There are plans to solicit donations from stakeholders such as professional associations, peer groups, pharmaceutical companies, and hospital associations. The guidelines for receiving assistance have been approved by the Health Practitioners' Monitoring Program Committee.

Additional Issues

There are not enough treatment facilities in Virginia to meet the growing need for mental health and substance abuse treatment. Often participants who are financially able must travel outside of Virginia for inpatient treatment. Community services boards provide a variety of services that can assist those with limited funds; however those services are burdened by backlogs and reduced funding.

Boards & Programs Health Practitioners' Monitoring Program



Drug of Choice	Medicine	Nursing	Pharmacy	Dentistry	Other*
Alcohol	49	72	6	6	7
Opioids	33	203	16	8	9
Cocaine	2	18	0	0	2
Benz	6	13	1	0	0
THC	1	11	0	1	1
Other (Amphet, Sed/Hyp, Stim, Halluc)	7	9	6	1	0

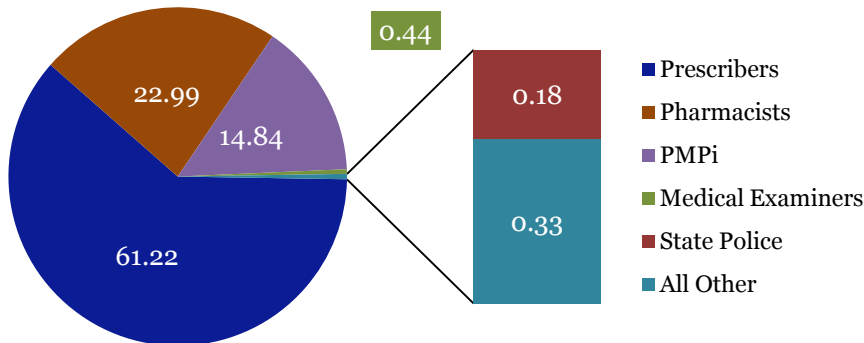
Drug of Choice for Active Participants as of 12/31/2013

Opportunities & Innovations

The Virginia Prescription Monitoring Program (PMP) is recognized as the electronic risk management tool of choice among doctors of medicine, pharmacists, nurse practitioners, emergency room physicians and other licensed practitioners. It is used to determine a patient's treatment history minimizing the risk of duplicating prescriptions and potential illegal activity. Virginia's PMP is already meeting the information needs of many prescribers and pharmacists on behalf of patients statewide. The program anticipates that it will process nearly 2 million requests in 2014.

Virginia's PMP is now interoperable with 17 states. Interoperability allows each state to continue to administer to local needs while providing access to data for PMP users registered in other states. The graph below shows that requests from other states have had a huge impact on the growth in the program. In the second quarter of 2014, interstate requests comprised nearly 15% of the state's PMP total.

Percentage of Requests by User Type through Q2 2013



Program Director
Ralph Orr

Regulatory Actions

One regulatory action was finalized and became effective on 8/15/13:

- An amendment to section 60 on criteria for discretionary disclosure of information in the Prescription Monitoring Program by the director is adopted pursuant to changes to § 54.1-2523, amended by the 2013 General Assembly in Chapter 739 (HB1704). The amendment authorizes the director to disclose information to a prescriber for the purpose of obtaining a record of prescriptions issued by that prescriber. Such authorization was added to § 54.1-2523 on Confidentiality of data; disclosure of information; discretionary authority of Director.

(continued on next page)

Biennial Fiscal Summary

Revenue: \$1,498,098 Expenditures: \$1,798,270

Regulatory Actions

(continued from previous page)

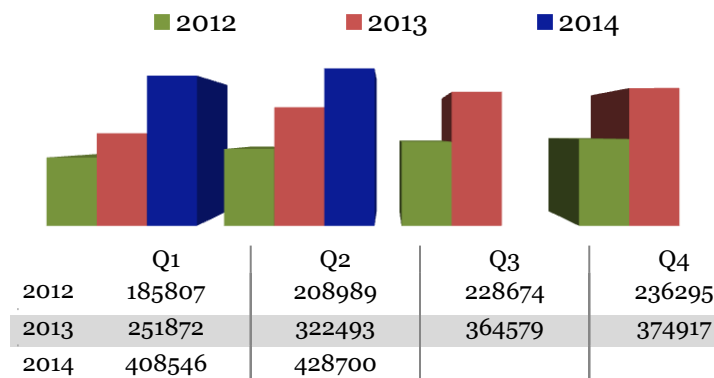
Legislation affecting the PMP:

- Chapter 21 of the 2012 Acts of the Assembly modified the Prescription Monitoring Program to (i) require dispensers of covered substances to report the method of payment for the prescription, (ii) require the Director of the Department of Health Professions to report information relevant to an investigation of a prescription recipient, in addition to a prescriber or dispenser, to any federal law-enforcement agency with authority to conduct drug diversion investigations, (iii) allow the Director to disclose information indicating potential misuse of a prescription by a recipient to the State Police for the purpose of investigation into possible drug diversion, and (iv) allow prescribers to delegate authority to access the Program to an unlimited number, rather than the current limit of two, of regulated healthcare professionals under their direct supervision. This legislation was identical to Chapter 81.
- Chapter 739 of the 2013 Acts of the Assembly added an agent designated by the chief law-enforcement officer of any county or city to the list of individuals to whom the Department of Health Professions must disclose information relevant to a specific investigation of a specific recipient, dispenser, or prescriber upon request, and provided that agents designated by the superintendent of the Department of State Police or the chief law-enforcement officer of a county or city to receive information relevant to a specific investigation of a specific recipient, dispenser, or prescriber shall have completed the Virginia State Police Drug Diversion School. The bill also provided that the Department may disclose information relating to prescriptions for covered substances issued by a specific prescriber to that prescriber.

Regulatory Actions finalized and effective on July 1, 2014:

- As of July 1, 2014, the Drug Control Act added “drugs of concern” as covered substances that must be reported to the PMP. House Bill 874 specifically added any quantity of the substance tramadol as a “drug of concern”, thereby making it reportable to the PMP. However, as of August 18, 2014, the Drug Enforcement Administration re-scheduled tramadol as a Schedule IV drug, also making it reportable to the Virginia PMP.

PMP Requests: Q1 2012 – Q2 2014



Challenges & Solutions

There has continued to be a great deal of interest in increasing the utilization of the PMP by prescribers. This has resulted in legislation requiring mandatory registration with the PMP for all prescribers effective July 1, 2015. The logistics involved in registering all providers by the July 1, 2015 deadline has created a challenge for the PMP program as well as the Data Division that administers the licensing and registrations systems for DHP. The program has remedied this by requiring each eligible licensee to register during their renewal, even if the renewal should fall beyond July 1, 2015.

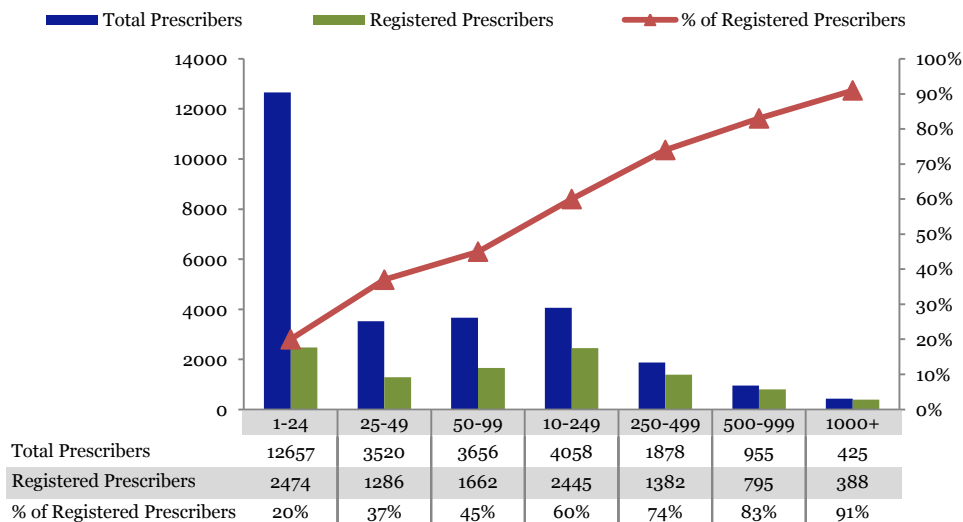
Mandatory registration is an excellent vehicle to prevent individuals from using multiple prescribers and pharmacies. This requirement will redirect the focus from tracking those prescribers registered with the program to

tracking those actually utilizing the program. The recent legislative initiative in Virginia did not include mandatory use, as has occurred in other states.

Additional Issues

The Virginia PMP continues to evolve as knowledge of the public health issue of prescription drug abuse moves to the forefront. Recent trends have included integrating state PMP data into health information technology systems such as hospital networks. This integration is intended to provide a seamless extraction of PMP data from each state provided each individual is authenticated by his or her own health system, within the healthcare providers' internal health information technology application and workflow.

Percentage of Prescribers as Registered Users April – June 2014





Executive Director
Elizabeth A. Carter, Ph.D.

Innovations & Advancements

The mission of the Department of Health Professions Healthcare Workforce Data Center (DHP HWDC) is to improve data collection and measurement of Virginia's healthcare workforce through regular assessment of workforce supply and demand issues among the over 80 professions regulated within the agency.

Since its inception in 2008, DHP HWDC has been working to fulfill its mission by developing, launching, and reporting on the results of profession-specific workforce surveys. These surveys have been incorporated into the licensure processes. As of June 30, 2014, the professions located in the table to the right are included. All published findings are available at <http://www.dhp.virginia.gov/hwdc/findings>.

Audiologists	Licensed Nurse Practitioners	Pharmacy Technicians
Assisted Living Administrators	Licensed Practical Nurses	Physical Therapists
Certified Nurse Aides	Licensed Professional Counselors	Physical Therapist Assistants
Dentists	Medical Doctors	Physician Assistants
Dental Hygienists	Nursing Home Administrators	Registered Nurses
Licensed Clinical Psychologists	Osteopaths	Speech Language Pathologists
Licensed Clinical Social Workers	Pharmacists	

(continued on next page)

Biennial Fiscal Summary

Revenue: \$13,128

Expenditures: \$13,128

Opportunities & Innovations (continued)

(continued from previous page)

Ultimately all professions will be addressed. Planning is underway for the next round of new surveys: occupational therapists, occupational therapy assistants, optometrists, radiologic technologists, radiologist assistants, and respiratory therapists.

Beginning in December 2012, DHP HWDC instituted a standard survey and analysis methodology designed to enable direct comparisons across professions and over time. Methodology and Glossary provides the technical details.

By the end of FY2014, annual statewide and regional analyses providing side-by-side comparative data were published in two new geographic, interactive reports: [Virginia CareForce Snapshot](#) and [Regional CareForce](#). [Student Choice](#) a new interactive online tool for users who may be considering a career in healthcare, was launched in FY2014.

DHP HWDC continued to prepare annual Registered Nurse and Licensed Practical Nurse Education Programs reports. The Center also prepared supplemental analyses for the Board of Nursing to examine Virginia's nurses' educational progression by comparing education levels at initial licensure with current highest levels. The results will be published in late 2014.

The Center continues to prepare workforce demand analyses by referencing Virginia's Health and Social Assistance labor market data gleaned from federal sources. Results are published in periodic statewide and regional [Virginia Workforce Briefs](#). The Center remained abreast of evolving health workforce issues through literature reviews, as well, as ongoing discussions and collaborations with DHP Boards, professional, educational, and state and federal governmental organizations.

During the 2012-14 biennium, DHP HWDC prepared the [Medicaid Workforce Packet](#) in response to a special request from the General Assembly. The report provides detailed maps reflecting the geographic distribution of the uninsured non-elderly population prior to the full implementation of the *Patient Protection and Affordability Care Act*. It provides similar mapping of physicians, nurse practitioners, and physician assistants accepting Medicaid and providing primary care. The data was collected from DHP HWDC profession-specific surveys, the Board of Medicine's Physician Profile records, and billing information from Department of Medical Assistance Services. It is anticipated that such reports will continue to be requested to inform on a variety of issues related to healthcare delivery capacity.

DHP HWDC staff presented research findings at multiple Board meetings and conferences held by professional and private sector organizations. The Center also assisted with the piloting of social media within the Department by launching Tumblr and Twitter postings. In addition, staff served as a resource for students, researchers, state and federal agencies and private sector employers seeking information on Virginia's healthcare workforce and consultation on research methods.

Challenges & Solutions

Last biennium's chief challenge was to establish a survey research and analysis approach that could be replicated, not burdensome to responders, and yields data that is useful to state and federal policy makers, researchers, educators, employers, and the general public. That challenge was met during the current biennium by the adoption of the new standardized methods, continued high response rates of licensees, the rapid addition of new professions (now over 20), and multiple requests for the Center's findings and consultation from a broad range of constituencies.

Appendix A – Licenses¹

Board	Occupation	2004 June 30	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	Percent Change 12-14
Audiology & Speech- Language Pathology	Audiologist	447	424	412	434	451	486	7.8%
	Continuing Education Provider	0	2	1	2	1	12	1100%
	School Speech Pathologist	113	109	108	105	110	130	18.2%
	Speech Pathologist	2416	2339	2429	2705	3022	3476	15%
Audiology & Speech-Language Pathology Total		2976	2874	2950	3246	3584	4104	14.5%
Counseling	Certified Substance Abuse Counselor	1437	1450	1569	1719	1714	1473	-14.2%
	Licensed Marriage and Family Therapist	867	841	850	852	790	775	-1.9%
	Licensed Professional Counselor	2741	2829	3064	3398	3538	3700	4.6%
	Rehabilitation Provider	376	331	334	346	334	311	-6.9%
	Substance Abuse Counseling Assistant	0	16	56	83	115	117	1.7%
	Substance Abuse Treatment Practitioner	162	170	188	191	183	169	-7.7%
Counseling Total		5583	5637	6061	6589	6674	6545	-1.9%
Dentistry	Conscious/Moderate Sedation	0	0	0	0	0	182	100%
	Cosmetic Procedure Certification	10	13	23	25	29	30	3.4%
	Deep Sedation/General Anesthesia	0	0	0	0	0	41	100%
	Dental Assistant II	0	0	0	0	0	3	100%
	Dental Full Time Faculty	14	16	10	8	9	9	0%
	Dental Hygienist	3838	4091	4477	4842	5021	5465	8.8%
	Dental Hygienist Restricted Volunteer	0	0	0	0	0	1	100%
	Dental Hygienist Teacher	2	1	1	1	1	0	-100%
	Dental Hygienist Temporary Permit	0	0	0	12	13	0	-100%
	Dental Restricted Volunteer	0	0	0	0	0	13	100%
	Dental Teacher	5	1	5	5	3	0	-100%
	Dental Temporary Permit	4	5	0	0	3	0	-100%
Dentist	5337	5626	5973	6207	6293	6911	9.8%	

Appendix A – Licenses¹

Board	Occupation	2004 June 30	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	Percent Change 12-14
Dentistry	Dentist-Volunteer Registration	0	2	0	0	0	2	100%
	Enteral Conscious/Moderate Sedation	0	0	0	0	0	157	100%
	Mobile Dental Facility	0	0	0	0	0	9	100%
	Oral/Maxillofacial Surgeon Registration	175	190	201	219	236	255	8.1%
	Temporary Conscious/Moderate Sedation	0	0	0	0	0	15	100%
	Temporary Resident	0	0	0	44	54	47	-13%
Dentistry Total		9385	9945	10690	11363	11662	13140	12.7%
Funeral Directors & Embalmers	Branch Establishment	0	6	14	14	59	64	8.5%
	Continuing Education Provider	0	31	37	33	26	20	-23.1%
	Courtesy Card	106	114	105	80	67	72	7.5%
	Crematories	67	74	75	88	94	104	10.6%
	Embalmer	6	6	5	5	5	4	-20%
	Funeral Director	129	113	101	80	60	51	-15%
	Funeral Establishment	516	508	497	486	447	439	-1.8%
	Funeral Service Intern	0	0	0	128	158	176	11.4%
	Funeral Service Licensee	1396	1413	1435	1447	1403	1495	6.6%
Surface Transport & Removal Service	44	44	48	50	48	46	-4.2%	
Funeral Directors & Embalmers Total		2264	2309	2317	2411	2367	2471	4.4%
Long-Term Care Administrators	Acting ALF-Administrator-in-Training	0	0	0	0	0	6	100%
	Administrator-In-Training	0	0	0	70	68	70	2.9%
	ALF-Administrator-In-Training	0	0	0	73	80	95	18.8%
	Assisted Living Facility Administrator	0	0	44	559	593	617	4.0%

Appendix A – Licenses¹

Board	Occupation	2004 June 30	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	Percent Change 12-14
Long-Term Care Administrators	Assisted Living Facility Preceptor	0	0	16	133	161	187	16.1%
	Nursing Home Administrator	677	667	694	769	787	845	7.4%
	Nursing Home Preceptor	185	191	199	221	223	234	4.9%
Long-Term Care Administrators Total		862	858	953	1825	1912	2054	7.4%
Medicine	Assistant Behavior Analyst	0	0	0	0	0	72	100%
	Athletic Trainer	656	790	890	973	1106	1264	14.3%
	Behavior Analyst	0	0	0	0	0	431	100%
	Chiropractor	1593	1619	1616	1635	1559	1707	9.5%
	Interns & Residents	2989	3294	3368	3608	3708	2838	-23.5%
	Licensed Acupuncturists	248	330	361	412	427	470	10.1%
	Licensed Midwife	0	14	35	48	64	75	17.2%
	Limited Radiologic Technologist	938	934	843	778	668	678	1.5%
	Medicine & Surgery	29227	29872	31250	32707	32696	35887	9.8%
	Occupational Therapist	2259	2420	2579	2779	3038	3491	14.9%
	Occupational Therapy Assistant	0	0	0	743	931	1123	20.6%
	Osteopathy & Surgery	1096	1240	1492	1738	2019	2570	27.3%
	Physician Assistant	1040	1334	1697	2020	2408	2875	19.4%
	Podiatry	492	476	460	475	439	494	12.5%
	Radiologic Technologist	2603	2833	3077	3304	3539	3856	9.0%
	Radiologist Assistant	0	0	0	0	9	8	-11.1%
	Respiratory Care Practitioner	3093	3225	3393	3553	3655	3866	5.8%
	Restricted Volunteer – Doctor of	0	0	0	45	58	66	13.8%
	University Limited License	25	24	26	34	31	16	-48.4%
	Volunteer Registration	0	0	0	2	1	1	0.0%
Medicine Total		46259	48405	51087	54854	56356	61788	9.6%

Appendix A – Licenses¹

Board	Occupation	2004 June 30	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	Percent Change 12-14
Nursing	Advanced Certified Nurse Aide	0	59	84	96	97	92	-5.2%
	Authorization to Prescribe	2513	2810	3185	3549	4109	4930	20.0%
	Certified Massage Therapist	3715	4321	4941	5556	6215	7104	14.3%
	Certified Nurse Aide	40239	42058	43839	48963	55063	52860	-4.0%
	Clinical Nurse Specialist	455	452	437	444	438	427	-2.5%
	Licensed Nurse Practitioner	4872	5173	5514	6053	6825	7813	14.5%
	Licensed Practical Nurse	28239	28127	28933	30264	30877	30884	0.0%
	Medication Aide	0	0	390	4020	4901	5570	13.7%
	Registered Nurse	86660	85061	87152	92853	97444	103186	5.9%
Nursing Total		166693	168061	174475	191798	205969	212866	3.3%
Optometry ²	Optometrist	1351	261	237	204	163	143	-12.3%
	Optometrist – Volunteer Registration	0	0	0	0	0	0	0%
	Professional Designation	129	161	211	217	230	251	9.1%
	TPA Certified Optometrist	1031	1132	1234	1322	1434	1512	5.4%
Optometry Total		2511	1554	1682	1743	1827	1906	4.3%
Pharmacy	Business CSR	336	533	639	650	835	998	19.5%
	CE Courses	0	0	0	0	3	18	500%
	Humane Society	46	39	37	0	0	0	0%
	Limited Use Technician	0	26	31	37	31	24	-22.6%
	Medical Equipment Supplier	293	336	405	437	578	597	3.3%
	Non-resident Pharmacy	462	509	540	379	469	524	11.7%
	Non-resident Wholesale Distributor	537	608	603	627	739	779	5.4%
	Non-restricted Manufacturer	20	20	21	17	22	24	9.1%
	Optometrist CSR	14	0	0	0	0	0	0%

Appendix A – Licenses¹

Board	Occupation	2004 June 30	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	Percent Change 12-14
Pharmacy	Permitted Physician	0	14	13	11	10	5	-50.0%
	Pharmacist	8754	9142	9627	10770	11193	12661	13.1%
	Pharmacist – Volunteer Registration	0	0	0	1	1	2	100%
	Pharmacy	1547	1600	1647	1701	1754	1796	2.4%
	Pharmacy Intern	1181	1342	1498	1668	1797	2092	16.4%
	Pharmacy Technician	6292	7771	9423	11290	12413	13610	9.6%
	Pharmacy Technician Training Program	0	0	0	0	86	103	19.8%
	Physician Selling Controlled Substances	215	214	242	322	500	664	32.8%
	Physician Selling Drugs Location	0	0	0	0	0	255	100.0%
	Pilot Programs	0	0	0	0	0	6	100.0%
	Repackaging Training Program	0	0	0	0	0	1	100.0%
	Restricted Manufacturer	72	69	74	68	77	75	-2.6%
	Warehouser	26	35	40	44	46	42	-8.7%
	Wholesale Distributor	182	126	122	116	112	122	8.9%
Pharmacy Total		19977	22384	24962	28138	30666	34392	12.2%
Physical Therapy	Direct Access Certification	0	0	125	419	650	918	41.2%
	Physical Therapist	4486	4922	5170	5781	6117	7141	16.7%
	Physical Therapist Assistant	1643	1808	1979	2229	2411	2842	17.9%
Physical Therapy Total		6129	6730	7274	8429	9178	10901	18.8%

Appendix A – Licenses¹

Board	Occupation	2004 June 30	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	Percent Change 12-14
Psychology	Applied Psychologist	50	41	42	40	34	26	-23.5%
	Clinical Psychologist	2233	2296	2434	2609	2644	2831	7.1%
	School Psychologist	106	113	119	112	101	92	-8.9%
	School Psychologist – Limited	135	173	195	240	308	310	0.6%
	Sex Offender Treatment Provider	333	348	371	398	426	365	-14.3%
Psychology Total		2857	2971	3161	3399	3513	3624	3.2%
Social Work	Associate Social Worker*	6	4	2	2	2	1	-50.0%
	Licensed Clinical Social Worker	4435	4592	4837	5139	5233	5814	11.1%
	Licensed Social Worker	332	320	351	367	393	518	31.8%
	Registered Social Worker*	75	49	38	27	21	17	-19.0%
Social Work Total		4848	4965	5228	5535	5649	6350	12.4%
Veterinary Medicine	Equine Dental Technician	0	0	0	21	24	23	-4.2%
	Full Service Veterinary Facility	645	669	693	708	735	750	2.0%
	Restricted Veterinary Facility	191	196	228	240	270	298	10.4%
	Veterinarian	3162	3235	3401	3610	3530	4038	14.4%
	Veterinary Technician	940	1094	1216	1397	1579	1788	13.2%
Veterinary Medicine Total		4938	5194	5538	5976	6138	6897	12.4%
Agency Total		274590	281887	296338	325454	345616	367475	6.3%

¹ The number of licenses in all years reflects all current licenses on June 30, the last day of each fiscal year.

² In 2006, the Board of Optometry discontinued issuing two, separate permits for licensees with TPA certification (i.e., an Optometrist license plus a TPA Certified Optometrist certificate). For 2006, only those licensees without TPA certification were issued

* This is no longer a valid category of licensure

Appendix B – Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Audiology & Speech-Language Pathology	Audiologist	468	486	3	3	4	2	11	3	6.41	6.17
	Continuing Education Provider	0	12	0	0	0	0	0	0	0.00	0.00
	School Speech Pathologist	116	130	0	0	0	0	2	0	0.00	0.00
	Speech Pathologist	3172	3476	7	5	10	4	44	17	2.21	1.44
Audiology & Speech-Language Pathology Total		3756	4104	10	8	14	6	57	20	8.62	7.61
Counseling	Certified Substance Abuse Counselor	1724	1473	8	15	8	15	7	23	4.64	10.18
	Licensed Marriage and Family Therapist	801	775	10	16	5	17	14	14	12.48	20.65
	Licensed Professional Counselor	3630	3700	54	57	52	61	75	93	14.88	15.41
	Rehabilitation Provider	333	311	3	3	3	3	5	3	9.01	9.65
	Substance Abuse Counseling Assistant	128	117	0	1	0	1	4	6	0.00	8.55
	Substance Abuse Treatment Practitioner	185	169	0	2	0	2	2	2	0.00	11.83
Counseling Total		6801	6545	75	94	68	99	107	141	11.03	14.36
Dentistry	Conscious/Moderate Sedation	144	182	6	14	6	15	5	14	41.67	76.92
	Cosmetic Procedure Certification	27	30	4	31	5	33	4	34	148.15	1033.33
	Deep Sedation/General Anesthesia	32	41	2	2	2	3	1	2	62.50	48.78
	Dental Assistant II	3	3	1	2	1	2	2	1	333.33	666.67
	Dental Full Time Faculty	9	9	0	0	0	0	0	0	0.00	0.00
	Dental Hygienist	5122	5465	11	17	15	18	14	22	2.15	3.11
	Dental Hygienist Teacher	1	0	0	0	0	0	0	0	0.00	0.00

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Dentistry	Dental Hygienist Restricted Volunteer	-	1	0	0	0	0	0	0	0.00	0.00
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0.00	0.00
	Dental Restricted Volunteer	16	13	0	0	0	0	0	0	0.00	0.00
	Dental Teacher	4	0	0	0	0	0	0	0	0.00	0.00
	Dental Temporary Permit	2	0	0	0	0	0	0	0	0.00	0.00
	Dentist	6432	6911	364	408	462	493	512	537	56.59	59.04
	Dentist-Volunteer Registration	1	2	0	0	0	0	0	0	0.00	0.00
	Enteral Conscious/Moderate Sedation	94	157	0	6	0	4	6	3	0.00	38.22
	Mobile Dental Facility	7	9	0	0	0	0	0	0	0.00	0.00
	Oral/Maxillofacial Surgeon Registration	251	255	23	17	23	25	18	28	91.63	66.67
	Temporary Conscious/Moderate Sedation	14	15	0	0	0	0	0	0	0.00	0.00
	Temporary Resident	57	47	0	2	0	1	0	1	0.00	42.55
Dentistry Total		12216	13140	411	499	514	594	562	642	33.64	37.98
Funeral Directing	Branch Establishment	62	64	2	0	4	1	5	0	32.26	0.00
	Continuing Education Provider	27	20	0	0	0	0	0	0	0.00	0.00
	Courtesy Card	68	72	2	0	1	2	3	1	29.41	0.00
	Crematories	99	104	1	2	3	0	3	1	10.10	19.23
	Embalmer	5	4	0	0	0	1	0	0	0.00	0.00

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Funeral Directors & Embalmers	Funeral Director	52	51	1	1	1	0	3	1	19.23	19.61
	Funeral Establishment	444	439	23	16	19	21	21	25	51.80	36.45
	Funeral Service Intern	159	176	4	2	4	4	4	3	25.16	11.36
	Funeral Service Licensee	1409	1495	46	49	54	49	62	57	32.65	32.78
	Surface Transport & Removal	48	46	2	3	2	4	1	3	41.67	65.22
Funeral Directors & Embalmers Total		2373	2471	81	73	88	82	102	91	34.13	29.54
Long-Term Care Administrators	Acting ALF – Administrator-In-Training	8	6	1	0	1	0	1	0	125.00	0.00
	Administrator-In-Training	64	70	1	1	1	0	1	1	15.63	14.29
	ALF – Administrator-In-Training	86	95	2	2	2	1	3	3	23.26	21.05
	Assisted Living Facility Administrator	595	617	28	27	44	34	39	35	47.06	43.76
	Assisted Living Facility Preceptor	172	187	3	3	12	5	12	5	17.44	16.04
	Nursing Home Administrator	803	845	15	19	17	19	17	19	18.68	22.49
	Nursing Home Preceptor	233	234	1	2	2	4	1	3	4.29	8.55
Long-Term Care Administrators Total		1961	2054	51	54	79	63	74	66	26.01	26.29
Medicine	Assistant Behavior Analyst	33	72	0	0	0	0	0	5	0.00	0.00
	Athletic Trainer	1187	1264	4	3	4	3	8	14	3.37	2.37
	Behavior Analyst	276	431	0	5	0	4	0	17	0.00	11.60
	Chiropractor	1593	1707	63	43	68	57	70	56	39.55	25.19
	Interns & Residents	3921	2838	12	13	13	13	13	17	3.06	4.58
	Licensed Acupuncturists	446	470	1	4	1	4	1	3	2.24	8.51

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Medicine	Licensed Midwife	70	75	5	6	9	8	7	10	71.43	80.00
	Limited Radiologic Technologist	690	678	0	0	0	0	5	0	0.00	0.00
	Medicine & Surgery	33383	35887	1163	1156	1211	1308	1365	1351	34.84	32.21
	Occupational Therapist	3233	3491	9	9	11	9	18	15	2.78	2.58
	Occupational Therapy Assistant	1040	1123	6	5	4	5	16	3	5.77	4.45
	Osteopathy & Surgery	2250	2570	79	77	77	89	89	89	35.11	29.96
	Physician Assistant	2631	2875	33	40	38	49	38	41	12.54	13.91
	Podiatry	445	494	36	32	44	45	38	43	80.90	64.78
	Radiological Technologist	3794	3856	4	8	5	7	22	19	1.05	2.07
	Radiologist Assistant	9	8	0	0	0	0	0	0	0.00	0.00
	Respiratory Care Practitioner	3756	3866	23	18	26	22	23	29	6.12	4.66
	Restricted Volunteer-Doctor Of	62	66	1	0	0	0	1	0	16.13	0.00
	Temporary Licenses	-	1	0	0	0	0	0	0	0.00	0.00
	University Limited License	28	16	0	0	0	0	0	0	0.00	0.00
Volunteer Registration	1	1	0	0	0	0	0	0	0.00	0.00	
Medicine Total		58848	61789	1439	1419	1511	1623	1714	1712	24.45	22.97
Nursing	Advanced Certified Nurse Aide	98	92	1	2	4	1	4	2	10.20	21.74
	Authorization to Prescribe	4289	4930	48	49	57	63	69	65	11.19	9.94
	Certified Massage Therapist	6633	7104	53	34	51	43	72	67	7.99	4.79
	Certified Nurse Aide	54692	52860	606	726	572	619	871	859	11.08	13.73
	Clinical Nurse Specialist	406	427	2	1	4	1	5	2	4.93	2.34
	Licensed Nurse Practitioner	6493	7813	100	94	97	101	152	126	15.40	12.03

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Nursing	Licensed Practical Nurse	30888	30884	482	473	481	508	624	602	15.60	15.32
	Medication Aide	5222	5570	127	138	159	145	200	176	24.32	24.78
	Registered Nurse	100151	103186	791	781	785	838	1078	976	7.90	7.57
	Volunteer Registration	1	5	0	0	0	0	0	0	0.00	0.00
Nursing Total		208873	212871	2215	2307	2211	2323	3088	2894	10.60	10.82
Optometry	Optometrist	150	143	1	0	2	0	3	1	6.67	0.00
	Optometrist - Volunteer Registration	0	0	0	0	0	0	0	0	0.00	0.00
	Professional Designation	245	251	0	0	0	0	0	0	0.00	0.00
	TPA Certified Optometrist	1480	1512	31	20	29	24	53	42	20.95	13.23
Optometry Total		1875	1906	32	20	31	24	56	43	17.07	10.49
Pharmacy	Business CSR	909	998	0	2	0	2	0	1	0.00	2.00
	CE Programs	6	18	0	0	0	0	0	0	0.00	0.00
	Humane Society	0	0	0	0	0	0	0	0	0.00	0.00
	Limited Use Pharmacy Technician	24	24	0	0	0	0	0	0	0.00	0.00
	Medical Equipment Supplier	600	597	2	0	2	1	4	1	3.33	0.00
	Non-resident Pharmacy	520	524	16	12	12	11	29	18	30.77	22.90
	Non-resident Wholesale Distributor	750	779	5	0	5	1	16	14	6.67	0.00
	Non-restricted Manufacturer	21	24	0	0	0	0	0	0	0.00	0.00
	Permitted Physician	9	5	0	0	0	0	0	0	0.00	0.00
Pharmacist	11635	12661	135	115	141	125	176	138	11.60	9.08	

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Pharmacy	Pharmacist-Volunteer Registration	0	2	0	0	0	0	0	0	0.00	0.00
	Pharmacy	1782	1796	42	37	35	38	217	393	23.57	20.60
	Pharmacy Intern	1975	2092	1	0	2	0	3	1	0.51	0.00
	Pharmacy Technician	13094	13610	58	63	73	76	82	139	4.43	4.63
	Pharmacy Technician Training Program	92	103	0	0	0	0	0	0	0.00	0.00
	Physician Selling Controlled Substances	608	664	4	4	5	7	2	6	6.58	6.02
	Physicians Selling Drugs Location	0	255	0	0	0	0	0	0	0.00	0.00
	Repackaging Training Program	1	1	0	0	0	0	0	0	0.00	0.00
	Restricted Manufacturer	78	75	0	0	0	0	0	0	0.00	0.00
	Warehouser	42	42	0	0	0	0	0	0	0.00	0.00
	Wholesale Distributor	117	122	0	0	0	0	1	2	0.00	0.00
Pharmacy Total		32263	34392	263	233	275	265	530	715	8.15	6.77
Physical Therapy	Direct Access Certification	742	918	1	1	0	2	1	2	1.35	1.09
	Physical Therapist	6139	7141	29	25	24	24	43	36	4.72	3.50
	Physical Therapist Assistant	2503	2842	23	12	18	13	25	23	9.19	4.22
Physical Therapy Total		9384	10901	53	38	42	39	69	61	5.65	3.49

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Psychology	Applied Psychologist	35	26	0	3	0	3	0	2	0.00	115.38
	Clinical Psychologist	2764	2831	58	65	44	62	81	76	20.98	22.96
	School Psychologist	98	92	2	0	1	0	2	1	20.41	0.00
	School Psychologist-Limited	344	310	0	0	0	0	1	1	0.00	0.00
	Sex Offender Treatment Provider	415	365	3	5	1	5	6	7	7.23	13.70
Psychology Total		3656	3624	63	73	46	70	90	87	17.23	20.14
Social Work	Associate Social Worker*	3	1	0	0	0	0	0	0	0.00	0.00
	Licensed Clinical Social Worker	5515	5814	55	80	47	85	78	112	9.97	13.76
	Licensed Social Worker	469	518	1	14	1	15	1	12	2.13	27.03
	Registered Social Workers*	21	17	0	0	0	0	0	0	0.00	0.00
Social Work Total		6008	6350	56	94	48	100	79	124	9.32	14.80
Veterinary Medicine	Equine Dental Technician	23	23	1	1	1	1	1	2	43.48	43.48
	Full Service Veterinary Facility	744	750	10	5	9	8	13	11	13.44	6.67
	Restricted Veterinary Facility	284	298	2	4	3	5	6	4	7.04	13.42
	Veterinarian	3640	4038	111	137	161	179	173	183	30.49	33.93
	Veterinary Technician	1657	1788	11	4	14	8	32	24	6.64	2.24
Veterinary Medicine Total		6348	6897	135	151	188	201	225	224	21.27	21.89
Agency Total		354471	367245	4884	5063	5115	5489	6753	6820	13.78	13.78

¹ Any individual or entity that held a valid license on June 30th of the designated fiscal year

² All allegations assigned a case number

³ Cases that underwent the investigatory process

⁴ Cases reviewed by the respective regulatory board to determine whether further action is necessary

⁵ Shows the ratio of complaints per 1,000 licensees of the respective board and occupations

* This is no longer a valid category of licensure

Appendix C - Violations*

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings		Violations Per 1000 Licensees ⁴	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Audiology & Speech-Language Pathology	Audiologist	468	486	2	2	3	0	5	2	6.41	6.41
	Continuing Education Provider	0	12	0	0	0	0	0	0	0.00	0.00
	School Speech Pathologist	116	130	2	0	0	0	2	0	0.00	0.00
	Speech Pathologist	3172	3476	7	5	23	6	30	11	7.25	7.25
Audiology & Speech-Language Pathology Total		3756	4104	11	7	26	6	37	13	6.92	6.92
Counseling	Certified Substance Abuse Counselor	1724	1473	1	4	1	5	2	9	0.58	0.58
	Licensed Marriage and Family Therapist	801	775	4	2	1	2	5	4	1.25	1.25
	Licensed Professional Counselor	3630	3700	16	26	5	12	21	38	1.38	1.38
	Rehabilitation Provider	333	311	5	1	0	1	5	2	0.00	0.00
	Substance Abuse Counseling Assistant	128	117	0	0	0	0	0	0	0.00	0.00
	Substance Abuse Treatment Practitioner	185	169	0	0	0	1	0	1	0.00	0.00
Counseling Total		6801	6545	26	33	7	21	33	54	1.03	1.03
Dentistry	Conscious/Moderate Sedation	144	182	0	0	0	3	0	3	0.00	0.00
	Cosmetic Procedure Certification	27	30	0	1	0	1	0	2	0.00	0.00
	Deep Sedation/General Anesthesia	32	41	0	0	0	0	0	0	0.00	0.00
	Dental Assistant II	3	3	0	0	0	0	0	0	0.00	0.00
	Dental Full Time Faculty	9	9	0	0	0	0	0	0	0.00	0.00
	Dental Hygienist	5122	5465	3	4	5	5	8	9	0.98	0.98
	Dental Hygienist Teacher	1	0	0	0	0	0	0	0	0.00	0.00

Appendix C – Violations*

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings		Violations Per 1000 Licensees ⁴	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Dentistry	Dental Hygienist Restricted Volunteer	-	1	0	0	0	0	0	0	0.00	0.00
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0.00	0.00
	Dental Restricted Volunteer	16	13	0	0	0	0	0	0	0.00	0.00
	Dental Teacher	4	0	0	0	0	0	0	0	0.00	0.00
	Dental Temporary Permit	2	0	0	0	0	0	0	0	0.00	0.00
	Dentist	6432	6911	154	201	43	76	197	277	6.69	11.00
	Dentist-Volunteer Registration	1	2	0	0	0	0	0	0	0.00	0.00
	Enteral Conscious/Moderate Sedation	94	157	0	0	0	0	0	0	0.00	0.00
	Mobile Dental Facility	7	9	0	0	0	0	0	0	0.00	0.00
	Oral/Maxillofacial Surgeon Registration	251	255	3	2	1	3	4	5	3.98	11.76
	Temporary Conscious/Moderate Sedation	14	15	0	0	0	0	0	0	0.00	0.00
	Temporary Resident	57	47	0	0	0	0	0	0	0.00	0.00
Dentistry Total		12216	13140	160	208	49	88	209	296	4.01	6.70
Funeral Directing	Branch Establishment	62	64	0	0	1	0	1	0	16.13	0.00
	Continuing Education Provider	27	20	0	0	0	0	0	0	0.00	0.00
	Courtesy Card	68	72	1	1	1	0	2	1	14.71	0.00
	Crematories	99	104	0	0	1	1	1	1	10.10	9.62
	Embalmer	5	4	0	0	0	0	0	0	0.00	0.00

Appendix C – Violations*

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings		Violations Per 1000 Licensees ⁴	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Funeral Directors & Embalmers	Funeral Director	52	51	1	0	3	1	4	1	57.69	19.61
	Funeral Establishment	444	439	6	11	5	6	11	17	11.26	13.67
	Funeral Service Intern	159	176	0	2	2	0	2	2	12.58	0.00
	Funeral Service Licensee	1409	1495	19	21	12	10	31	31	8.52	6.69
	Surface Transport & Removal	48	46	0	1	0	1	0	2	0.00	21.74
Funeral Directors & Embalmers Total		2373	2471	27	36	25	19	52	55	10.54	7.69
Long-Term Care Administrators	Acting ALF – Administrator-In-Training	8	6	1	0	0	0	1	0	0.00	0.00
	Administrator-In-Training	64	70	1	1	0	0	1	1	0.00	0.00
	ALF – Administrator-In-Training	86	95	0	2	0	0	0	2	0.00	0.00
	Assisted Living Facility Administrator	595	617	5	9	14	8	19	17	23.53	12.97
	Assisted Living Facility Preceptor	172	187	0	0	7	0	7	0	40.70	0.00
	Nursing Home Administrator	803	845	12	6	1	1	13	7	1.25	1.18
	Nursing Home Preceptor	233	234	0	0	0	0	0	0	0.00	0.00
Long-Term Care Administrators Total		1961	2054	19	18	22	9	41	27	11.22	4.38
Medicine	Assistant Behavior Analyst	33	72	0	2	0	2	0	4	0.00	27.78
	Athletic Trainer	1187	1264	0	0	4	12	4	12	3.37	9.49
	Behavior Analyst	276	431	0	5	0	7	0	12	0.00	16.24
	Chiropractor	1593	1707	2	8	16	5	18	13	10.04	2.93
	Interns & Residents	3921	2838	5	4	2	0	7	4	0.51	0.00
	Licensed Acupuncturists	446	470	0	0	0	0	0	0	0.00	0.00

Appendix C – Violations*

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings		Violations Per 1000 Licensees ⁴	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Medicine	Licensed Midwife	70	75	0	1	3	1	3	2	42.86	13.33
	Limited Radiologic Technologist	690	678	0	0	1	0	1	0	1.45	0.00
	Medicine & Surgery	33383	35887	398	406	143	134	541	540	4.28	3.73
	Occupational Therapist	3233	3491	5	1	5	2	10	3	1.55	0.57
	Occupational Therapy Assistant	1040	1123	2	28	10	1	12	29	9.62	0.89
	Osteopathy & Surgery	2250	2570	19	13	5	9	24	22	2.22	3.50
	Physician Assistant	2631	2875	7	0	5	7	12	7	1.90	2.43
	Podiatry	445	494	10	10	3	3	13	13	6.74	6.07
	Radiological Technologist	3794	3856	1	0	14	11	15	11	3.69	2.85
	Radiologist Assistant	9	8	0	0	0	0	0	0	0.00	0.00
	Respiratory Care Practitioner	3756	3866	1	1	8	11	9	12	2.13	2.85
	Restricted Volunteer-Doctor Of	62	66	0	0	0	0	0	0	0.00	0.00
	Temporary Licenses	-	1	0	0	0	0	0	0	0.00	0.00
	University Limited Licensed	28	16	0	0	0	0	0	0	0.00	0.00
Volunteer Registration	1	1	0	0	0	0	0	0	0.00	0.00	
Audiology & Speech-Language Pathology Total		58848	61789	450	479	219	205	669	684	3.72	3.32
Nursing	Advanced Certified Nurse Aide	98	92	0	0	2	0	2	0	20.41	0.00
	Authorization to Prescribe	4289	4930	2	13	9	7	11	20	2.10	1.42
	Certified Massage Therapist	6633	7104	10	6	25	17	35	23	3.77	2.39
	Certified Nurse Aide	54692	52860	146	246	232	205	378	451	4.24	3.88
	Clinical Nurse Specialist	406	427	0	0	1	1	1	1	2.46	2.34
	Licensed Nurse Practitioner	6493	7813	20	35	28	14	48	49	4.31	1.79

Appendix C – Violations*

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings		Violations Per 1000 Licensees ⁴	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Nursing	Licensed Practical Nurse	30888	30884	155	148	188	172	343	320	6.09	5.57
	Medication Aide	5222	5570	26	37	59	50	85	87	11.30	8.98
	Registered Nurse	100151	103186	296	276	280	270	576	546	2.80	2.62
	Volunteer Registration	1	5	0	0	0	0	0	0	0.00	0.00
Audiology & Speech-Language Pathology Total		208873	212871	659	767	827	745	1486	1512	3.96	3.49
Optometry	Optometrist	150	143	0	0	0	1	0	1	0.00	6.99
	Optometrist - Volunteer Registration	0	0	0	0	0	0	0	0	0.00	0.00
	Professional Designation	245	251	0	0	0	0	0	0	0.00	0.00
	TPA Certified Optometrist	1480	1512	20	9	6	5	26	14	4.05	3.31
Audiology & Speech-Language Pathology Total		1875	1906	20	9	6	6	26	15	3.20	3.15
Pharmacy	Business CSR	909	998	0	0	0	0	0	0	0.00	0.00
	CE Programs	6	18	0	0	0	0	0	0	0.00	0.00
	Humane Society	0	0	0	0	0	0	0	0	0.00	0.00
	Limited Use Pharmacy Technician	24	24	0	0	0	0	0	0	0.00	0.00
	Medical Equipment Supplier	600	597	1	1	0	0	1	1	0.00	0.00
	Non-resident Pharmacy	520	524	5	3	1	1	6	4	1.92	1.91
	Non-resident Wholesale Distributor	750	779	1	0	2	0	3	0	2.67	0.00

Appendix C – Violations*

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings		Violations Per 1000 Licensees ⁴	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Pharmacy	Non-restricted Manufacturer	21	24	0	0	0	0	0	0	0.00	0.00
	Permitted Physician	9	5	0	0	0	0	0	0	0.00	0.00
	Pharmacist	11635	12661	33	49	34	35	67	84	2.92	2.76
	Pharmacist-Volunteer Registration	0	2	0	0	0	0	0	0	0.00	0.00
	Pharmacy	1782	1796	15	23	130	353	145	376	72.95	196.55
	Pharmacy Intern	1975	2092	0	0	1	0	1	0	0.51	0.00
	Pharmacy Technician	13094	13610	15	27	30	66	45	93	2.29	4.85
	Pharmacy Technician Training Program	92	103	0	0	0	0	0	0	0.00	0.00
	Physician Selling Controlled Substances	608	664	0	2	0	0	0	2	0.00	0.00
	Physicians Selling Drugs Location	0	255	0	0	0	0	0	0	0.00	0.00
	Repackaging Training Program	1	1	0	0	0	0	0	0	0.00	0.00
	Restricted Manufacturer	78	75	0	0	0	0	0	0	0.00	0.00
	Warehouser	42	42	0	0	0	0	0	0	0.00	0.00
	Wholesale Distributor	117	122	0	0	0	0	0	0	0.00	0.00
Pharmacy Total		32263	34392	70	105	198	455	268	560	6.14	13.23
Physical Therapy	Direct Access Certification	742	918	0	0	0	0	0	0	0.00	0.00
	Physical Therapist	6139	7141	14	11	5	10	19	21	0.81	1.40
	Physical Therapist Assistant	2503	2842	5	6	3	8	8	14	1.20	2.81
Physical Therapy Total		9384	10901	19	17	8	18	27	35	0.85	1.65

Appendix C - Violations*

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings		Violations Per 1000 Licensees ⁴	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Psychology	Applied Psychologist	35	26	0	0	0	0	0	0	0.00	0.00
	Clinical Psychologist	2764	2831	43	39	2	8	45	47	0.72	2.83
	School Psychologist	98	92	0	0	0	0	0	0	0.00	0.00
	School Psychologist-Limited	344	310	0	0	0	0	0	0	0.00	0.00
	Sex Offender Treatment Provider	415	365	0	1	0	2	0	3	0.00	5.48
Psychology Total		3656	3624	43	40	2	10	45	50	0.55	2.76
Social Work	Associate Social Worker†	3	1	0	0	0	0	0	0	0.00	0.00
	Licensed Clinical Social Worker	5515	5814	32	33	6	10	38	43	1.09	1.72
	Licensed Social Worker	469	518	0	0	0	1	0	1	0.00	1.93
	Registered Social Workers†	21	17	0	0	0	0	0	0	0.00	0.00
Social Work Total		6008	6350	32	33	6	11	38	44	1.00	1.73
Veterinary Medicine	Equine Dental Technician	23	23	0	0	1	1	1	1	43.48	43.48
	Full Service Veterinary Facility	744	750	2	3	3	0	5	3	4.03	0.00
	Restricted Veterinary Facility	284	298	1	2	2	0	3	2	7.04	0.00
	Veterinarian	3640	4038	79	72	35	19	114	91	9.62	4.71
	Veterinary Technician	1657	1788	4	3	10	6	14	9	6.04	3.36
Veterinary Medicine Total		6348	6897	86	80	51	26	137	106	8.03	3.77
Agency Total		354471	367245	1622	1832	1446	1619	3068	3451	4.08	4.41

*The number of case findings includes case closed in the designated timeframe, but which may have been received in a prior timeframe

¹ Any individual or entity that held a valid and current license on June 30th of the designated time frame.

² Case in which allegations were not substantiated.

³ Cases in which allegations were substantiated.

⁴ Shows the ratio of violation found per 1,000 licensees of the respective board and occupations

† This is no longer a valid category of licensure

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ³	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Audiology & Speech-Language Pathology	Audiologist	468	486	7	0	14.96	0.00
	Continuing Education Provider	0	12	0	0	0.00	0.00
	School Speech Pathologist	116	130	0	0	0.00	0.00
	Speech Pathologist	3172	3476	42	12	13.24	3.45
Audiology & Speech-Language Pathology Total		3756	4104	49	12	13.05	2.92
Counseling	Certified Substance Abuse Counselor	1724	1473	2	11	1.16	7.47
	Licensed Marriage and Family Therapist	801	775	2	7	2.50	9.03
	Licensed Professional Counselor	3630	3700	10	18	2.75	4.86
	Rehabilitation Provider	333	311	0	2	0.00	6.43
	Substance Abuse Counseling Assistant	128	117	0	0	0.00	0.00
	Substance Abuse Treatment Practitioner	185	169	0	1	0.00	5.92
Counseling Total		6801	6545	14	39	2.06	5.96
Dentistry	Conscious/Moderate Sedation	144	182	1	7	6.94	38.46
	Cosmetic Procedure Certification	27	30	0	2	0.00	66.67
	Deep Sedation/General Anesthesia	32	41	0	0	0.00	0.00
	Dental Assistant II	3	3	0	0	0.00	0.00
	Dental Full Time Faculty	9	9	0	0	0.00	0.00
	Dental Hygienist	5122	5465	12	15	2.34	2.74
	Dental Hygienist Teacher	1	0	0	0	0.00	0.00

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ³	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Dentistry	Dental Hygienist Restricted Volunteer	-	1	0	0	0.00	0.00
	Dental Hygienist Temporary Permit	0	0	0	0	0.00	0.00
	Dental Restricted Volunteer	16	13	0	0	0.00	0.00
	Dental Teacher	4	0	0	0	0.00	0.00
	Dental Temporary Permit	2	0	0	0	0.00	0.00
	Dentist	6432	6911	111	156	17.26	22.57
	Dentist-Volunteer Registration	1	2	0	0	0.00	0.00
	Enteral Conscious/Moderate Sedation	94	157	0	0	0.00	0.00
	Mobile Dental Facility	7	9	0	0	0.00	0.00
	Oral/Maxillofacial Surgeon Registration	251	255	2	9	7.97	35.29
	Temporary Conscious/Moderate Sedation	14	15	0	0	0.00	0.00
	Temporary Resident	57	47	0	0	0.00	0.00
Dentistry Total		12216	13140	126	189	10.31	14.38
Funeral Directing	Branch Establishment	62	64	3	0	48.39	0.00
	Continuing Education Provider	27	20	0	0	0.00	0.00
	Courtesy Card	68	72	0	0	0.00	0.00
	Crematories	99	104	0	1	0.00	9.62
	Embalmer	5	4	0	0	0.00	0.00

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ³	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Funeral Directors & Embalmers	Funeral Director	52	51	0	0	0.00	0.00
	Funeral Establishment	444	439	2	9	4.50	20.50
	Funeral Service Intern	159	176	1	0	6.29	0.00
	Funeral Service Licensee	1409	1495	6	13	4.26	8.70
	Surface Transport & Removal	48	46	0	0	0.00	0.00
Funeral Directors & Embalmers Total		2373	2471	12	23	5.06	9.31
Long-Term Care Administrators	Acting ALF – Administrator-In-Training	8	6	0	0	0.00	0.00
	Administrator-In-Training	64	70	0	0	0.00	0.00
	ALF – Administrator-In-Training	86	95	0	0	0.00	0.00
	Assisted Living Facility Administrator	595	617	21	13	35.29	21.07
	Assisted Living Facility Preceptor	172	187	10	0	58.14	0.00
	Nursing Home Administrator	803	845	0	3	0.00	3.55
	Nursing Home Preceptor	233	234	0	0	0.00	0.00
Long-Term Care Administrators Total		1961	2054	31	16	15.81	7.79
Medicine	Assistant Behavior Analyst	33	72	0	2	0.00	27.78
	Athletic Trainer	1187	1264	4	14	3.37	11.08
	Behavior Analyst	276	431	0	7	0.00	16.24
	Chiropractor	1593	1707	30	9	18.83	5.27
	Interns & Residents	3921	2838	5	0	1.28	0.00
	Licensed Acupuncturists	446	470	0	0	0.00	0.00

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ³	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Medicine	Licensed Midwife	70	75	7	2	100.00	26.67
	Limited Radiologic Technologist	690	678	1	0	1.45	0.00
	Medicine & Surgery	33383	35887	264	228	7.91	6.35
	Occupational Therapist	3233	3491	8	7	2.47	2.01
	Occupational Therapy Assistant	1040	1123	12	1	11.54	0.89
	Osteopathy & Surgery	2250	2570	13	15	5.78	5.84
	Physician Assistant	2631	2875	13	12	4.94	4.17
	Podiatry	445	494	6	6	13.48	12.15
	Radiological Technologist	3794	3856	18	13	4.74	3.37
	Radiologist Assistant	9	8	0	0	0.00	0.00
	Respiratory Care Practitioner	3756	3866	14	15	3.73	3.88
	Restricted Volunteer-Doctor Of	62	66	0	0	0.00	0.00
	Temporary Licenses	-	1	0	0	0.00	0.00
	University Limited Licensed	28	16	0	0	0.00	0.00
	Volunteer Registration	1	1	0	0	0.00	0.00
Medicine Total		58848	61789	395	331	6.71	5.36
Nursing	Advanced Certified Nurse Aide	98	92	3	0	30.61	0.00
	Authorization to Prescribe	4289	4930	13	14	3.03	2.84
	Certified Massage Therapist	6633	7104	48	27	7.24	3.80
	Certified Nurse Aide	54692	52860	517	470	9.45	8.89
	Clinical Nurse Specialist	406	427	1	4	2.46	9.37
	Licensed Nurse Practitioner	6493	7813	35	21	5.39	2.69

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ³	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Nursing	Licensed Practical Nurse	30888	30884	360	346	11.66	11.20
	Medication Aide	5222	5570	92	93	17.62	16.70
	Registered Nurse	100151	103186	543	565	5.42	5.48
	Volunteer Registration	1	5	0	0	0.00	0.00
Nursing Total		208873	212871	1617	1549	7.74	7.26
Optometry	Optometrist	150	143	0	1	0.00	6.99
	Optometrist - Volunteer Registration	0	0	0	0	0.00	0.00
	Professional Designation	245	251	0	0	0.00	0.00
	TPA Certified Optometrist	1480	1512	20	7	13.51	4.63
Optometry Total		1875	1906	20	8	10.67	4.20
Pharmacy	Business CSR	909	998	0	0	0.00	0.00
	CE Programs	6	18	0	0	0.00	0.00
	Humane Society	0	0	0	0	0.00	0.00
	Limited Use Pharmacy Technician	24	24	0	0	0.00	0.00
	Medical Equipment Supplier	600	597	0	0	0.00	0.00
	Non-resident Pharmacy	520	524	1	1	1.92	1.91
	Non-resident Wholesale Distributor	750	779	1	0	1.33	0.00

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ³	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Pharmacy	Non-restricted Manufacturer	21	24	0	0	0.00	0.00
	Permitted Physician	9	5	0	0	0.00	0.00
	Pharmacist	11635	12661	50	57	4.30	4.50
	Pharmacist-Volunteer Registration	0	2	0	0	0.00	0.00
	Pharmacy	1782	1796	246	677	138.05	376.95
	Pharmacy Intern	1975	2092	2	0	1.01	0.00
	Pharmacy Technician	13094	13610	50	142	3.82	10.43
	Pharmacy Technician Training Program	92	103	0	0	0.00	0.00
	Physician Selling Controlled Substances	608	664	0	0	0.00	0.00
	Physicians Selling Drugs Location	0	255	0	0	0.00	0.00
	Repackaging Training Program	1	1	0	0	0.00	0.00
	Restricted Manufacturer	78	75	0	0	0.00	0.00
	Warehouser	42	42	0	0	0.00	0.00
	Wholesale Distributor	117	122	0	0	0.00	0.00
Pharmacy Total		32263	34392	350	877	10.85	25.50
Physical Therapy	Direct Access Certification	742	918	0	0	0.00	0.00
	Physical Therapist	6139	7141	14	21	2.28	2.94
	Physical Therapist Assistant	2503	2842	11	16	4.39	5.63
Physical Therapy Total		9384	10901	25	37	2.66	3.39

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ³	
		FY2013	FY2014	FY2013	FY2014	FY2013	FY2014
Psychology	Applied Psychologist	35	26	0	0	0.00	0.00
	Clinical Psychologist	2764	2831	8	23	2.89	8.12
	School Psychologist	98	92	0	3	0.00	32.61
	School Psychologist-Limited	344	310	0	0	0.00	0.00
	Sex Offender Treatment Provider	415	365	0	5	0.00	13.70
Psychology Total		3656	3624	8	31	2.19	8.55
Social Work	Associate Social Worker †	3	1	0	0	0.00	0.00
	Licensed Clinical Social Worker	5515	5814	11	19	1.99	3.27
	Licensed Social Worker	469	518	0	2	0.00	3.86
	Registered Social Workers †	21	17	0	0	0.00	0.00
Social Work Total		6008	6350	11	21	1.83	3.31
Veterinary Medicine	Equine Dental Technician	23	23	2	1	86.96	43.48
	Full Service Veterinary Facility	744	750	4	0	5.38	0.00
	Restricted Veterinary Facility	284	298	2	0	7.04	0.00
	Veterinarian	3640	4038	67	28	18.41	6.93
	Veterinary Technician	1657	1788	23	10	13.88	5.59
Veterinary Medicine Total		6348	6897	98	39	15.44	5.65
Agency Total		354471	367245	2756	3172	7.77	8.63

•More than one sanction may be imposed per case or category charge found in violation.

¹ Any individual or entity that held a valid and current license within the designated timeframe.

² Shows the total number of sanctions imposed per licensed occupation and board.

³ Shows the ratio of sanction per 1,000 licensees of the respective board and occupations.

† This is no longer a valid category of licensure

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Audiology & Speech- Language Pathology	Abuse/Abandonment/Neglect	0	0	1	0	1	0
	Business Practice Issues	4	2	1	0	5	2
	Compliance	7	0	5	0	12	0
	Continuing Competency Req Not Met	37	25	11	7	48	32
	Criminal Activity	1	1	0	0	1	1
	Dishonored Check	2	2	0	0	2	2
	Fraud, Non-Patient Care	1	0	0	0	1	0
	Fraud, Patient Care	1	0	0	0	1	0
	HIPDB	54	54	12	12	66	66
	Inability to Safely Practice	2	0	0	0	2	0
	Inappropriate Relationship	1	0	0	0	1	0
	Reinstatement	22	21	3	3	25	24
	Std of Care, Diagnosis/Treatment	4	2	2	0	6	2
	Std of Care, Exceeding Scope	1	0	0	0	1	0
	Unlicensed Activity	12	7	4	3	16	10
Audiology & Speech Language Pathology Total		149	114	39	25	188	139
Counseling	Abuse/Abandonment/Neglect	13	8	24	16	37	24
	Action by Another Board, NPC	1	0	0	0	1	0
	Action by Another Board, Patient Care	0	0	2	1	2	1
	Business Practice Issues	28	8	19	1	47	9
	Compliance	2	0	2	0	4	0
	Confidentiality Breach	3	0	11	0	14	0
	Continuing Competency Req Not Met	0	0	8	2	8	2

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Counseling	Criminal Activity	12	9	8	6	20	15
	Dishonored Check	2	2	0	0	2	2
	Drug Related, Patient Care	0	0	1	0	1	0
	Fraud, Non-Patient Care	4	0	1	0	5	0
	Fraud, Patient Care	2	0	3	0	5	0
	HIPDB	21	20	40	40	61	60
	Inability to Safely Practice	3	0	7	4	10	4
	Inappropriate Relationship	11	1	36	27	47	28
	Records Release	2	0	8	0	10	0
	Reinstatement	1	0	0	0	1	0
	Std of Care, Diagnosis/Treatment	22	0	26	1	48	1
	Std of Care, Exceeding Scope	2	0	5	0	7	0
	Std of Care, Medication/Prescription	0	0	1	0	1	0
	Std of Care, Other	9	8	0	0	9	8
Unlicensed Activity	9	0	18	4	27	4	
Counseling Total		147	56	220	102	367	158
Dentistry	Abuse/Abandonment/Neglect	151	68	159	113	310	181
	Action by Another Board, NPC	0	0	2	0	2	0
	Action by Another Board, Patient Care	1	0	6	5	7	5
	Business Practice Issues	120	12	175	67	295	79
	Compliance	19	15	5	0	24	15
	Confidentiality Breach	2	0	7	6	9	6
	Continuing Competency Req Not Met	6	3	1	0	7	3

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Dentistry	Criminal Activity	5	3	9	0	14	3
	Dishonored Check	2	2	2	2	4	4
	Drug Related, Patient Care	14	12	16	12	30	24
	Fraud, Non-Patient Care	42	15	68	25	110	40
	Fraud, Patient Care	17	1	48	19	65	20
	HIPDB	127	127	240	239	367	366
	HPMP	0	0	1	0	1	0
	Inability to Safely Practice	30	27	28	25	58	52
	Inappropriate Relationship	1	0	2	0	3	0
	Records Release	22	3	51	32	73	35
	Reinstatement	0	0	3	3	3	3
	Std of Care, Diagnosis/Treatment	219	67	360	176	579	243
	Std of Care, Exceeding Scope	1	0	8	4	9	4
	Std of Care, Malpractice Reports	12	4	61	44	73	48
	Std of Care, Medication/Prescription	17	12	16	9	33	21
	Std of Care, Other	1	0	3	0	4	0
	Std of Care, Surgery	4	2	44	22	48	24
	Unlicensed Activity	27	7	23	12	50	19
Dentistry Total		840	380	1338	815	2178	1195
Funeral Directors & Embalmers	Abuse/Abandonment/Neglect	0	0	9	1	9	1
	Business Practice Issues	65	7	87	18	152	25
	Compliance	4	1	3	0	7	1
	Confidentiality Breach	1	0	0	0	1	0

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Funeral Directors & Embalmers	Continuing Competency Req Not Met	2	0	0	0	2	0
	Criminal Activity	5	1	6	3	11	4
	Drug Related, Patient Care	0	0	1	0	1	0
	Fraud, Non-Patient Care	36	2	17	7	53	9
	Fraud, Patient Care	1	0	5	0	6	0
	Inability to Safely Practice	2	2	1	0	3	2
	Inappropriate Relationship	0	0	1	0	1	0
	Misappropriation of Property, NPC	0	0	1	0	1	0
	Reinstatement	0	0	2	2	2	2
	Std of Care, Diagnosis/Treatment	1	0	1	0	2	0
	Std of Care, Exceeding Scope	0	0	2	0	2	0
	Std of Care, Other	0	0	1	0	1	0
	Unlicensed Activity	12	3	29	9	41	12
Funeral Directors & Embalmers Total		129	16	166	40	295	56
Long-Term Care Administrators	Abuse/Abandonment/Neglect	86	68	27	10	113	78
	Business Practice Issues	99	68	26	7	125	75
	Compliance	2	2	5	5	7	7
	Criminal Activity	11	5	5	0	16	5
	Drug Related, Patient Care	2	0	2	2	4	2
	Drug Related, Security	2	0	0	0	2	0
	Fraud, Non-Patient Care	3	0	3	0	6	0
	Fraud, Patient Care	13	5	5	4	18	9
	HIPDB	82	82	18	18	100	100

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Long-Term Care Administrators	HPMP	0	0	3	3	3	3
	Inability to Safely Practice	2	0	4	3	6	3
	Misappropriation of Patient Property	4	0	4	0	8	0
	Misappropriation of Property, NPC	2	0	0	0	2	0
	Std of Care, Diagnosis/Treatment	25	17	10	0	35	17
	Std of Care, Exceeding Scope	1	0	3	2	4	2
	Std of Care, Medication/Prescription	12	8	12	8	24	16
	Unlicensed Activity	8	4	8	2	16	6
Long-Term Care Administrators Total		354	259	135	64	489	323
Medicine	Abuse/Abandonment/Neglect	418	79	363	69	781	148
	Action by Another Board, NPC	25	18	19	14	44	32
	Action by Another Board, Patient Care	50	36	35	28	85	64
	Business Practice Issues	237	37	226	14	463	51
	Compliance	32	30	11	9	43	39
	Confidentiality Breach	32	3	30	4	62	7
	Continuing Competency Req Not Met	2	1	4	3	6	4
	Criminal Activity	30	12	38	24	68	36
	Dishonored Check	4	4	0	0	4	4
	Drug Related, Non-Patient Care	4	3	1	0	5	3
	Drug Related, Patient Care	171	116	187	137	358	253
	Drug Related, Security	0	0	4	0	4	0
	Fraud, Non-Patient Care	104	32	94	28	198	60
	Fraud, Patient Care	72	30	73	14	145	44

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Medicine	HIPDB	447	447	417	417	864	864
	HPMP	15	11	13	8	28	19
	Inability to Safely Practice	90	58	105	77	195	135
	Inappropriate Relationship	12	4	31	11	43	15
	Misappropriation of Patient Property	0	0	2	2	2	2
	Misappropriation of Property, NPC	1	0	0	0	1	0
	Records Release	53	3	59	8	112	11
	Reinstatement	28	26	20	18	48	44
	Std of Care, Diagnosis/Treatment	660	83	755	91	1415	174
	Std of Care, Exceeding Scope	20	12	14	5	34	17
	Std of Care, Malpractice Reports	168	24	131	14	299	38
	Std of Care, Medication/Prescription	235	67	292	47	527	114
	Std of Care, Other	21	3	11	6	32	9
	Std of Care, Surgery	157	24	158	21	315	45
	Unlicensed Activity	92	66	118	67	210	133
Medicine Total		3180	1229	3211	1136	6391	2365
Nurse Aide	Abuse/Abandonment/Neglect	495	235	555	234	1050	469
	Action by Another Board, NPC	0	0	1	1	1	1
	Action by Another Board, Patient Care	0	0	5	5	5	5
	Business Practice Issues	12	9	10	1	22	10
	Compliance	13	12	8	8	21	20
	Confidentiality Breach	8	0	12	6	20	6
	Criminal Activity	147	108	78	55	225	163

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Nurse Aide	Dishonored Check	26	26	9	9	35	35
	Drug Related, Non-Patient Care	7	6	7	6	14	12
	Drug Related, Patient Care	71	34	80	40	151	74
	Drug Related, Security	0	0	1	1	1	1
	Fraud, Non-Patient Care	45	33	40	28	85	61
	Fraud, Patient Care	46	31	39	29	85	60
	HIPDB	394	394	343	343	737	737
	HPMP	13	12	17	13	30	25
	Inability to Safely Practice	68	33	72	41	140	74
	Inappropriate Relationship	26	19	27	12	53	31
	Misappropriation of Patient Property	90	67	78	55	168	122
	Misappropriation of Property, NPC	10	2	6	0	16	2
	Reinstatement	19	17	30	30	49	47
	Std of Care, Diagnosis/Treatment	21	7	86	38	107	45
	Std of Care, Exceeding Scope	12	5	21	12	33	17
	Std of Care, Medication/Prescription	2	0	6	3	8	3
	Std of Care, Other	4	4	2	1	6	5
Unlicensed Activity	6	1	14	4	20	5	
Nurse Aide Total		1535	1055	1547	975	3082	2030
Nursing	Abuse/Abandonment/Neglect	553	220	424	168	977	388
	Action by Another Board, NPC	52	20	40	18	92	38
	Action by Another Board, Patient Care	144	53	117	71	261	124
	Business Practice Issues	136	14	132	14	268	28

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Nursing	Compliance	172	156	111	98	283	254
	Confidentiality Breach	48	19	52	18	100	37
	Continuing Competency Req Not Met	15	6	14	5	29	11
	Criminal Activity	237	125	188	89	425	214
	Dishonored Check	23	22	5	5	28	27
	Drug Related, Non-Patient Care	37	19	45	22	82	41
	Drug Related, Patient Care	618	354	560	346	1178	700
	Drug Related, Security	4	1	2	2	6	3
	Fraud, Non-Patient Care	158	84	123	70	281	154
	Fraud, Patient Care	261	151	280	171	541	322
	HIPDB	1133	1133	1054	1053	2187	2186
	HPMP	139	134	160	149	299	283
	Inability to Safely Practice	519	334	580	373	1099	707
	Inappropriate Relationship	42	18	35	15	77	33
	Misappropriation of Patient Property	109	75	113	56	222	131
	Misappropriation of Property, NPC	20	13	12	1	32	14
	Records Release	3	0	2	0	5	0
	Reinstatement	93	91	127	122	220	213
	Std of Care, Diagnosis/Treatment	358	169	367	127	725	296
	Std of Care, Exceeding Scope	151	101	104	62	255	163
Std of Care, Malpractice Reports	18	2	12	5	30	7	
Std of Care, Medication/Prescription	298	165	262	97	560	262	

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Nursing	Std of Care, Other	0	0	1	0	1	0
	Std of Care, Surgery	16	3	10	0	26	3
	Unlicensed Activity	175	117	96	50	271	167
Nursing Total		5532	3599	5028	3207	10560	6806
Optometry	Abuse/Abandonment/Neglect	7	1	6	4	13	5
	Business Practice Issues	20	0	8	3	28	3
	Compliance	3	0	1	1	4	1
	Confidentiality Breach	0	0	1	0	1	0
	Continuing Competency Req Not Met	7	4	4	1	11	5
	Criminal Activity	1	0	0	0	1	0
	Dishonored Check	2	2	0	0	2	2
	Fraud, Non-Patient Care	4	0	5	2	9	2
	Fraud, Patient Care	0	0	2	1	2	1
	HIPDB	14	14	10	10	24	24
	Inability to Safely Practice	1	0	3	3	4	3
	Records Release	5	0	0	0	5	0
	Reinstatement	6	5	0	0	6	5
	Std of Care, Diagnosis/Treatment	12	1	11	3	23	4
	Unlicensed Activity	6	2	0	0	6	2
Optometry Total		88	29	51	28	139	57
Pharmacy	Abuse/Abandonment/Neglect	4	2	9	2	13	4
	Action by Another Board, NPC	28	0	20	0	48	0
	Action by Another Board, Patient Care	10	4	2	0	12	4

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Pharmacy	Business Practice Issues	301	253	732	683	1033	936
	Compliance	3	1	7	5	10	6
	Confidentiality Breach	4	0	11	4	15	4
	Continuing Competency Req Not Met	6	6	126	104	132	110
	Criminal Activity	32	19	41	19	73	38
	Dishonored Check	2	2	0	0	2	2
	Drug Related, Non-Patient Care	22	15	22	18	44	33
	Drug Related, Patient Care	75	49	53	33	128	82
	Drug Related, Security	12	9	24	9	36	18
	Fraud, Non-Patient Care	6	5	6	1	12	6
	Fraud, Patient Care	2	2	3	2	5	4
	HIPDB	354	353	866	866	1220	1219
	HPMP	5	4	1	0	6	4
	Inability to Safely Practice	33	15	18	3	51	18
	Inappropriate Relationship	1	0	1	0	2	0
	Misappropriation of Patient Property	1	0	0	0	1	0
	Misappropriation of Property, NPC	4	0	1	0	5	0
	Reinstatement	7	7	5	5	12	12
	Std of Care, Diagnosis/Treatment	1	0	9	0	10	0
	Std of Care, Exceeding Scope	5	3	1	1	6	4
Std of Care, Medication/Prescription	77	9	83	14	160	23	
Unlicensed Activity	18	5	35	1	53	6	
Pharmacy Total		1013	763	2076	1770	3089	2533

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Physical Therapy	Abuse/Abandonment/Neglect	17	6	22	11	39	17
	Action by Another Board, Patient Care	0	0	3	3	3	3
	Business Practice Issues	11	1	13	5	24	6
	Continuing Competency Req Not Met	1	0	20	17	21	17
	Drug Related, Non-Patient Care	2	2	0	0	2	2
	Drug Related, Patient Care	7	6	1	1	8	7
	Fraud, Non-Patient Care	8	1	10	4	18	5
	Fraud, Patient Care	6	3	13	11	19	14
	HIPDB	21	21	35	35	56	56
	HPMP	4	4	1	0	5	4
	Inability to Safely Practice	5	5	6	0	11	5
	Inappropriate Relationship	7	5	4	2	11	7
	Misappropriation of Patient Property	3	2	0	0	3	2
	Records Release	1	0	0	0	1	0
	Reinstatement	1	0	0	0	1	0
	Std of Care, Diagnosis/Treatment	9	0	14	6	23	6
	Std of Care, Exceeding Scope	2	0	4	2	6	2
	Std of Care, Malpractice Reports	2	0	0	0	2	0
	Std of Care, Medication/Prescription	1	0	0	0	1	0
	Unlicensed Activity	5	0	4	0	9	0
Physical Therapy Total		113	56	150	97	263	153
Psychology	Abuse/Abandonment/Neglect	9	2	9	0	18	2
	Action by Another Board, Patient Care	0	0	2	0	2	0

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Psychology	Business Practice Issues	28	0	14	0	42	0
	Compliance	0	0	4	4	4	4
	Confidentiality Breach	2	0	8	0	10	0
	Continuing Competency Req Not Met	0	0	14	7	14	7
	Criminal Activity	0	0	1	0	1	0
	Drug Related, Patient Care	0	0	12	12	12	12
	Fraud, Non-Patient Care	4	0	3	0	7	0
	Fraud, Patient Care	2	0	2	0	4	0
	HIPDB	3	3	27	27	30	30
	Inability to Safely Practice	3	0	16	15	19	15
	Inappropriate Relationship	8	2	8	0	16	2
	Records Release	1	0	10	0	11	0
	Std of Care, Diagnosis/Treatment	20	0	18	2	38	2
	Std of Care, Exceeding Scope	3	0	0	0	3	0
	Std of Care, Medication/Prescription	0	0	2	0	2	0
	Std of Care, Other	1	0	2	0	3	0
	Unlicensed Activity	1	0	14	0	15	0
Psychology Total		85	7	166	67	251	74
Social Work	Abuse/Abandonment/Neglect	0	0	6	1	6	1
	Action by Another Board, Patient Care	0	0	1	0	1	0
	Business Practice Issues	25	1	15	0	40	1
	Compliance	0	0	3	2	3	2
	Confidentiality Breach	0	0	7	0	7	0

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Social Work	Continuing Competency Req Not Met	1	1	9	6	10	7
	Criminal Activity	1	1	3	1	4	2
	Dishonored Check	1	1	0	0	1	1
	Drug Related, Patient Care	1	0	1	0	2	0
	Fraud, Non-Patient Care	0	0	6	0	6	0
	Fraud, Patient Care	1	0	1	0	2	0
	HIPDB	9	9	20	20	29	29
	Inability to Safely Practice	3	1	8	5	11	6
	Inappropriate Relationship	14	6	9	5	23	11
	Misappropriation of Property, NPC	0	0	1	0	1	0
	Records Release	2	0	8	0	10	0
	Reinstatement	0	0	2	2	2	2
	Std of Care, Diagnosis/Treatment	14	0	22	4	36	4
	Std of Care, Exceeding Scope	2	0	5	2	7	2
	Std of Care, Other	2	0	2	0	4	0
Unlicensed Activity	2	0	13	0	15	0	
Social Work Total		78	20	142	48	220	68
Veterinary Medicine	Abuse/Abandonment/Neglect	58	14	31	4	89	18
	Action by Another Board, NPC	0	0	1	0	1	0
	Business Practice Issues	43	13	25	3	68	16
	Compliance	15	9	8	2	23	11
	Continuing Competency Req Not Met	53	42	31	21	84	63
	Criminal Activity	2	1	2	1	4	2

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Veterinary Medicine	Drug Related, Non-Patient Care	0	0	1	0	1	0
	Drug Related, Patient Care	0	0	6	1	6	1
	Drug Related, Security	0	0	3	0	3	0
	Fraud, Non-Patient Care	2	1	0	0	2	1
	Fraud, Patient Care	0	0	7	1	7	1
	Inability to Safely Practice	5	1	3	1	8	2
	Inappropriate Relationship	0	0	1	0	1	0
	Records Release	5	1	8	2	13	3
	Reinstatement	2	2	1	0	3	2
	Std of Care, Diagnosis/Treatment	71	15	72	7	143	22
	Std of Care, Exceeding Scope	2	2	2	1	4	3
	Std of Care, Medication/Prescription	12	4	18	0	30	4
	Std of Care, Surgery	10	8	10	3	20	11
	Unlicensed Activity	45	16	24	4	69	20
Veterinary Medicine Total		325	129	254	51	579	180
Grand Total	Abuse/Abandonment/Neglect	1811	703	1645	633	3456	1336
	Action by Another Board, NPC	106	38	83	33	189	71
	Action by Another Board, Patient Care	205	93	173	113	378	206
	Business Practice Issues	1129	425	1483	816	2612	1241
	Compliance	272	226	173	134	445	360
	Confidentiality Breach	100	22	139	38	239	60
	Continuing Competency Req Not Met	130	88	242	173	372	261
	Criminal Activity	484	285	379	198	863	483

Appendix E - Categories

Board	Occupation	FY 2013		FY 2014		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Grand Total	Dishonored Check	64	63	16	16	80	79
	Drug Related, Non-Patient Care	72	45	76	46	148	91
	Drug Related, Patient Care	959	571	920	584	1879	1155
	Drug Related, Security	18	10	34	12	52	22
	Fraud, Non-Patient Care	417	173	376	165	793	338
	Fraud, Patient Care	424	223	481	252	905	475
	HIPDB	2659	2657	3082	3080	5741	5737
	HPMP	176	165	196	173	372	338
	Inability to Safely Practice	766	476	851	550	1617	1026
	Inappropriate Relationship	601	371	703	433	1304	804
	Misappropriation of Patient Property	207	144	197	113	404	257
	Misappropriation of Property, NPC	37	15	21	1	58	16
	Records Release	94	7	146	42	240	49
	Reinstatement	179	169	193	185	372	354
	Std of Care, Diagnosis/Treatment	1437	361	1753	455	3190	816
	Std of Care, Exceeding Scope	202	123	169	91	371	214
	Std of Care, Malpractice Reports	200	30	204	63	404	93
	Std of Care, Medication/Prescription	654	265	692	178	1346	443
	Std of Care, Other	38	15	22	7	60	22
	Std of Care, Surgery	187	37	222	46	409	83
Unlicensed Activity	418	228	400	156	818	384	
Grand Total		9745	6085	10738	6632	20483	12717

¹ A single case may fall into more than one category.

² More than one sanction may be imposed per case found in violation.

Appendix F – Confidential Consent Agreements

Board	Number of CCAs Accepted	More than two CCAs Accepted in 10 Years
Audiology & Speech Language Pathology	19	No cases fit the criteria for the biennium
Counseling	8	
Dentistry	60	
Funeral Directors & Embalmers	3	
Long-Term Care Administrators	3	
Medicine	20	
Nursing	56	
Optometry	18	
Pharmacy	52	
Physical Therapy	4	
Psychology	7	
Social Work	3	
Veterinary Medicine	52	
Agency Total	305	

Appendix G – Disciplinary Staff

Board	Complaints Closed			FTEs *			Complaints Closed per FTE		
	FY 11-12	FY 13-14	Change	FY 11-12	FY 13-14	Change	FY 11-12	FY 13-14	Change
Audiology & Speech Language Pathology	46	72	56.5%	0.30	0.30	0%	153.33	240.00	56.5%
Counseling	130	168	29.2%	0.33	0.33	0%	393.94	509.09	29.2%
Dentistry	1155	702	-39.2%	3.25	3.50	7.7%	355.38	200.57	-43.6%
Funeral Directors & Embalmers	178	167	-6.2%	0.33	0.58	75.8%	539.39	287.93	-46.6%
Long-Term Care Administrators	152	92	-39.5%	0.33	0.58	75.8%	460.61	158.62	-65.6%
Medicine	3262	2794	-14.3%	6.25	7.25	16%	521.92	385.38	-26.2%
Nursing	4049	4497	11.1%	9.00	10.00	11.1%	449.89	449.70	0.0%
Optometry	105	74	-29.5%	0.20	0.30	50%	525.00	246.67	-53.0%
Pharmacy	1078	1123	4.2%	3.00	3.25	8.3%	359.33	345.54	-3.8%
Physical Therapy	49	92	87.8%	0.33	0.58	75.8%	148.48	158.62	6.8%
Psychology	102	141	38.2%	0.33	0.33	0%	309.09	427.27	38.2%
Social Work	121	132	9.1%	0.33	0.33	0%	366.67	400.00	9.1%
Veterinary Medicine	355	331	-6.8%	0.50	1.00	100%	710.00	331.00	-53.4%
Administrative Proceedings Division				20	20	0%			
Enforcement Division				71	71	0%			
Agency Total	10782	10385	-3.7%	115.48	119.33	3.3%	93.37	87.03	-6.8%

* Full Time Equivalent (FTE) refers to the 2,080 hours per year that comprise a single full time position. In some cases, the hours may be divided among several employees.

Appendix H – Financial Overview

Board	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Language Pathology	\$599,240	0.96%	\$530,292	0.97%
Certified Nurse Aides	\$3,438,138	5.52%	\$3,923,759	7.19%
Counseling	\$1,460,256	2.35%	\$1,357,504	2.49%
Dentistry	\$5,358,613	8.61%	\$4,138,493	7.58%
Funeral Directors and Embalmers	\$1,079,880	1.73%	\$1,258,392	2.30%
Healthcare Work Force	\$13,128	0.02%	\$13,128	0.02%
Long Term Care Administrators	\$774,122	1.24%	\$856,324	1.57%
Medicine	\$15,674,470	25.17%	\$13,508,714	24.74%
Miscellaneous Grants - <i>(National Governors' Association)</i>	\$25,000	0.04%	\$5,614	0.01%
Nurse Scholarships	-	0.00%	\$134,816	0.25%
Nursing	\$22,327,904	35.86%	\$16,962,403	31.07%
Optometry	\$596,110	0.96%	\$476,614	0.87%
Pharmacy	\$5,937,986	9.54%	\$5,485,967	10.05%
Physical Therapy	\$1,054,900	1.69%	\$1,065,112	1.95%
Prescription Monitoring Program	\$383,704	0.62%	\$1,731,802	3.17%
Psychology	\$897,854	1.44%	\$762,829	1.40%
Social Work	\$848,490	1.36%	\$914,609	1.68%
Veterinary Medicine	\$1,793,892	2.88%	\$1,469,251	2.69%
Total	\$62,263,685	100.00%	\$54,595,623	100.00%