Virginia Department of

Health Professions

2017-2018 Biennial Report

FROM JULY 1, 2016 TO JUNE 30, 2018

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Boards & Programs Breakdown

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 421,000 healthcare practitioners across 62 professions. Health regulatory boards also regulate facilities and programs such as pharmacies, funeral establishments, veterinary establishments, and 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 straightforward. We ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

The work underlying this mission is challenging and complex. The Department of Health Professions consists of 13 licensing boards that regulate 62 health professions, as well as pharmacy, veterinary, funeral, and dental facilities. We issue over 421,000 licenses and permits, investigate complaints against licensees, and inspect pharmacies, funeral homes, dental facilities and veterinary establishments. Our Boards and Advisory Boards rely on 187 gubernatorial appointees to make disciplinary and licensure decisions, set policy, recommend law, and enact regulations. In 2016-2018, we received over 12,600 complaints against licensees, opened 11,800 investigations, took disciplinary action against more than 6,800 health professionals, and suspended or revoked of 653 licensees. Our disciplinary caseload soared in FY2018, in significant part due to Virginia's opioid crisis.

The Department of Health Professions is a non-general fund agency, relying only on licensing fees, which are among the lowest in the nation.

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 relicensure 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 in their care of patients and a key tool to prevent misuse or diversion of prescription medications. The Health Practitioners' Monitoring Program oversees practitioners in recovery to ensure a safe return to practice.

The Department of Health Professions actively collaborates with other agencies and stakeholders on a variety of important healthcare issues, such as telemedicine standards and interstate licensing compacts. Our Boards, along with the Prescription Monitoring Program, have been integral to Virginia's efforts to combat the crisis in opioid addiction.

We hope this report will give you valuable insight into the important role that our health regulatory boards' play in Virginia's healthcare system, as we strive to make sure that regulation keeps pace with the evolving healthcare landscape.

Executive Office

Barbara Allison-Bryan, M.D.

Chief Deputy Director

The Chief Deputy works closely with the Director, and plays a large role in the Agency's efforts to combat the opioid crisis. She oversees the agency's programs (the Prescription Monitoring Program, the Health Practitioners' Monitoring Program, the Board of Health Professions and the Healthcare Workforce Data Center) and serves in the capacity of Agency Director when necessary.

Lisa R. Hahn, M.P.A.

Chief Operating Officer

The Chief Operating Officer oversees all administrative support functions at the Department of Health Professions, including Finance, Accounting, Procurement, Audit, Human Resources and Information Technology. She also works to ensure efficient agency operations and collaboration among the Boards, Programs, Enforcement, Administrative Proceedings Division and Administration needed to support the primary and programmatic activities of the department.

Diane Powers

Director of Communications

The Director of Communications supports the mission of DHP by supplying accurate and timely information to the public through the management of conventional media relations as well as the use of social media and teleconferencing. She assists in the development of both internal and external communication materials, and the on-going training opportunities provided to board members.

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.

Support Divisions

Administrative Proceedings Division

James L. Banning, Director

The Administrative Proceedings Division is responsible for the preparation of legal notices and orders, as well as the processing and prosecution of disciplinary and applicant cases.

Enforcement Division

Michelle Schmitz, 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.

Information Technology & Business Development Division

Robert Jenkins, Director

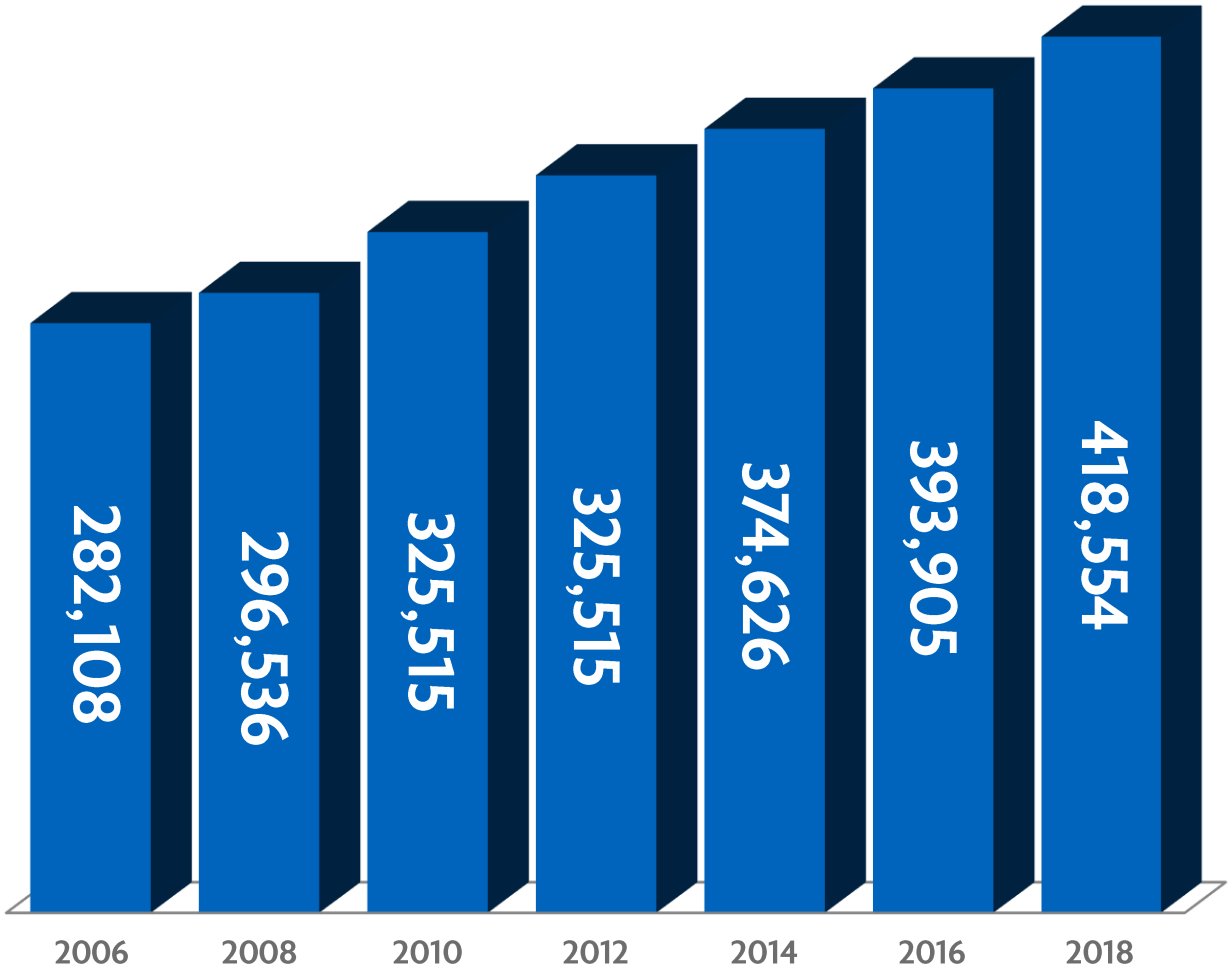
The Information Technology Division is responsible for implementing and supporting agency mission critical automated systems, web sites, related computerized applications, technology operations, records management, front desk operations and media production services for the agency and the boards.

Finance Division

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

Licensure Count*

DHP continues to experience growth in the number of licensees, increasing approximately 6.3% over the last biennium. During the biennium, DHP began licensing & regulating 14 new professions. The increase in licensure count over the previous biennium is approximately 6.29%.



* Number of current licenses as of June 30th of the indicated year.

Introduction & Explanation of Measures

The information included in the following pages highlights the primary issues, accomplishments, key performance measures, and revenue/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: https://www.dhp.virginia.gov

DHP is a special fund agency and as such does not receive money from the general fund. The Code of Virginia requires that each of the 13 Health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses. In addition, the Board of Nursing receives some federal funding for the operation of the Certified Nurse Aide Program since Nurse Aides are regulated pursuant to a federal mandate.

Explanation of Key Performance Measures

Key Performance Measures (KPMs) provide a concise, balanced, and data-based method to measure workload & efficiency. Three measures focus on patient-care cases (Clearance Rate, Age of Pending Caseload, and Time to Disposition)*; two focus on licensure (Applicant Satisfaction and Initial Applications Processed within 30 Days). Boards with smaller case & application workloads have higher variance between quarters.

Clearance Rate demonstrates the general disciplinary workload and efficiency by looking at the ratio of cases closed to case received. DHP's goal is to achieve a 100% clearance rate.

Age of Pending Caseload and **Time to Disposition** tracks the time taken to close cases. Age of Pending Caseload shows the percent of open cases older than a year, while Time to Disposition shows the number of cases closed within a year**. Typically, a drop in Time to Disposition is accompanied by a drop in Age of Pending Caseload, indicating a push to close cases older than a year.

Applicant Satisfaction determines the overall satisfaction of initial applicants with the licensure process. DHP strives to receive at least 90% positive responses to the survey.

Initial Applications Processed demonstrates the timeliness and efficiency of the licensure process. The goal is to issue 97% of licenses within 30 days of the application being marked as "Complete".

* As of 2017, time spent in the "Continuance" activity is not counted toward the age of a case.
** Cases older than two years are removed from the calculation, to prevent undue influence. Typically, there are very few closed cases older than two years.

Audiology & Speech-Language Pathology

EXECUTIVE DIRECTOR

Leslie L. Knachel, M.P.H.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	0%	0%	-	100%	100%	4,951
Q2 2017	0%	0%	-	83%	100%	5,056
Q3 2017	500%	25%	100%	33%	98%	4,855
Q4 2017	25%	14%	0%	98%	100%	4,971
Q1 2018	300%	20%	67%	100%	100%	5,142
Q2 2018	0%	20%	-	90%	100%	4,770
Q3 2018	75%	18%	100%	29%	100%	4,991
Q4 2018	200%	30%	50%	57%	100%	5,222

Innovations & Advancements

The Board of Audiology and Speech-Language Pathology (BASLP) continues to be a participant in the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology. The organization serves to facilitate the role of state licensure boards through communication and education.

Prior to the 2014 legislative session, both the BASLP and the Board of Education issued licenses to school speech-language pathologists, which limited practice to public school divisions only. In addition, BASLP issued a speech-language pathology license to those who met the requirements, 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. Effective July 1, 2014, the Code of Virginia identified the BASLP as the sole licensing entity for the practice of speech-language pathology. This follows a national trend for states to eliminate a dual-agency licensure system. A smooth transition to one licensing entity has continued into the 2016-2018 biennium.

The number of complaint cases received by the Board remains relatively stable. The Board continues to review the disciplinary process to improve efficiency.

The Department of Health Professions' Healthcare Workforce Data Center (HWDC) works to improve the data collection and measurement of Virginia's healthcare workforce through regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes and posts the survey results on the agency's website. Surveys of the audiology and speech-language pathology professions were deployed during the November-December 2016 and 2017 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

Effective July 1, 2014, an amendment to the *Code of Virginia* authorized a person who has met the qualifications prescribed by the Board to perform duties not restricted to the practice of speech-language pathology under the supervision of a speech-language pathologist. Chapter 77 of the 2016 General Assembly required the Board to review the need for, and the impact of, licensure or certification of assistant speech-language pathologists and report its findings to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2016. In order to meet the reporting requirement, the Speech-Language Pathology Assistant Ad Hoc Committee reconvened to begin the data collection for the report. The Committee included two speech-language pathologists (SLP) who are members of the Board, two SLPs representing the Speech-Language-Hearing Association of Virginia, the SLP specialist for the Virginia Department of Education, and the lead SLP for a public school division. The Committee met on May 2, 2016, June 15, 2016 and August 17, 2016. At each of the meetings, the public was invited to offer comment on the subject of the review. The final report included the following recommendations:

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Innovations & Advancements (continued)

Based on its review and the criteria for regulation, the Committee and the Board unanimously agreed that licensure of assistant SLPs was not appropriate. There was support for certification or registration in order to have some accountability for assistants to the Board; however it was acknowledged that regulation of assistants would not alleviate the responsibility and accountability of the SLPs who supervise their practice. Therefore, the Committee and the Board recommend the following:

1. *That §54.1-2605 be amended to use the title of speech-language pathology assistants (SLPA); to be consistent with the term used throughout ASHA documents and in all other states.*
2. *That the Board continue its review of the practice and regulation of speech-language assistants following a survey of speech-language pathologists licensed in Virginia on the utilization and distribution of assistants; and*
3. *That the General Assembly take no additional action at this time.*

The Board continued with its outreach efforts through the following activities:

- Mass emails sent to the Board's licensees regarding regulatory updates.
- Presentation made to speech-language pathology graduate students highlighting the roles and responsibilities of the Board and the licensing, regulating, and disciplining processes.

Regulatory/Legislative Actions:

Six regulatory actions were finalized:

- Emergency regulations were finalized for cerumen management by audiologists. The key provisions were: 1) a definition of "limited cerumen management;" 2) qualifications and specific training necessary for an audiologist to perform cerumen management; 3) contraindications for such a practice by an audiologist; and 4) requirements for informed consent, documentation, and referral. The action became effective on July 27, 2016.
- Chapter 661 (HB764) of the 2014 General Assembly authorized a person "who has met the qualifications prescribed by the Board" to practice as an assistant speech-language pathologist under the supervision of a licensed speech-language pathologist. A regulatory action set out the qualifications for such a person, the scope of his practice, and the responsibilities of the licensed supervisor; the amendments were effective July 27, 2016.
- A periodic review of Chapter 20, which resulted in an action to repeal and re-organize regulations into a new Chapter 21, became effective on August 10, 2016.
- In compliance with Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow audiologists and speech-language pathologists to count one hour of the 10 hours required for annual renewal to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. The amendments became effective March 9, 2017.

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Regulatory/Legislative Actions (continued):

Six regulatory actions were finalized:

- Amendments were adopted to clarify that school speech-language pathologists are included in provisions for inactive licensure, reactivation, or reinstatement, and to repeal the related, outdated section. The action also made documentation of current certification by the American Board of Audiology acceptable as the credential that may be used to demonstrate competency for reinstatement of a lapsed licensed by an audiologist. Amendments became effective March 23, 2017.
- The Board adopted amendments for a one-time reduction in renewal fees in 2018, elimination of the renewal fees for 2019; and a change in the renewal deadline from December 31st to June 30th beginning in the year 2020; the action became effective May 2, 2018.

Legislative action affecting the Board:

- Chapter 458 of the 2018 General Assembly allows licensed audiologists who have earned a doctoral degree in audiology to obtain a license to engage in the practice of fitting or dealing in hearing aids without the prerequisite of being required to pass an examination. The bill defines "audiologist" and "practice of audiology."

Challenges & Solutions

One of the Board's biggest challenges is providing speech-language pathology services to underserved areas of the state. The public school divisions are federally mandated to provide special education services, which often include treatment by a speech-language pathologist. Public school divisions across the state, especially in rural areas, often have difficulty providing speech-language pathology services due to a lack of available practitioners. The use of telepractice and the use of speech-language pathology assistants are useful resources for providing services to remote areas. In addition, the Board is considering a licensing compact to improve licensure mobility between states and increase the number of speech-language pathologists that are available to provide telepractice services. The Board continues to monitor the evolution of telepractice and the use of assistants to assess how this fits into regulation and protecting the public.

The Board's appointed members includes four BASLP licensees: two audiologists and two speech-language pathologist. The terms for the four licensees are not staggered, so they all end concurrently. If the four licensed members are not reappointed or are not eligible for reappointment, there is a potential for continuity within the Board to be jeopardized. A legislative amendment is being considered to address the issue.

Counseling

EXECUTIVE DIRECTOR

Jaime Hoyle, J.D.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	186%	21%	50%	100%	100%	13,237
Q2 2017	192%	19%	72%	82%	100%	13,603
Q3 2017	158%	17%	92%	89%	100%	13,922
Q4 2017	96%	16%	100%	94%	100%	15,791
Q1 2018	100%	7%	82%	92%	100%	16,175
Q2 2018	78%	11%	100%	86%	100%	16,948
Q3 2018	61%	9%	82%	88%	100%	17,654
Q4 2018	55%	10%	76%	98%	100%	22,727

Innovations & Advancements

The Board continues to work collaboratively with other state agencies to ensure competent and qualified mental health professionals are available to meet the mental health and substance abuse service 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, certification, or registration of individuals providing mental health services in the Medicaid community.

Board members and staff participated in the Department of Medical Assistance Services (DMAS) Substance Abuse Disorder (SUD) Waiver Workgroup to provide input on the role of Certified Substance Abuse Counselors (CSACs) in improving and expanding substance abuse services. As part of this initiative, the Commonwealth continued its efforts to address the opioid crisis by expanding the types of services eligible for reimbursement to include peer recovery specialists. Staff worked collaboratively with DMAS and the DBHDS to find solutions to the supervision of peer recovery specialists and at the same time help to solve the problem of Qualified Mental Health Professionals (QMHPs) providing services to vulnerable populations in the Commonwealth without accountability and transparency. This collaboration led to passage of legislation authorizing the Board of Counseling to register QMHPs and Peer Recovery Specialists (RPRS). The Board held two Regulatory Advisory Panels and an additional workgroup to aide in the development of the proposed regulations. Registration of both RPRS and QMHPs ensures accountability and transparency, and allows employers and insurers to trust that the individuals providing services meet the minimum qualifications without having to conduct extensive education and experience reviews themselves.

The Board also continues to encourage collaboration on its own. The Board held its first Board Development Day in August 2017. The Board members and staff used this day to get to know one another better, learn about the various roles of the Board, the Board members, staff and DHP, and determine priorities moving forward.

The Board has also worked diligently to improve its reputation for efficiency and timeliness. Even as the number of applications and licensees continue to rise significantly, staff consistently reviews completed applications within 30 days, meeting the agency performance standards. Additionally, staff returns all phone calls and emails within 24 hours. These efforts have improved staff morale and the community perception of the Board. Staff has been able to make these improvements with the addition of two full-time staff, as well as contract employees.

Likewise, the Board's efforts to reduce costs and improve efficiencies by going green continue to reap rewards. The ability to scan case files and allow board members to conduct probable cause reviews on their home computers, as well as staff implementing system organization, has eliminated the backlog of discipline cases. These initiatives shortened review times and reduced mailing and printing costs. The Board has also moved to electronic renewal notices and license verifications, and no longer prints agenda packets for Board members or the public, but instead posts this information on the website. These efforts have reduced costs and freed staff time.

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Innovations & Advancements (continued)

The Board continues to pursue opportunities to educate students, residents, licensees, and employers regarding licensure requirements and application processes. Staff monitors the Board's website closely and posts timely updates on the announcements section. The Board now emails quarterly board briefs to licensees and applicants, and continues to send mass emails detailing important information, such as regulation changes. Staff developed licensure process handbooks for many of the license types to aide in the licensure process, and developed an online application handbook for the QMHPs and RPRSs. All of these handbooks are available on the website. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities.

Staff also prioritizes outreach efforts that include presentations to students and licensees. These presentations have been provided in person, as well as through video telecommunications, and has led to the development and strengthening of collegial relationships with stakeholders. Such outreach efforts include presentations to:

- Northern Virginia Licensed Professional Counselors
- Virginia Counseling Association Conference
- Virginia Commonwealth University's Counselor Education Program
- Hampton Newport News Community Services Board
- Virginia Association of Community Services Boards
- Virginia Association of Community Based Providers
- Virginia Association of Marriage and Family Therapists

Staff and Board members also attended national conferences in an effort to ensure Virginia has a place at the table and is aware of national trends. Specifically, conferences attended include:

- NBCC State Counseling Board Conference (2017 and 2018)
- American Association of State Counseling Boards (2017 and 2018)

The Board held two sessions of a Supervisor Summit in September of 2016. The Board relies on its supervisors to ensure that applicants for licensure are trained appropriately. Board members and staff presented supervision requirements to licensees who provide supervision, as well as those interested in becoming a board-approved supervisor. The Summit allowed for conversation and a question and answer period between licensees and the Board. The Summit was well-received and will be held more frequently.

Regulatory/Legislative Actions

Four regulatory actions were finalized:

- A periodic review of Chapters 20, 50 (Marriage and Family Therapy) and Chapter 60 (Licensed Substance Abuse Practitioners) resulted in recommendations for amendments which became effective on August 26, 2016.

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Regulatory/Legislative Actions (continued)

Four regulatory actions were finalized (continued):

- Pursuant to Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow licensed professional counselors, marriage and family therapists, and substance abuse treatment practitioners to count up to two hours of the 20 hours required for annual renewal to be satisfied through delivery of mental health or substance abuse treatment services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. In addition, the title of Chapter 60 was amended for consistency with the title of the practitioners as defined in §54.1-3500 of the Code of Virginia. The amendments were effective on March 9, 2017.
- Amendments for an increase in fees for all professions and applicants became effective on February 8, 2017.
- In a fast-track action, the Board acted to: 1) grant an exemption from continuing education requirements for the first renewal of a license issued by examination; and 2) amend the endorsement requirements to make it possible for persons who holds other behavioral health licenses to obtain a substance abuse treatment practitioner license. The amendments were effective on December 28, 2017.

One regulatory action was promulgated but withdrawn at the proposed stage:

- In response to a petition for rulemaking, the Board proposed to require counseling education programs to be accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

Four regulatory actions were in process but not finalized by the close of the biennium:

- The Board voted to initiate rulemaking in response to a petition requesting acceptance of supervised practicum and internship hours in a doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The intent is to recognize hours acquired in an accredited doctoral programs as meeting a portion of the hours of supervised practice required for licensure. The NOIRA was published on September 9, 2017.
- The Board is amending regulations for certified substance abuse counselors (CSAC) and counseling assistants to clarify portions that have confused applicants, add more specific requirements for supervised practice to better ensure accountability and quality in the experience, add time limits for completion of experience to avoid perpetual supervisees who may continue to practice without passage of an examination and completion of certification, add requirements for continuing education as a requisite for renewal to ensure on-going competency to practice, and place additional standards of practice in regulation to address issues the Board has seen in complaints and disciplinary proceedings and for consistency with other professions in behavioral health. The NOIRA was published on January 23, 2017.
- Regulations for registration of peer recovery specialists (Chapter 70) are being promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly. Emergency regulations became effective on December 18, 2017 and will expire on June 17, 2019. The Board is in the process of promulgating permanent regulations.

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Regulatory/Legislative Actions (continued)

Four regulatory actions were in process but not finalized by the close of the biennium:

- Regulations for registration of qualified mental health professionals (Chapter 80) are being promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly. Emergency regulations became effective on December 18, 2017 and will expire on June 17, 2019. The Board is in the process of promulgating permanent regulations.

Legislative actions affecting the Board:

- Chapters 418 and 426 of the 2017 General Assembly authorize the registration of peer recovery specialists and qualified mental health professionals by the Board. The legislation defines "qualified mental health professional" as a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for adults or children. The legislation requires that a qualified mental health professional provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or a provider licensed by the Department of Behavioral Health and Developmental Services. The legislation defines "registered peer recovery specialist" as a person who by education and experience is professionally qualified and registered by the Board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. The legislation requires that a registered peer recovery specialist provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health. The legislation adds qualified mental health professionals and registered peer recovery specialists to the list of mental health providers that are required to take actions to protect third parties under certain circumstances and notify clients of their right to report to the Department of Health Professions any unethical, fraudulent, or unprofessional conduct. The legislation directs the Board of Counseling and the Board of Behavioral Health and Developmental Services to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.
- Chapter 375 of the 2018 General Assembly defines "marriage and family therapy" as the "appraisal and treatment" of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders. Under current law, "marriage and family therapy" is defined as the "assessment and treatment" of such disorders.

Challenges & Solutions

The biggest challenge facing the Board is the growing number applicants and licensees. With the addition of the QMHPs and the RPRSs, the Board received close to 10,000 applications for Fiscal Year 2018. The growing number of applications could threaten the hard-earned improvements with response time as limited staff continue to try to process the increasing volume of applications within 30 days. Additionally, as the applications grow, the number of licensees, certificants, and registrants grow, and with that, the number of complaints and discipline cases. The Board anticipates more complaints regarding boundary issues, and will do its best to increase outreach efforts to educate licensees, certificants, and registrants on the standards of practice. The Board is dedicated to a continuous effort to always challenge the status quo and seek efficiencies and innovative solutions to streamline processes.

Another challenge the Board faces is ensuring that persons providing substance abuse treatment (other than as a licensed substance abuse treatment provider or a licensed mental health provider) shall provide those services as a Certified Substance Abuse Counselor (CSAC) issued by the Virginia Board of Counseling, and provide those services under the supervision or direction of a licensed mental health professional as required by the Code of Virginia §§54.1-3500 and 54.1-3507.1. Holding a voluntary certification in substance abuse counseling without also holding a CSAC does not meet the requirements of the law. The Board plans to increase its outreach efforts on this topic. Likewise, the Board plans to continue its outreach efforts to educate peer recovery specialists, who hold a voluntary certification, that registration with the Board of Counseling is required to receive reimbursement from DMAS.

Additional Issues

The Board has issued and/or revised the following Guidance Documents:

- **115-1.2:** Bylaws, revised May 18, 2018
- **115-1.9:** National Certifications approved by the Board for Certification as a Substance Abuse Counselor by endorsement, revised February 9, 2018
- **115-2:** Impact of Criminal Convictions, Impairment and Past History on Licensure or Certification, revised February 9, 2018
- **115-5:** Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions, revised May 18, 2018
- **115-8:** Approved Degrees in Human Services and Related Fields for QMHP Registration, revised February 9, 2018
- **115-2.1:** Guidance on Use of Hypnosis and Hypnotherapy, revised May 18, 2018
- **115-4.1:** Evidence of clinical practice for licensure by endorsement, revised May 18, 2018
- **115-4.3**: Hours in an internship applied towards residency, adopted February 19, 2010, Reaffirmed November 3, 2016
- **115-4.11:** Board guidance on use of confidential consent agreements, revised May 18, 2018

Dentistry

EXECUTIVE DIRECTOR

Sandra K. Reen

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	107%	27%	75%	100%	100%	14,382
Q2 2017	171%	28%	84%	100%	100%	14,522
Q3 2017	111%	32%	79%	100%	99%	14,657
Q4 2017	110%	34%	87%	100%	100%	14,338
Q1 2018	77%	26%	67%	97%	100%	14,601
Q2 2018	122%	29%	90%	97%	100%	14,665
Q3 2018	115%	25%	87%	72%	100%	14,835
Q4 2018	109%	29%	96%	93%	99%	14,541

Innovations & Advancements

In response to requests from dentists who only administer nitrous oxide, the Board amended its regulations to separate the administration of only nitrous oxide from the definition of minimal sedation. The amended regulations reduce the education and monitoring requirements for dentists who only administer nitrous oxide.

On September 16, 2016, the Board adopted the emergency regulations on remote supervision of dental hygienists to meet the enactment clause of the statute. A qualified dental hygienist may practice under remote supervision only at a federally qualified health center, charitable safety net facility, free clinic, long-term care facility, elementary or secondary school, Head Start program, or Women, Infants, and Children (WIC) program. To qualify to practice under remote supervision, a dental hygienist must complete a two hour course offered by an accredited dental education program or a listed sponsor, which must address the seven content areas specified in the Regulations Governing the Practice of Dental Hygiene at 18VAC60-25-190.H.

On January 5, 2017, the Regulatory-Legislative Committee of the Board met with representatives of the Virginia Dental Association, Virginia Dental Hygienists' Association, VCU School of Dentistry, Dental Assistant II education programs, and the Virginia Department of Education. Panelists discussed establishing minimum education requirements for Dental Assistants I (DAI) and recommended regulatory changes to establish competency based education requirements for Dental Assistants II (DAII). The Board has initiated rulemaking to modify the DAII education provisions in response to recommendations made by the Regulatory Advisory Panel on the Education and Practice of Dental Assistants I and II. The proposed comment draft addressed management of DAII education programs and competency-based education requirements for the delegable duties a DAII might qualify to perform. In this review process, the Board decided to take no action regarding practicing as a DAI.

In recognition of the changes in the American Dental Association (ADA) *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry* published in October of 2016, the Board proposed to revise certain training requirements and terminology to be consistent with the ADA Guidelines. The proposed changes are to amend the use of the term "*conscious/moderate*" sedation throughout the chapter to refer to "*moderate*" sedation; change the name of the ADA Guidelines consistent with the 2016 title; and eliminate the training provisions for dentists to administer moderate sedation by an enteral method only.

The Board is currently working to improve the clarity and consistency of the regulations for pre-operative, peri-operative, and post-operative vital signs for each level of sedation, as well as to address the use of end-tidal carbon dioxide monitors. This review was initiated in response to a Petition for Rulemaking and began with establishing a Regulatory Advisory Panel and holding an Open Forum for interested individuals and organizations to present their concerns and recommendations.

On January 23, 2017 the Advisory Panel on Opioids developed proposed regulations on how dentists should prescribe opioids with the goals of prescribing for the least amount of days possible and avoiding over-prescribing. The proposed regulation was adopted by the Board as an emergency action.

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Innovations & Advancements (continued)

In response to a legislative mandate, the Board adopted regulations to allow dentists and dental hygienists to count up to two hours of the required 15 hours of continuing education for annual license renewal to be satisfied through delivery of dental services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

Regulatory/Legislative Actions

Nine regulatory actions were finalized:

- Changes in the qualifications for faculty licenses and temporary licenses for persons enrolled in advanced dental education programs were incorporated into the new chapter, 18VAC60-21-10 et seq. The amendments were effective September 8, 2016.
- Pursuant to Chapter 497 of the 2016 General Assembly, the Board amended Chapters 21 and 25 to include a definition of remote supervision by dentists of dental hygienists, the limitation on employment of dental hygienists under remote supervision, and the delegation of duties under such supervision. The amendments were effective November 16, 2016.
- Pursuant to Chapter 78 of the 2016 General Assembly, the Board amended 18VAC60-21-430 to expand exemptionsto the requirement for registration of mobile dental clinics. The amendment was effective November 16, 2016.
- Pursuant to Chapter 82 of the 2016 General Assembly, the Board has adopted regulations to allow dentists and dental hygienists to count up to two hours of the 15 hours required for annual renewal to be satisfied through delivery of dental services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. In addition, the Board included provisions for granting an extension of the continuing education requirement for up to one year upon written request with an explanation received prior to the renewal deadline. The amendments were effective February 10, 2017.
- The Board amended its regulations to differentiate between minimal sedation, which includes the administration of inhalation analgesia when used in combination with any anxiolytic agent administered prior to or during a procedure, and administration of only nitrous oxide. The amended regulations eliminate some of the burdensome requirements for dentists who only administer nitrous oxide. The amendments were effective February 10, 2017.
- The posting requirements in section 30 were amended to allow a dentist who administers, prescribes, or dispenses Schedules II through V controlled substances to maintain a copy of his current registration with the federal Drug Enforcement Administration in a readily retrievable manner at each practice location rather than displaying it to the public along with his current license. The amendment was effective March 9, 2017.
- The Board adopted amendments that require a dentist who administers conscious/moderate sedation or deep sedation/general anesthesia to maintain a capnograph/end tidal CO2 monitor in working order and immediately available to areas where patients will be sedated and recover from sedation. The amendments were effective June 14, 2017.

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Regulatory/Legislative Actions (continued)

Nine regulatory actions were finalized (continued):

- Pursuant to Chapter 410 of the 2017 General Assembly, the Board amended its regulations to conform regulations regarding remote supervision of the practice of dental hygienists to changes in the Code. The amendments were effective October 4, 2017.
- The Board amended regulations to reduce fees for the renewal year of 2018 by approximately 50%. The amendments were effective February 21, 2018.

Four regulatory actions were in process but not yet finalized:

- Pursuant to a legislative mandate, the Board adopted emergency regulations for dentists prescribing of medications containing opioids to address the opioid abuse crisis in Virginia. Regulations for the management of acute pain include requirements for the evaluation of the patient, limitations on quantity and dosage, and record-keeping. Management of chronic pain requires either referral to a pain management specialist or adherence to regulations of the Board of Medicine. All dentists who prescribe Schedule II through IV drugs will be required to take two hours of continuing education on pain management during the renewal cycle following the effective date of these regulations. Emergency regulations became effective on April 24, 2017 and expire on October 23, 2017. The Board was in the process of replacing the emergency regulations at the conclusion of the biennium.
- The Board adopted a NOIRA to amend regulations to change the renewal schedule from a set date of March 31st to renewal in one's birth month. The change will occur in the calendar year after the effective date of the regulation.
- To conform its regulations to the revision of the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, the Board amended certain training requirements and uses of terminology are now inconsistent with the Guidelines, now entitled Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The NOIRA was published on May 15, 2017, and the action was at the final stage at the close of the biennium.
- The Board proposed amendments to 18VAC60-21-80 to delete the specific prohibition against advertising a claim of a dental specialty unless the specialty is approved by the National Certifying Boards for Dental Specialists of the American Dental Association or representation by a dentist who does not hold specialty certification that his practice is limited to providing services in such specialty area without disclosing that he is a general dentist. An amendment will also reference the statutory language about use of a specialty designation in a trade name. The amendments were initially submitted as a fast-track action, but were later published as a NOIRA.

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Regulatory/Legislative Actions (continued)

Legislative actions affecting the Board:

- Chapter 410 of the 2017 General Assembly eliminates the requirement that a dental hygienist providing dental hygiene services under remote supervision be employed by the supervising dentist; clarifies continuing education requirements for dental hygienists practicing under remote supervision; eliminates the requirement for written permission to treat a patient from a dentist who has treated the patient in the previous 12 months; and allows a dental hygienist practicing under remote supervision to treat a patient who provides verbal confirmation that he does not have a dentist of record whom he is seeing regularly. The bill also eliminates the requirement that a dental hygienist practicing under remote supervision consult with the supervising dentist prior to providing further dental hygiene services if the patient is medically compromised or has periodontal disease and allows a dental hygienist practicing under remote supervision to provide further dental hygiene services in accordance with a written practice protocol developed and provided by the supervising dentist, which shall consider, at minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease. The bill requires a supervising dentist to examine the patient or refer the patient to another dentist for examination to develop a diagnosis and treatment plan for further treatment of the patient following the 90-day period during which a dental hygienist is permitted to provide dental hygiene services under remote supervision.
- Chapters 291 and 682 of the 2017 General Assembly requires the Boards of Dentistry and Medicine to adopt regulations for the prescribing of opioids and products containing buprenorphine.

Challenges & Solutions

The Board is replacing the Emergency Regulations on Opioid prescribing, in effect since April 24, 2017, with final regulations. In response to public comment, the Board is proposing to amend 18VAC60-21-103(A)(4) in the final regulations to require a dentist to consider whether a prescription for naloxone is necessary for a patient who took a small dose of a benzodiazepine prior to treatment or occasionally takes benzodiazepine. In the proposed final regulations, prescribing naloxone for such patients would become discretionary and dependent on the professional judgment of the dentist. All dentists who prescribe Schedule II through IV drugs will be required to take two hours of continuing education on pain management during the renewal cycle following the effective date of these regulations.

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Additional Issues

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

- **60-5:** Policy on Auditing Continuing Education and Sanctioning for Failure to Meet the Requirements, revised September 16, 2016
- **60-7:** Delegation to Dental Assistants, adopted December 3, 2010, re-adopted June 8, 2018
- **60-9:** Code of Conduct for Board members, adopted June 12, 2009, re-adopted June 8, 2018
- **60-13:** Practice of a Dental Hygienist under Remote Supervision, revised March 9, 2018
- **60-14:** Bylaws of the Board of Dentistry, revised June 8, 2018
- **60-15:** Standards for Professional Conduct in the Practice of Dentistry, revised June 8, 2018
- **60-17:** Policy on recovery of disciplinary costs, revised September 15, 2017
- **60-19:** Dental Laboratory Subcontractor Work Order Form, re-adopted June 8, 2018
- **60-21:** Policy on Sanctioning for failure to report to the Prescription Monitoring Program, adopted June 10, 2016
- **60-24:** Compilation of Provisions in Law and Regulation Addressing Dental Practice, Practice of Dentistry by Professional Business Entities, and Practice Locations and the Duties Restricted to Dentists, adopted March 11, 2016
- **60-25:** Policy on Clinical Examinations Acceptable to the Board, adopted March 9, 2018

Funeral Directors & Embalmers

EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, J.D.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	0%	18%	-	100%	100%	2,526
Q2 2017	0%	45%	-	100%	100%	2,561
Q3 2017	300%	20%	50%	89%	100%	2,609
Q4 2017	100%	10%	67%	100%	98%	2,513
Q1 2018	67%	8%	100%	100%	100%	2,554
Q2 2018	0%	13%	-	N/A	100%	2,579
Q3 2018	400%	10%	63%	N/A	100%	2,620
Q4 2018	180%	22%	89%	100%	100%	2,531

Innovations & Advancements

During the biennium, the Board of Funeral Directors and Embalmers ("Board") implemented a number of initiatives to:

- increase opportunities for licensees to obtain continuing education credit;
- review and update a wide variety of Board programs and processes for consistency and effectiveness;
- collect workforce data for funeral service providers;
- increase communication with licensees; and,
- engage collaboratively at the national and state levels.

The Board proposed and adopted regulations to promote the continuing competence of practitioners. In March 2017, final regulations became effective to permit practitioners to earn continuing education (CE) credit through volunteering their professional services at local health departments or free clinics. In April 2017, in an effort to promote both continuing competency and practitioner knowledge of the Board, the Board initiated regulations to permit practitioners to obtain CE credit by attending Board meetings and hearings. The final regulations were under review as of the end of the biennium.

The Board performed comprehensive reviews of a number of programs and processes, including the funeral service internship program, the funeral facility inspection process, the Board's state examination, and the disciplinary sanctioning guidelines.

Beginning in July 2017, the Board convened an Ad Hoc Committee on Funeral Internships to review the Board's internship program and reporting processes. In addition to concerns about the length of time for registered interns to complete their training and licensure requirements, Board members and staff raised concerns that the training reports submitted by interns often did not reflect adequately or clearly the nature or content of their training. As a result, the Ad Hoc Committee made recommendations to the full Board regarding a number of amendments to the Board's regulations related to the length of time for an internship, as well as clarification regarding extensions of internships. The Ad Hoc Committee also reviewed and recommended substantive revisions to the internship reporting forms. The revised intern reporting forms include additional areas of training, require additional case information for embalmings and funerals, remove rating scales for proficiency, and clarify the intern and supervisor attestations. The new forms became available for use in January 2018.

In 2018, the Ad Hoc Committee on Internships continued to discuss issues impacting interns, including supervision and disciplinary provisions related to inappropriate sexual conduct directed at interns. In addition, based upon legislation passed in 2018 related to permitting mortuary science students to receive training in the embalming process in funeral establishments, the Ad Hoc Committee weighed in on recommendations to the full Board regarding appropriate regulatory requirements to effectuate the legislation. As a result of these recommendations, the full Board began the regulatory process to promulgate regulations for student embalming in July 2018.

In late 2016, Board staff worked with staff from the Department's Enforcement Division to perform a review the funeral facility inspection process. Staff worked collaboratively to find ways to streamline the inspection process and create efficiencies, including increasing the use of technology in the field, improving the inspection planning process, and updating inspection-related documents and information for licensees.

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Innovations & Advancements (continued)

In October 2017, the Board convened the Examination Committee to perform a comprehensive review of the Board's state examination. Since January 2017, the Board's "Laws, Rules, and Regulations" examination has been administered by the International Conference of Funeral Service Examining Boards.

In January 2018, the Board completed its first comprehensive review and update of the Board's Sanctioning Reference Points (SRP) manual, which establishes guideline sanctions for use in disciplinary cases. To ensure that the Board's guideline sanctions have remained consistent and fair since the initial adoption of the SRP in March 2007, the Board used empirical data gathered about cases and sanctions from 2007 to 2018 to recalculate sanction ranges and review case classifications. As a result of this review process, the updated guidelines are built upon a solid foundation of 16 years of case data (2002-2018).

The Board began to collect workforce survey data on funeral service providers in Virginia in 2017 through the Healthcare Workforce Data Center. The second year of survey data was collected in 2018 during the yearly renewal cycle. As survey data is routinely collected each year, the Board will continue to review its data collection to ensure that data on the funeral service provider workforce in Virginia is accurately captured. The Board will also have the opportunity to identify workforce trends over time.

Throughout 2017 and 2018, the Board has made efforts to increase the amount of information provided to licensees about Board activities and available resources through e-mail "blasts" and newsletters. In addition, the Executive Director and Deputy Executive Director gave a number of presentations on the Board and its laws and regulations to licensee members of all three professional organizations in Virginia: the Virginia Funeral Directors' Association (VFDA), the Association of Independent Funeral Homes of Virginia (IFHV), and the Virginia Mortician's Association (VMA).

Engagement at the national level has opened doors to the sharing of ideas and resources and has enhanced the Board's ability to fulfill its mission. Board members and staff are actively involved with the International Conference of Funeral Service Examining Boards (the Conference), serving as presenters, committee members, and training participants whenever the opportunities arise. In 2017, Board member Blair H. Nelsen, FSL, was elected to serve for a two-year term on the Conference's Board of Directors. Also in 2017, Board member Mia Mimms, FSL, JD, was appointed to the Job-Task Analysis Committee.

In addition to participation in the regulatory dialogue at the national level, the Board continued to have a presence in collaborative efforts at the state level. Board staff participated in the Electronic Death Reporting System (EDRS) Stakeholder Group. The EDRS Stakeholder Group provided a forum for discussion about death certificate-related issues and information-sharing among representatives from state agencies, including the Virginia Department of Health, Division of Vital Records and Office of the Chief Medical Examiner, and the Department of Health Professions, as well as from professional associations representing funeral service and health care providers.

Regulatory Actions

One regulatory action was finalized:

- In compliance with Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow funeral service licensees, funeral directors, and embalmers to count one hour of the five hours required for annual renewal to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic. The action was effective on March 9, 2017.

Two regulatory actions were in process but not yet finalized:

- The Board incorporated into regulations its guidance on the statutory requirements for express permission to embalm a body and for refrigeration of a dead human body. The NOIRA was published on June 14, 2017, and the action was at the final stage at the conclusion of the biennium.
- The Board amended the section on continuing education by offering one hour of CE credit every other year for attendance at a board meeting or at an informal conference or formal hearing. In the year the one hour of credit was granted, it could meet the statutory requirement for "one hour per year covering compliance with federal or state laws and regulations governing the profession (§54.1-2816.1)." The NOIRA was published on August 23, 2017, and the action was at the final stage at the conclusion of the biennium.

Legislative actions affecting the Board:

- Chapter 186 of the 2018 General Assembly requires every public institution of higher education that offers a degree in mortuary science to require students to complete practical experience in the areas of funeral service and embalming prior to graduation from such program. The bill also provides that a person who is duly enrolled in a mortuary education program may assist in embalming while under the supervision of a funeral service licensee or embalmer with an active, unrestricted license issued by the Board of Funeral Directors and Embalmers, provided that such embalming occurs in a funeral service establishment licensed by the Board and in accordance with regulations promulgated by the Board.
- Chapter 378 of the 2018 General Assembly provides that when arrangements for funeral services have been made by a licensed funeral service establishment, funeral service licensees shall accept caskets provided by third parties in accordance with federal law.
- Chapter 101 of the 2018 General Assembly provides that the Board of Funeral Directors and Embalmers, the Board of Medicine, and the Board of Nursing may send notices for license renewal electronically.
- Chapters 207 and 208 of the 2018 General Assembly require that a licensed funeral director or funeral service licensee who first assumes custody of a dead body to complete and file a death certificate with the State Registrar of Vital records using the Electronic Death Registration System.

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Regulatory Actions (continued)

Legislative actions affecting the Board:

- Chapter 482 of the 2017 General Assembly permits a funeral service provider to request information about a decedent's life insurance policy, including the name and contact information of any beneficiaries of record. When a funeral service provider receives beneficiary information, the provider is required to make all reasonable efforts to contact all beneficiaries of record within four calendar days of receiving the information. The provider is required to inform the beneficiaries that they have no legal duty or obligation to pay amounts associated with funeral services or debts of the decedent.

Challenges & Solutions

Although there have been some systemic improvements, 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 within the timeframe required by law.

The Division of Vital Records at the Virginia Department of Health implemented the Electronic Death Records System (EDRS) in November, 2014, which has greatly eased the process for filing death certificates. An increasing number of funeral licensees have registered for and are using the electronic filing system. In fact, pursuant to legislation passed in 2018, all funeral service providers who first assume custody of a dead body will be required to utilize the EDRS system in order to file death certificates. Efforts continue to increase the number of physicians and healthcare providers who access and use the EDRS system to sign certificates. The Division of Vital Records continues to host stakeholders meetings on a quarterly basis (EDRS Stakeholders Group) to identify updates to the system, as well as receive feedback from representatives of professional organizations and state agencies with the goals of increasing system usage and efficiency.

Ensuring that funeral service interns receive comprehensive training in funeral services and complete their internships in a timely manner are issues that have been addressed periodically by the Board throughout the years. In 2017, the Board convened the Ad Hoc Committee on Funeral Internships to review the funeral service internship program and to make recommendations to the full Board regarding time and reporting requirements. The Committee's work has resulted in changes to the internship reporting forms, as well as proposed amendments to the Board's regulations. Should additional internship issues arise, the Committee may reconvene in the future.

EXECUTIVE DIRECTOR

Elizabeth A. Carter, Ph.D.

Innovations & Advancements

Section 54.1-2510 of the *Code of Virginia* authorizes the Board of Health Professions (BHP) to advise on a wide array of issues related to the regulation of health professions and occupations and agency operations. Additionally, §54.1-2410 *et seq.* specifies the Board's powers and duties pertaining to the *Practitioner Self-Referral Act*.

During the 2016-18 biennium, the Board conducted two studies into the need to regulate new professions, Certified Anesthesia Assistants and Art Therapists, and an in depth analysis of Chiropractor (an existing licensed profession) competencies to perform commercial driver's license examinations. For all three reviews, the Board employed its standard evaluative methodologies outlined in Guidance Document 75-2 and detailed in respective study reports[1]. The Board concluded, respectively, that Art Therapists should be regulated and at the license level, that Certified Anesthesia Assistants do not meet the criteria for state regulation, and that Chiropractors who successfully complete federal commercial driver examiner training and testing have the requisite education and training[2].

BHP instituted the Sanction Reference Point (SRP) research program in 2001 to assist boards in ensuring fair treatment when handing down sanctions in disciplinary cases. The program built upon the methods used to derive sentencing guidelines in the criminal justice system. The Board of Medicine's SRP system was instituted in 2004, and by 2011, each licensing board had its own empirically based, tailored system. Each board's SRP manual is made available online as a Guidance Document. Periodic updates occur on an as needed basis.

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[1]Board of Health Professions Guidance Document 75-2 Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupation or Professions, revised February 1998.

[2]The Board's reports are accessible through the agency's "Studies and Reviews" website: https://www.dhp.virginia.gov/dhp_studies/default.htm.

Innovations & Advancements (continued)

During the 2016-18 biennium, three boards' Sanction Reference Points were updated: Physical Therapy (2017), the Board of Funeral Directors and Embalmers (2018) and Board of Long-Term Care Administrators (2018)[3].

BHP issued two Practitioner Self-Referral advisory opinions during the biennium: Procreate Fertility Center of VA, LLC (2017) and AnuVa Diagnostics, LLC (2018). All opinions are accessible on the Board of Health Professions – Practitioner Self-Referral webpage[4].

[3]The respective board's manuals are accessible as follows: Board of Physical Therapy Guidance Document 112-17, Sanction Reference Manual, revised November 2017, Board of Funeral Directors and Embalmers Guidance Document 65-14, Sanctioning Reference Points Instruction Manual, revised January 2018, and Board of Long-Term Care Administrators Guidance Document 95-3 Sanctioning Reference Points, Instructions Manual, revised June 2018.

[4]https://www.dhp.virginia.gov/bhp/bhp_PSR.htm

Regulatory/Legislative Actions

One Regulatory Action was finalized:

- The Board amended subsection A of 18VAC75-11-50 to include a requirement for the Board to afford interested persons an opportunity to present their views and be accompanied by and represented by counsel or other representative in the promulgation of any regulatory action. The amendment was effective on January 12, 2017.
- Pursuant to Chapter 91 of the 2016 General Assembly, which set out in the law the criteria by which a person may use the title dietitian or nutritionist, 18VAC75-30 was repealed. The action was effective on October 19, 2016.

Legislative Action affecting the Board:

- There was no legislation directly affecting the Board in the 2017 or 2018 Sessions of the General Assembly.

Challenges and Solutions

The foremost challenge facing health regulatory agencies and boards is to ensure public protection in the face of a rapidly evolving and diverse healthcare landscape grappling with growing care demands. Brand new healthcare jobs and occupations as well as expanding scopes for "established" professions are emerging at an unprecedented pace.

Since the early 1980's, the Board has conducted over 100 studies into the need to regulate new professions and to examine scope of practice issues. Each study employed a standard set of criteria and detailed methods for applying the criteria as detailed in the Board's policies and procedures manuals, last amended in 1998.

During the 2016-18 biennium, BHP conducted an environmental scan of the literature and relevant statutes, policies and procedures of other states. Only 12 other states currently have developed formal policies. Although the states differ somewhat regarding organizational structures and logistics, the underlying principles, criteria, and policies appear to mirror Virginia's approach. It is expected that the 2018 edition will serve to update references, include hyperlinks to cited materials, and clarify outdated language. The Board will consider its findings in December.

Long-Term Care Administrators

EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, J.D.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	54%	18%	83%	100%	100%	2,141
Q2 2017	91%	23%	70%	100%	100%	2,188
Q3 2017	143%	20%	67%	N/A	98%	2,235
Q4 2017	93%	13%	60%	100%	99%	2,065
Q1 2018	9%	20%	100%	100%	100%	2,138
Q2 2018	60%	29%	33%	100%	100%	2,198
Q3 2018	45%	30%	20%	100%	100%	2,258
Q4 2018	220%	31%	18%	100%	100%	2,113

Long-Term Care Administrators

Innovations & Advancements

During the biennium, the Board of Long-Term Care Administrators ("Board") continued to make strides in advancing technology, improving communication, and furthering collaboration, while implementing a number of new national initiatives to enhance training for new administrators, to improve mobility of licensure across state lines, and to facilitate tracking and monitoring of continuing education hours.

In November 2016, the National Association of Long Term Care Administrator Boards (NAB) and the American College of Health Care Administrators (ACHCA) joined forces to launch both a National Model Administrator-in-Training (AIT) Manual and Online Preceptor Training Program. Lisa R. Hahn, the Board's previous Executive Director and then Chief Deputy Director for the Department of Health Professions, served as Co-Chair of the joint committee that produced both programs. The AIT Manual provides comprehensive information, outlines, and resources to aid preceptors and their trainees throughout the training process. The program materials are customizable based upon an individual trainee's experience and knowledge. The Online Preceptor Training Modules provide information and insights to help prepare current licensed administrators to serve as qualified preceptors and to provide a quality learning experience.

In September 2017, NAB launched the Health Services Executive (HSE) credential as a nationally recognized, voluntary credential that encompasses administrators with career experience and/or education in all lines of long-term care services, including home and community based services, residential care and assisted living, and nursing home administration. The HSE also supports professional mobility for HSE-credentialed administrators across state borders. As the HSE gains momentum, more states have adopted the HSE as a means of qualification for licensure.

Also in September 2017, NAB launched a Continuing Education (CE) Registry through its NABVerify portal system. The CE Registry is a free, voluntary service provided by NAB to administrators who wish to track and monitor their CE requirements through an easy-to-use electronic database.

Beginning in early 2017, during the periodic review of the Board's regulations, the Board proposed language to adopt and to incorporate two of these national initiatives into the Board's regulations. First, the Board adopted proposed language to allow currently-licensed administrators and new graduates with the HSE credential to qualify for initial licensure as Nursing Home Administrators in Virginia. Second, the Board adopted proposed language to require that preceptor applicants take the NAB Online Preceptor Training modules as a prerequisite to becoming registered with the Board. While not currently slated for official adoption by the Board, the Board has strongly encouraged use of the AIT Training Manual, as well as the NAB CE Registry as important, no-cost tools for both current administrators and AITs.

In addition to participation in and promotion of efforts at the national level, the Board continued to have a presence in collaborative efforts at the state level. Board staff participated in two stakeholder groups focused on the complicated and ever-evolving spectrum of long-term care: the Assisted Living Facility Stakeholder's Group and the Nursing Facility Advisory Committee. With quarterly meetings, these stakeholder groups provided a forum for discussion and information-sharing among representatives from provider associations, as well as a number of state agencies involved in the long-term care arena.

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Innovations & Advancements (continued)

During the biennium, the Board continued to make strides in using technology to better serve licensees and applicants. In May 2017, the Board converted all paper licensure applications for nursing home and assisted living facility administrators into online applications. In addition to reducing time and frustration for applicants, the online applications provided applicants with the ability to make fee payments online, reducing payment processing times for staff.

Throughout 2017 and 2018, the Board has made efforts to increase the amount of information provided to licensees about Board activities and available resources through e-mail "blasts" and newsletters. Board staff has participated in a number of webinars with provider associations, including LeadingAge Virginia, in an effort to reach as many individual licensees as possible.

The Board proposed and adopted regulations to promote the continuing competence of practitioners. In March 2017, final regulations became effective to permit administrators to earn continuing education (CE) credit through volunteering their professional services at local health departments or free clinics.

The Board continued to collect robust survey data on the administrator workforce in Virginia. The Board first began collecting workforce data from both nursing home and assisted living facility administrators in 2013, when the Board worked with the Healthcare Workforce Data Center to implement standardized survey questions. The Board has obtained survey information from licensees during every yearly renewal cycle since 2013. The Board will continue to review its data collection to ensure that data on the administrator workforce in Virginia is captured accurately.

Finally, in June 2018, the Board completed its first comprehensive review and update of the Board's Sanctioning Reference Points (SRP) manual, which establishes guideline sanctions for use in disciplinary cases. To ensure that the Board's guideline sanctions have remained consistent and fair since the initial adoption of the SRP in 2010, the Board used empirical data gathered about cases and sanctions from 2009 to 2018 to recalculate sanction ranges and review case classifications. As a result of this review process, the updated guidelines are built upon a solid foundation of 19 years of case data (1999-2018).

Regulatory Actions

Two regulatory actions were finalized:

- Pursuant to Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow nursing home administrators and assisted living facility administrators to count two hours of the 20 hours required for annual renewal to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic. The amendments became effective on March 9, 2017.

Regulatory action in process but not yet finalized:

- A periodic review of Chapter 20 (Nursing Home Administrators) and Chapter 30 (Assisted Living Facility Administrators) commenced with publication of a NOIRA on January 23, 2017.

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Regulatory Actions (continued)

Regulatory action in process but not yet finalized (continued):

- To ensure that regulations are clearly written and easily understandable, many of the amendments were editorial or intended to clarify existing language. In addition, however, the Board included the Health Services Executive (HSE) credential as a qualification for licensure; the HSE is a new credential approved by the National Association of Long-Term Care Administrator Boards. The Board also expanded the grounds for disciplinary actions or denial of licensure to include causes that would be considered unprofessional conduct but are not explicitly listed in the current regulation.

Legislation action affecting the Board:

- Chapter 376 of the 2018 General Assembly requires that the existing prescription drug donation program regulated by the Board of Pharmacy accept eligible prescription drugs from individuals, including those residing in nursing homes, assisted living facilities, or intermediate care facilities established for individuals with intellectual disability (ICF/IID), licensed hospitals, any facility operated by the Department of Behavioral Health and Developmental Services, from an agent pursuant to a power of attorney, a decedent's personal representative, a legal guardian of an incapacitated person, and a guardian ad litem donated on behalf of the represented individual.

Challenges & Solutions

During this time period, the Board continued to receive a number of calls from applicants for Administrator-in-Training (AIT) programs who were unable to secure preceptors to provide training. Although the Board maintains a voluntary Preceptor Registry on the Board's website, participation in the registry by registered preceptors continued to be low. Approximately 12.6% of registered Assisted Living Facility Administrator Preceptors and 5.2% of registered Nursing Home Administrator Preceptors opted to include their contact information in the voluntary registry. AIT applicants who attempted to contact the listed preceptors also met with frustration due to the limited availability of training slots. In an effort to encourage more preceptors to include their information on the Preceptor Registry, Board staff will continue to include information in presentations to provider organizations.

Also during this time period, Board staff noted difficulty among AIT applicants in completing reporting forms with sufficient information regarding their hours and training experience. As a result, Board staff has received input from Board members regarding changes to the AIT reporting forms that may facilitate thorough and complete information from trainees. Board staff will continue to work on improvements to the reporting process, as well as information to AITs and Preceptors regarding training requirements and reporting expectations.

Finally, the Board has experienced a gradual increase in the number of complaints received regarding administrators, as well as resulting investigations. The Board's cases can be quite voluminous and, due to the size of the cases, can take a great deal of time to review. During the biennium, Board staff has worked to address case backlogs and the case review process, as well as work with the Enforcement Division to ensure that investigators have the appropriate tools and information to conduct their investigations efficiently and effectively, while providing the Board with sufficient evidence for case decisions. In 2017 and 2018, Board staff conducted two training sessions for investigators specifically focused on the nuances of investigations of cases involving long-term care administrators.

Medicine

EXECUTIVE DIRECTOR

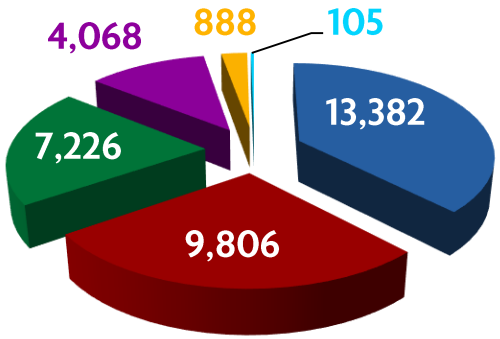
William L. Harp, M.D.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	98%	18%	95%	86%	100%	66,941
Q2 2017	95%	14%	95%	85%	100%	66,773
Q3 2017	107%	15%	95%	86%	100%	67,320
Q4 2017	107%	17%	97%	88%	100%	69,206
Q1 2018	73%	18%	94%	88%	99%	69,092
Q2 2018	98%	16%	94%	88%	99%	69,230
Q3 2018	79%	15%	95%	89%	100%	69,628
Q4 2018	107%	18%	96%	83%	100%	70,959

Medicine – Physician Profile Data*

* 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



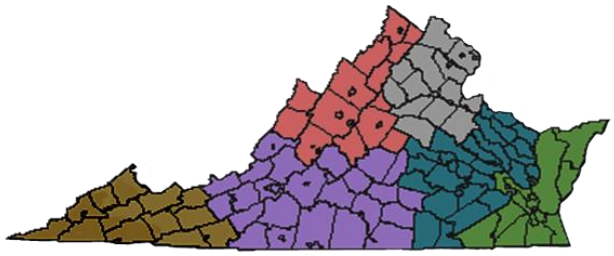
The graph to the left shows the distribution of the number of years of each reporting physician in active, clinical practice as specified by regulations of the Board.

Total Average Years In Practice: 16.70 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: **3.961**
Northern: **6.937**
Southern: **2.383**
Southwest: **590**
Tidewater: **4.348**
Valley: **2.527**
Out of State: **10.799**



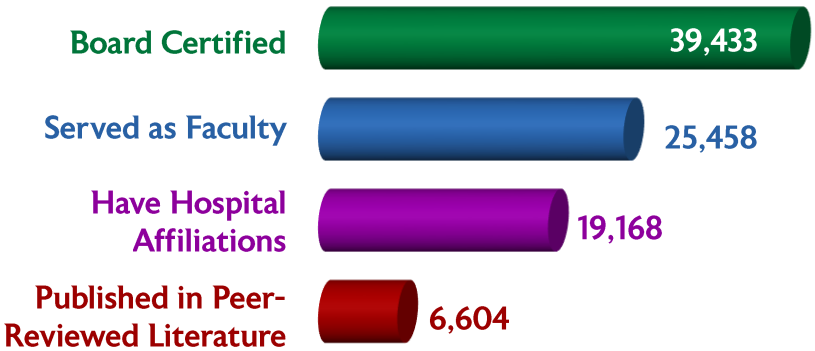
Medicine – Physician Profile Data*

* 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 (2008-2018)
- *Any* disciplinary action that resulted in a suspension or revocation of privileges, or termination of employment at any point in time.

By Category		36,326 *Medicine*	3,389 *Osteopathy*	509 *Podiatry*
Translation Service Access	16,086	Felony Convictions		72
Medicaid Participation	18,587	Medical malpractice Settlements >$10,000		2,208
		Disciplinary action resulting in suspension, revocation, or termination		684



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 (2011-2018)

Innovations and Advancements

The Board of Medicine's FY2017 began with continued work on the Guidance Document on the Use of Buprenorphine for Opioid Addiction. In response to growing concerns about the opioid crisis, the Board convened a regulatory advisory panel of experts in the treatment of opioid addiction led by Kenneth Walker, MD, President of the Board. Its charge was to create a guidance document for Virginia, and chose to pattern the document after the Federation of State Medical Boards' Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office.

In November 2016, Marissa Levine, MD, Commissioner of Health, declared Virginia's opioid crisis a public health emergency. In December 2016, Delegate Todd Pillion of the Fourth District in Southwest Virginia provided an impassioned statement to the Board's Executive Committee about the opioid problem in his district, and particularly with the abuse of mono-product buprenorphine. The Committee voted to establish a regulatory advisory panel to write draft regulations on medication-assisted treatment with buprenorphine and opioids for pain as well.

In January 2017, the regulatory advisory panel met and drafted emergency regulations, which were reviewed in short order by the Legislative Committee, the Board of Medicine, the Executive Branch, and signed by Governor McAuliffe on March 15, 2017. The emergency regulations were amended on August 24, 2017 based on public comment received by the Board.

Throughout the process of promulgating the opioid regulations, President Barbara Allison-Bryan, MD (now DHP Chief Deputy Director) and Vice-President Kevin O'Connor, MD (now President), and DHP Director David Brown, DC were instrumental with their knowledge and leadership. Virginia's regulations have been considered a balanced model by other states grappling with their own opioid crises.

To help with the nationwide opioid crisis, the 2016 Comprehensive Addiction and Recovery Act was passed by Congress which authorized physician assistants and nurse practitioners to engage in medication-assisted treatment of opioid addiction with buprenorphine. This authority was written into the Board's opioid/buprenorphine regulations.

Also generated by the opioid crisis was the requirement that prescribers licensed by the Board of Medicine obtain 2 hours of continuing education each biennium on the topics of pain management, proper prescribing of controlled substances, and the diagnosis and management of addiction. Board of Medicine members, along with representatives from the Prescription Monitoring Program, the Board of Pharmacy, and the Board of Nursing recommended that all those with prescriptive authority be required to obtain 2 hours in the first biennium prior to renewal of licensure.

For several years, the Board had been discussing the merits of joining the Interstate Medical Licensure Compact, akin to the Nursing Compact. Compacts are seen as reducing barriers to licensure and more expeditious than traditional pathways. In FY2017, rather than join the Interstate Medical Licensure Compact, the Board voted to utilize the provision in law to issue a license by endorsement. The pathway for licensure by endorsement will become available in the fall of 2018.

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Innovations and Advancements (continued)

In FY2017, the Executive Committee considered a request from Bushan Pandya, MD, President of the Medical Society of Virginia, to create a level playing field for US, Canadian and international medical graduates by requiring only 1 year of postgraduate training for all to obtain a full license. The Committee's vote was favorable, and legislation was successful in the 2017 General Assembly.

In this biennium, the Board voted to reduce its renewal fees for all professions for the 3rd biennium in a row.

The 2017 General Assembly passed a law for the Board of Medicine to regulate the practice of laser hair removal. The Board had addressed this issue in 2005, but only with a guidance document and only for its licensees. In FY2018 the Board convened a regulatory advisory panel of experts that included medicine, nursing and physician assisting to draft regulations to implement the new law.

In FY2018, a new process for the review of license applications was instituted to better engage the Board members in decisions regarding licensure. As a convenience to applicants, with no loss of scrutiny, the requirements for employment verifications were streamlined by requiring a National Practitioner Data Bank report and accepting a verification from a medical director of tele-radiology or tele-pathology companies for all sites of service. The Board is also using e-fax and encouraging all documents to be sent electronically unless application instructions require otherwise.

At its October 2017 full Board meeting, Medicine honored Lana Westfall, Director of Gubernatorial Appointments. Ms. Westfall's efforts and knowledge of what the Board needs to best protect the citizens of the Commonwealth have been invaluable.

For a number of years, PGY-4 psychiatry residents from Virginia Commonwealth University School of Medicine have been rotating through an elective at the Board of Medicine and the Department of Health Professions. It is very informative for the residents and all their colleagues with whom they share what they learn about medical regulation.

The Board of Medicine newsletter, Board Briefs, is published 2-3 times per year and sent electronically. This past biennium, it has contained information on the following topics and more:

- Opioid regulations & FAQ's
- Opioid educational opportunities
- DMAS Addiction and Recovery Treatment Services
- Comprehensive Addiction and Recovery Act 2016
- DEA & FDA items
- Items for the Board of Pharmacy, Office of the Chief Medical Examiner, and legislators
- New laws
- New Board members
- Meeting Minutes
- Board actions

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Regulatory Actions

Ten regulatory actions were finalized:

- Pursuant to Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow doctors of medicine, osteopathic medicine, podiatry, and chiropractic to count fifteen hours of the 30 Type 2 hours for biennial renewal to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic. Amendments were effective March 9, 2017. Similar amendments were adopted for all professions regulated by the Board.
- Legislation passed in the 2017 Session of the General Assembly repealed §54.1-2935, provisions related to licensure of graduates of an institution not approved by an accrediting agency recognized by the Board of Medicine. The effect of the legislation was to create parity in the requirement for postgraduate training following medical school by eliminating the requirement of two years of training for foreign graduates and requiring one year for all graduates. Amendments to conform regulations to the change in law were effective October 18, 2017.
- Pursuant to §2.2- 4006 A 7 of the Code of Virginia, the Board of Medicine adopted amendments to all chapters under the Board of Medicine for a one-time fee reduction applicable to the next renewal cycle for all professions in 2018 or 2019. Amendments were effective December 27, 2017.
- Amendments were adopted for physician assistant regulations to eliminate requirements for submission to the Board of a physician's certification that his/her physician assistant (PA) is competent to perform specific invasive procedures and of the arrangements he/she has made for coverage by an alternative physician in his/her absence. Amendments were effective June 29, 2017.
- Pursuant to Chapter 411 of the 2017 General Assembly, the Board amended Chapter 80, Occupational Therapy, to conform requirements for continuing education to the language in the legislation. The amendments were effective October 4, 2017.
- The Board adopted amendments to Chapter 80, Occupational Therapy, on continued competency requirements to eliminate the requirement for completion of the Continued Competency Activity and Assessment Form and to change the title of the chapter from Regulations Governing the Licensure of Occupational Therapists to Regulations Governing the Practice of Occupational Therapy. The amendments were effective December 14, 2017.
- The Board amended Chapter 101, Radiologic Technology, to repeal sections 50 and 61 on traineeships for unlicensed graduates to avoid confusion for applicants and for consistency with the law. The amendments were effective on March 9, 2017.
- The Board amended renewal requirements in Chapter 150, Behavior Analysis, to match the continuing education required by the Behavior Analysis Certification Board. The amendments changed continuing education requirements from 24 hours for the biennial renewal to 32 hours for behavior analysts and from 16 to 20 hours for assistant behavior analysts. Four of those hours must be in ethics relating to professional practice. The amendments were effective on March 8, 2017.

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Regulatory Actions (continued)

Ten regulatory actions were finalized (continued):

- The Board promulgated a new Chapter 170 to establish licensure for genetic counselors. Qualifications for licensure are specified in the Code of Virginia, so regulations set identical requirements. Other provisions, including fees charged to applicants and licensees, the biennial renewal schedule and responsibilities of licensees, are identical to other allied health professions regulated under the Board. Continuing education requirements of 50 hours per biennium are consistent with the re-certification requirement for maintenance of professional certification. Standards of professional conduct, including requirements for confidentiality, record-keeping, communication with patients, and prohibition on sexual contact, are also identical to standards for medicine. Regulations became effective on June 14, 2017.
- Pursuant to Chapter 422 of the 2017 Acts of the Assembly, the Board amended section 60 of 18VAC85-170 to conform the "grandfathering" date to the language in the legislation for genetic counselors. The amendment was effective October 4, 2017.

Four regulatory actions were in process but not finalized by the close of the biennium:

- The Board promulgated *Regulations Governing Opioid Prescribing for Pain and Prescribing of Buprenorphine* to address the opioid abuse crisis in Virginia as emergency regulations; they became effective on March 15, 2017 and expired on September 14, 2018. Permanent regulations were adopted and became final August 8 2018. The regulations establish the practitioners to whom the rules apply and the exceptions or non-applicability. Regulations for the management of acute pain include requirements for the evaluation of the patient, limitations on quantity and dosage, and medical record-keeping. Regulations for management of chronic pain include requirements for evaluation and treatment, including a treatment plan, informed consent and agreement, consultation with other providers, and medical record-keeping. Regulations for prescribing of buprenorphine include requirements for patient assessment and treatment planning, limitations on prescribing the buprenorphine mono-product (without naloxone), dosages, co-prescribing of other drugs, consultation and medical records for opioid addiction treatment.
- Consistent with provisions of HB2119 of the 2017 General Assembly, the Board began an action to provide a regulatory framework for "direction and supervision" of laser hair removal and "proper training," so the laser hair technician, the supervising practitioner and the public will understand the scope of responsibility for such direction and supervision. The NOIRA was published on October 2, 2017; published regulations were in executive branch review.
- The Board adopted regulations for licensure by endorsement for physicians who hold licenses in other states and who meet certain requirements established in regulation. The action established an expedited process for licensure of qualified physicians who want to practice in Virginia, either in person or by telemedicine. The final regulation was approved but published after the close of the biennium.

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Regulatory Actions (continued)

Four regulatory actions were in process but not finalized by the close of the biennium (continued):

- The Board amended regulations for physician assistants by a fast-track action to simplify and clarify the definitions and usage of various terms for supervision for more consistency with the Code and with actual practice of physician assistants and supervising physicians. Further the action added a provision in the regulation on pharmacotherapy for weight loss to clarify that a physician assistant can conduct the physical examination, review tests, and prescribe drugs, if so authorized in a practice agreement with a supervising physician. The action was approved but published after the close of the biennium.

Legislative actions affecting the Board:

- Chapters 59 and 117 of the 2017 General Assembly repealed the requirement for two years of postgraduate training for graduates of an institution not approved by an accrediting agency recognized by the Board of Medicine and eliminates the requirement for the Board to deem a supervised clinical training as substantially equivalent experience.
- Chapter 411 of the 2017 General Assembly directed the Board to amend regulations governing licensure of occupational therapists to provide that Type 1 continuing learning activities.
- Chapters 115 and 429 of the 2017 General Assembly required a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020.
- Chapters 249 and 252 of the 2017 General Assembly required a prescriber registered with the Prescription Monitoring Program (the Program) to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days. The bill extends the sunset for this requirement from July 1, 2019, to July 1, 2022.
- Chapter 171 of the 2017 General Assembly provided that the practice of chiropractic medicine shall include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit if the practitioner has (i) applied for and received a certificate as a medical examiner from the Federal Motor Carrier Safety Administration in accordance with 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners.
- Chapters 58 and 110 of the 2017 General Assembly provided that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements for the practice of telemedicine.

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Regulatory Actions (continued)

Legislative actions affecting the Board (continued):

- Chapter 422 of the 2017 General Assembly specified that: The Board shall waive the requirements of a master's degree and American Board of Genetic Counseling or American Board of Medical Genetics certification for license applicants who apply for licensure before July 1, 2016 December 31, 2018, or within 90 days of the effective date of the regulations promulgated by the Board pursuant to subsection A, whichever is later.
- Chapter 794 of the 2017 General Assembly provided that prescriptions for products containing buprenorphine without naloxone shall be issued only (i) for patients who are pregnant, (ii) when converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed seven days, or (iii) as permitted by regulations of the Board of Medicine or the Board of Nursing.
- Chapter 98 of the 2018 General Assembly provided an exemption for a student enrolled in an educational program in polysomnographic technology or a person engaged in a traineeship.
- Chapter 101 of the 2018 General Assembly authorized the Board to send renewal notices electronically.
- Chapters 102 and 106 of the 2018 General Assembly eliminated the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days.
- Chapters 246 and 809 of the 2018 General Assembly provided that a practitioner may issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use.
- Chapter 374 of the 2018 General Assembly provided that in cases in which a surgical assistant was initially registered on the basis of a credential as a surgical assistant or surgical first assistant must attest that such credential is still current upon applying for renewal of his registration as a surgical assistant.

Please note: Regulatory and legislative actions affecting nurse practitioners are listed under the Board of Nursing, which jointly regulates that profession with the Board of Medicine.

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Challenges and Solutions

As necessity is the mother of invention, the departure of the Board's longtime Deputy for Licensure has resurrected the issue of how best to structure Board staff to gain the greatest efficiency. Colanthia Opher, Deputy for Administration, has begun streamlining the processes of the Licensing Section and the licensing specialists. Included in her plan is uniformity of the application process for all 21 professions and cross-training of all licensing specialists. A Licensing Supervisor will be added to the staff and will answer directly to the new Deputy for Licensure. The changes that are being made now will provide the new Deputy with a good platform that can be maintained and further enhanced.

The Board continues to have licensees that are unhappy with Board decisions and initiate suits against the Board, Board members, and Board staff. The solution has been, and will continue to be, the excellent representation the Board of Medicine is fortunate to have from Board Counsel, Erin Barrett, Assistant Attorney General, and her colleagues at the Office of the Attorney General.

Licensure by endorsement will be possible by regulation September 5, 2018. It is intended to expedite licensure for those physicians that have no adverse information. Board staff will have to develop an application and instructions for Board approval, which will occur in October 2018.

Prior to January 1, 2019, the Board must notify those practitioners that are required to obtain 2 hours of opioid continuing education. The President of the Board has appointed members to the Ad Hoc Committee on Opioid Continuing Education that will meet no later than mid-November 2018 to make the necessary determinations for the next biennium.

Nursing

EXECUTIVE DIRECTOR

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

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	102%	8%	84%	72%	100%	220,151
Q2 2017	121%	9%	88%	78%	100%	219,720
Q3 2017	112%	9%	83%	79%	100%	220,230
Q4 2017	100%	11%	83%	87%	100%	221,019
Q1 2018	75%	11%	78%	85%	100%	222,778
Q2 2018	108%	11%	80%	89%	100%	221,625
Q3 2018	133%	14%	84%	90%	100%	224,273
Q4 2018	103%	15%	65%	90%	100%	225,237

Innovations and Advancements

The enhanced Version of the Nurse Licensure Compact (eNLC) became effective in Virginia on July 19, 2017. This new compact was implemented on January 19, 2018. The eNLC is an amended version of the Compact Virginia joined in 2005 for RNs and LPNs and continues to provide for one multistate license to facilitate cross border practice. The requirements for a multistate license now include eleven criteria and the compact has expanded to include 31 states.

Online application processing for Nurse Aides has been implemented resulting in a more efficient process for those applying to the Board for certification and to take the national competency examination.

The Joint Boards of Nursing and Medicine adopted a Guidance Document regarding Practice Agreements for Nurse Practitioners and revised a guidance document regarding telemedicine.

The Board revised guidance documents related to continued competency violations, guidelines for processing applications, clinical learning experiences in nursing education programs, medication administration training curriculum, delegation of authority to Board staff, and the bylaws of the Board in 2017.

Guidance documents related to disposition of cases against massage therapists, nurse aides and medication aides practicing on expired certificates and licenses were revised in 2018.

The Criminal Background Check Unit began conducting criminal background checks on massage therapy applicants and implemented processes for this to occur through an external vendor similar to the process for nursing applicants.

The Board of Nursing implemented a Customer Care Center through a call center process to handle the large volume of telephone inquiries that the Board receives. This has resulted in improved services to external customers.

The Board President began a Board Member Development program through educational offerings at each meeting of the Board. Additionally, the mentoring program for new Board members has been enhanced.

The Board has welcomed summer collegiate interns who have benefited from work experiences in the areas of licensing, discipline and compliance.

The Board established a Commitment to Ongoing Regulatory Excellence Committee (CORE) comprised of three board members who have analyzed, reported on and made recommendations related to CORE reports supplied by National Council of State Boards of Nursing (NCSBN) which compare, contrast, and provide benchmarks for performance of Boards of Nursing throughout the US. The collected data focuses on the areas of Governance, Licensing, Education and Discipline.

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Regulatory/Legislative Actions

Fourteen regulatory actions were finalized:

- In response to a petition for rulemaking, the Board amended sections 225 and 230 of Chapter 20 on reactivation of an inactive license and reinstatement of a lapsed license to ensure that the requirements for evidence of continuing competency are consistent with those for renewal of an active license as a nurse. The amendments were effective on February 10, 2017.
- Chapter 20 was repealed and re-promulgated into Chapter 19, Regulations Governing the Practice of Nursing and Chapter 27, Regulations Governing Nursing Education Programs. In Chapter 19, requirements for licensure of nurses were not changed, but there were several amendments to clarify the national examination required for licensure and the educational qualifications for persons whose nursing education was completed in another country. Amendments to the sections on clinical nurse specialists did not change the current requirements but are consistent with legislation passed in the 2016 General Assembly. In Chapter 27, amendments deleted several requirements for nursing education programs that have been problematic and included the State Council of Higher Education for Virginia as the approving body for certain nursing education programs. The actions were effective on February 24, 2017.
- In examining its process for approval of application and in an effort to expedite that process, the Board amended regulation to accept an attestation of graduation from an approved educational program in lieu of a transcript for each individual graduate. The amendment became effective on April 20, 2017.
- Renewal fees for the 2017-2019 biennium were reduced by approximately 25%. The amendments were effective May 3, 2017.
- The Board amended regulations to reduce the late fee charged to registered and practical nurses who renew an inactive license after the renewal date. For RNs, the fee was reduced from $50 to $25; for LPNs, the fee was reduced from $40 to $25.The amendment was effective on May 31, 2017.
- The Board amended regulation to allow a waiver of requirements for a credentials review by the Commission on Graduates of Foreign Nursing Schools (CGFNS) and examination of English proficiency for a person whose nursing education was received in another country, if the applicant has been licensed in another state and she can provide evidence that those requirements were met for licensure in the other state. The amendment was effective on December 28, 2017.
- Regulations were amended to specify that a nurse's name badge must follow the policy of the employment setting for name identification of health care practitioners. The requirement was retained for the badge to indicate the appropriate title for the license, registration, or student status under which the nurse is practicing in that setting. The amendment was effective April 4, 2018.
- Amendments were promulgated to conform the regulations relating to issuance of a multistate licensure privilege to the final rules of the Enhanced Nurse Licensure Compact which became effective January 19, 2018. The amendments were effective May 2, 2018.
- The Board amended its regulations to require all pre-licensure registered nursing education programs in Virginia to have accreditation or candidacy status with a national accrediting agency recognized by the U. S. Department of Education by the year 2020. The amendments were effective February 7, 2018.

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Regulatory/Legislative Actions (continued)

Fourteen regulatory actions were finalized (continued):

- The Board amended 18VAC90-26-40 to add "observational and reporting techniques" to the required content of a nurse aide education program. The amendment conformed regulations to changes made to the Code of Virginia by passage of HB386 in the 2016 General Assembly (Chapter 582). The amendment was effective September 21, 2016.
- The Board amended 18VAC90-50-10 et seq., Regulations Governing the Licensure of Massage Therapists to change cites referencing certification to licensure, eliminate one examination for licensure, and include a requirement for a criminal background check. The amendments conform regulations to changes made to the Code of Virginia by passage of HB562 in the 2016 General Assembly (Chapter 324). The amendments were effective September 21, 2016.
- The Board amended regulations for medication aides to clarify that they are not allowed to administer by subcutaneous route except for insulin medications, glucagon or auto-injectable epinephrine. The amendment was effective on March 9, 2017.
- As result of the periodic review of regulations for massage therapy, the Board amended Chapter 50 to clarify certain sections, offer additional options for completion of continuing education, require an attestation of compliance with laws and ethics for initial certification, and include additional provisions to the standards of conduct that may subject a regulant to disciplinary action. The amendments were effective January 24, 2018.
- The Boards of Nursing and Medicine amended regulations for nurse practitioners and prescriptive authority for nurse practitioners to conform regulations to changes made to the Code of Virginia by passage of HB580 (Chapter 93) and SB463 (Chapter 495) in the 2016 General Assembly. The changes related to the deletion of a requirement for certified registered nurse anesthetists to have a practice agreement with a supervising physician and the modification of the practice model for certified nurse midwives who now practice in consultation with a physician. With the changes in requirements for practice agreements, that section of 18VAC90-30 was deleted and moved to the section for the practice of nurse practitioners licensed in categories other than certified registered nurse anesthetist and certified nurse midwife. The amendments were effective on October 5, 2016.*

Five regulatory actions were in process but not finalized by the close of the biennium:

- The Board adopted a fast-track action to clarify that the use of titles by registered nurse and licensed practical nurse applicants is applicable only to those who have authorization to practice for 90 days following graduation from an approved nursing education program.
- The Board adopted a fast-track action to make the language pertaining to national certification as a clinical nurse specialist consistent with §54.1-3018.1 of the Code of Virginia.
- The Board adopted a fast-track action to add a definition for "full approval" of a nursing education program and to change the timing of a criminal background check for nursing students from requiring the check prior to admission to prior to the clinical experience involving direct patient care.

**Also applicable to the Board of Medicine, which jointly regulates nurse practitioners.*

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Regulatory/Legislative Actions (continued)

Five regulatory actions were in process but not finalized by the close of the biennium (continued):

- Regulations for nurse practitioners with prescriptive authority were promulgated as an emergency action to address the opioid abuse crisis in Virginia. Regulations for the management of acute pain include requirements for the evaluation of the patient, limitations on quantity and dosage, and medical record-keeping. Regulations for management of chronic pain include requirements for evaluation and treatment, including a treatment plan, informed consent and agreement, consultation with other providers, and medical record-keeping. Regulations for prescribing of buprenorphine include requirements for patient assessment and treatment planning, limitations on prescribing the buprenorphine mono-product (without naloxone), dosages, co-prescribing of other drugs, consultation and medical records for opioid addiction treatment. The emergency regulations were effective on May 8, 2017 and expire on November 7, 2018. The Boards were in the process of replacing them with permanent regulations.*
- Consistent with provisions of HB2119 of the 2017 General Assembly, the Boards of Nursing and Medicine began an action to provide a regulatory framework for "direction and supervision" of laser hair removal and "proper training," so the laser hair technician, the supervising practitioner and the public will understand the scope of responsibility for such direction and supervision. The NOIRA was published on October 2, 2017; published regulations were in executive branch review.*

Legislative actions affecting the Board:

- Chapter 105 of the 2017 General Assembly authorized the Board of Nursing to deny or withdraw approval from training programs (such as medication aide programs) for failure to meet prescribed standards. The Board had such power for educational programs.
- Chapter 390 of the 2017 General Assembly limited the practice of laser hair removal to a properly trained person licensed to practice medicine or osteopathic medicine or licensed as a physician assistant or nurse practitioner or to a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or physician assistant or nurse practitioner.*
- Chapter 182 of the 2017 General Assembly removed the requirement that the supervision of licensed practical nurses administering vaccinations by registered nurses be immediate and direct.
- Chapter 101 of the 2018 General Assembly authorized the Board of Nursing to send notices for license renewal electronically.

**Also applicable to the Board of Medicine, which jointly regulates nurse practitioners.*

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Regulatory/Legislative Actions (continued)

Legislative actions affecting the Board:

- Chapter 776 of the 2018 General Assembly eliminated the requirement for a practice agreement with a patient care team physician for a licensed nurse practitioner who has completed the equivalent of at least five years of full-time clinical experience and submitted an attestation from his patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. The bill required that a nurse practitioner authorized to practice without a practice agreement (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill required (1) the Boards of Medicine and Nursing to jointly promulgate regulations governing the practice of nurse practitioners without a practice agreement; (2) the Department of Health Professions, by November 1, 2020, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.*
- Chapter 380 of the 2018 General Assembly provided that a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to current law and regulations of the Board of Pharmacy.

**Also applicable to the Board of Medicine, which jointly regulates nurse practitioners.*

Optometry

EXECUTIVE DIRECTOR

Leslie L. Knachel, M.P.H.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	-	50%	100%	100%	100%	1,936
Q2 2017	175%	53%	83%	100%	100%	1,955
Q3 2017	33%	56%	100%	N/A	100%	1,867
Q4 2017	-	65%	100%	100%	100%	1,921
Q1 2018	600%	14%	40%	100%	92%	1,949
Q2 2018	200%	33%	50%	N/A	100%	1,805
Q3 2018	67%	0%	25%	100%	100%	1,859
Q4 2018	60%	0%	100%	100%	100%	1,910

Innovations & Advancements

The Board of Optometry has been an active participant in the Association of Regulatory Boards of Optometry (ARBO). The organization serves to represent and assist the member licensing agencies in regulating the practice of optometry for the public welfare. It provides services and information to its member boards, including gathering data on national issues such as telepractice and continued competency. Several Virginia board members serve on ARBO committees.

The Department of Health Professions' Healthcare Workforce Data Center (HWDC) works to improve the data collection and measurement of Virginia's healthcare workforce through the regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes. Surveys of the optometry profession were deployed during the November-December 2016 and 2017 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

Effective July 1, 2017, amendments to the Code of Virginia increased the minimum visual field from 100 to 110 degrees of horizontal vision for an unrestricted driver's license. At the request of the 2017 General Assembly, the Department of Motor Vehicles conducted a study of the visual field requirements to determine if additional changes are necessary. The Board's Executive Director represented the Department of Health Professions on the workgroup assigned the task of completing the study. Representatives of the DMV Medical Advisory Board, Virginia Optometric Association, and Virginia Society of Eye Care Professionals and Surgeons assisted DMV in updating the Customer Vision Report to reflect the new requirement and to improve overall reporting. The Department of Health Professions assisted in disseminating information on the updated medical form to healthcare professionals licensed by the Boards of Medicine and Optometry.

The number of complaint cases received by the Board remains relatively stable. The Board continues to review the disciplinary process to improve efficiency.

The Board has continued with its outreach efforts by sending emails to its licensees. Notifications sent included the following: updates on regulatory and legislative actions, prescriptions for controlled substances containing an opioid, and new vision requirements for drivers.

Regulatory/Legislative Actions:

Three regulatory actions were finalized:

- The Board amended requirements for continuing education to conform regulations to amendments in §54.1-3219 of the Code of Virginia by Chapter 89 of the 2016 General Assembly; the action became effective September 21, 2016.
- As required by Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow optometrists to count two hours of the 20 hours required for annual renewal to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. The action became effective on March 9, 2017.

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Regulatory/Legislative Actions (continued):

Three regulatory actions were finalized (continued):

- The Board adopted a one-time reduction in renewal fees in 2018, eliminated the renewal fees for 2019, and changed the renewal deadline from December 31st to March 31st beginning in the year 2020. The amendments became effective May 2, 2018.

Regulatory Actions in process but not yet finalized:

- Following its periodic review of regulations, the Board adopted amendments to edit certain sections, delete unnecessary or unenforceable rules, add a limitation on the number of times an applicant can take and fail the licensing examination before additional education is necessary, and add specificity about evidence of continued competency required for licensure by endorsement and reinstatement. For reinstatement of a lapsed license, the Board also adopted an amendment requiring evidence of any disciplinary or malpractice action and, if the applicant is licensed in another state, evidence of a current, unrestricted license. The NOIRA was published on June 28, 2017.
- Regulations for optometrists prescribing of controlled substances containing opioids were adopted as emergency regulations to address the opioid abuse crisis in Virginia. Regulations for the management of acute pain require prescribing a dosage not to exceed seven days and include requirements for the evaluation of the patient and limitations on quantity. Regulations provide requirements for prescribing an opioid beyond seven days to include a re-evaluation of the patient, check of the Prescription Monitoring Program, and specific information in the patient record. Finally, if a TPA-certified optometrist finds an opioid prescription for chronic pain is necessary, he or she is required to refer the patient to a physician or comply with Board of Medicine regulation for managing chronic pain. The emergency regulations were effective from October 30, 2017 to April 29, 2019, and are being replaced with permanent regulations.

Legislative action affecting the Board:

- Chapters 712 and 720 of the 2017 General Assembly provide that certain practitioners, including optometrists, who report to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle that the reporting individual believes affects such person's ability to operate a motor vehicle safely is not subject to civil liability or deemed to have violated the practitioner-patient privilege unless he has acted in bad faith or with malicious intent.
- Chapters 169 and 184 of the 2017 General Assembly require, for ophthalmic prescriptions written on or after July 1, 2017, that an ophthalmologist or optometrist establish a bona fide provider-patient relationship with a patient prior to prescribing spectacles, eyeglasses, lenses, or contact lenses, and sets out requirements for establishing such relationship, which includes options for examination of the patient either in person or through face-to-face interactive, two-way, real-time communication or store-and-forward technologies.

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Regulatory/Legislative Actions (continued):

Legislative action affecting the Board (continued):

- Chapter 280 of the 2018 General Assembly authorizes a TPA-certified optometrist to administer therapeutic pharmaceutical agents by injection for the treatment of chalazia by means of an injection of a steroid included in Schedule VI controlled substances, provided that the optometrist provides written evidence that he has completed certain training requirements to the Board of Optometry.

Challenges & Solutions

One of the Board's biggest challenges relates to the regulation of telepractice following the introduction of online refraction products that are available to consumers. The Board is monitoring the evolution of products and services delivered online and assessing whether regulation is necessary to protect the public.

Pharmacy

EXECUTIVE DIRECTOR

Caroline D. Juran, R. Ph.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	107%	46%	79%	98%	100%	37,125
Q2 2017	172%	33%	59%	100%	100%	37,844
Q3 2017	143%	23%	72%	98%	100%	35,289
Q4 2017	120%	19%	91%	98%	100%	36,441
Q1 2018	129%	16%	80%	97%	100%	37,608
Q2 2018	121%	9%	84%	93%	100%	34,789
Q3 2018	87%	8%	95%	100%	100%	35,995
Q4 2018	70%	8%	94%	100%	99%	36,961

Innovations & Advancements

Based on 2016 legislation, the Board implemented regulatory oversight of pharmaceutical processors, facilities that cultivate Cannabis for the production and dispensing of cannabidiol oil and THC-A oil under pharmacist supervision, which included the development of a competitive application process for awarding no more than five pharmaceutical processor permits. A regulatory advisory panel comprised of broad stakeholder representation met multiple times in the summer of 2016 to develop draft emergency regulations for the Board's consideration. Key staff members within the agency met routinely in 2017 to develop and execute the many action items necessary for implementing oversight, which included a process for registering patients, parents/guardians to possess the oils, and for physicians to issue written certifications to patients for possessing the oils. Legislation passed in 2018 further expanded the program, which resulted in the Board amending the emergency regulations. A request for application process was developed and implemented in 2018 for evaluating the permit applications. An ad hoc committee was appointed in 2018 to evaluate the 51 permit applications received and offer recommendations to the Board for awarding conditional approval to no more than 5 applicants. The evaluation process was ongoing at the end of the biennium.

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 ten innovative (pilot) programs that generally allowed for the use of new technology in the repackaging and dispensing of medications. Examples included the use of radio-frequency identification (RFID) technology to verify the accuracy of repackaging emergency drug kits and the use of automated dispensing devices for dispensing drugs or storing drugs for administration.

Board staff provided 27 presentations during the biennium on board-related activities to the following groups: Appalachian College of Pharmacy, Virginia Commonwealth University, Howard University, Virginia Pharmacists Association, Virginia Society of Health-System Pharmacists, Virginia Association of Chain Drug Stores, National Association of Boards of Pharmacy, RxPartnership, Community Coalitions of Virginia, US Food and Drug Administration, and the Virginia Association of Free and Charitable Clinics.

Seven 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.

The executive director was elected to serve a three-year term on the Executive Committee for the National Association of Boards of Pharmacy.

Regulatory/Legislative Actions

The following regulatory actions were finalized:

- As specified in §54.1-3443, the Board placed chemicals into Schedule I in the Code of Virginia as recommended by the Department of Forensic Science. Eight such actions were finalized during the biennium – on 9/7/16, 11/16/16, 2/22/17, 6/14/17, 10/4/17, 12/12/17, 2/21/18, and 6/13/18.

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Regulatory/Legislative Actions (continued)

The following regulatory actions were finalized (continued):

- A fast-track action amended section 540 of Chapter 20 to allow a provider pharmacist, in consultation with medical and nursing staff, to include diazepam rectal gel in an emergency kit maintained in a long-term care facility. The action was effective August 11, 2016.
- In response to a petition for rulemaking, amendments were adopted to specify a limitation of excessive hours of work without any breaks for pharmacists. The amendments were effective February 8, 2017.
- Pursuant to Chapter 88 of the 2016 Acts of the Assembly, the Board adopted amendments to 18VAC110-20-680, relating to a requirement for registration of nonresident medical equipment suppliers. The amendments were effective November 16, 2016.
- Pursuant to Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow pharmacists to count up to two hours of the 15 hours required for annual renewal for volunteer service in free clinics. The amendments were effective May 5, 2017.
- In compliance with the second enactment clause of Chapter 300 of the 2015 Acts of the Assembly, the Board promulgated regulations to implement the requirement that facilities engaged in the compounding of sterile drugs and registered with the U. S. Secretary of Health and Human Services as outsourcing facilities must hold a permit to compound or ship compounded drugs into Virginia. The amendments were effective June 28, 2017.
- In order to comply with federal rules of the Drug Enforcement Administration, section 590 on drugs in correctional facilities was amended to require unused or expired drugs in Schedules II through V to be destroyed at the facility rather than being returned to the provider pharmacy. The amendments were effective September 7, 2017.
- In response to federal legislation, regulations for partial dispensing of a Schedule II controlled substance were amended to allow a partial fill if requested by the patient or the prescriber and if: 1) the total quantity of all partial fillings doesn't exceed the total prescribed; 2) the prescription is written and filled in accordance with state and federal law; and 3) the remaining portions are filled not later than 30 days from the original date on the prescription The amendments were effective September 7, 2017.
- In compliance with the second enactment clause of Chapter 117 of the 2015 Acts of the Assembly, the Board promulgated amendments to Chapter 30, Practitioners of the Healing Arts to Sell Controlled Substances, to implement the requirement that practitioners of the healing arts must dispense controlled substances in permitted facilities. The amendments were effective June 28, 2017.
- Chapter 50 was amended in compliance with Chapter 221 of the 2016 Acts of the Assembly. The amendments eliminated definitions that are no longer applicable or now set forth in the Code; provided for permits for third-party logistics providers and for registration of nonresident manufacturers with fees and schedules for renewal of such permits or registrations; included third-party logistics providers in all sections currently applicable to wholesale distributors; included nonresident manufacturers in requirements for manufacturers; and eliminated Part IV on pedigree requirements and replaced those regulations with reference to the federal requirements for an electronic, interoperable system to identify, trace, and verify prescription drugs as they are distributed.

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Regulatory/Legislative Actions (continued)

The following regulatory actions were in process at the end of the biennium:

Action Title	Latest Stage
Delivery of dispensed prescriptions; labeling	NOIRA
Scheduling of drugs or chemicals	Final
Rescission of pharmacy permit	Fast-Track
Increase in fees	Proposed
Requirement for applicants and licensees to have an e-profile ID number	Proposed
Brown bagging and white bagging	NOIRA
Response to petitions for rulemaking	Final
Periodic review result of Chapters 20 and 50; Promulgation of Chapters 16 and 25	Proposed
Controlled substances registration for naloxone and teleprescribing	Proposed
Prohibition against incentives to transfer prescriptions	Final
Delivery of Schedule VI prescription devices	Emergency/NOIRA
Registration of nonresident warehousers and nonresident third party logistics providers	Final

Legislative actions affecting the Board:

- The 2017 and 2018 Sessions of the General Assembly passed legislation adding chemicals scheduled by the Board in Schedule I of the Drug Control Act. The chapters were 414 and 434 in the 2017 Session and 372 in the 2018 Session.
- Chapters 115 and 429 of the 2017 General Assembly required a prescription for any controlled substance containing an opiate to be issued as an electronic prescription and prohibits a pharmacist from dispensing a controlled substance that contains an opiate unless the prescription is issued as an electronic prescription, beginning July 1, 2020. Board staff assisted the Secretary of Health and Human Resources in convening a work group to evaluate the challenges with implementation and preparing an interim report in 2017 for the legislators.
- Chapters 55 and 168 of the 2017 General Assembly allowed a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy to dispense naloxone to a person who has completed a training program on the administration of naloxone for opioid overdose reversal. The Board adopted a protocol, as required in statute, in coordination with the Department of Health and the Board of Medicine.

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Regulatory/Legislative Actions (continued)

Legislative actions affecting the Board (continued):

- Chapter 174 of the 2017 General Assembly provided that a pharmacist may dispense naloxone in the absence of a patient-specific prescription pursuant to a standing order issued by the Commissioner of Health authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.
- Chapters 58 and 110 of the 2017 General Assembly authorized the Board to register an entity at which a patient is treated by the use of instrumentation and diagnostic equipment for the purpose of establishing a bona fide practitioner-patient relationship and is prescribed Schedule II through VI controlled substances to possess and administer Schedule II through VI controlled substances when such prescribing is in compliance with federal requirements for the practice of telemedicine and the patient is not in the physical presence of a practitioner registered with the U.S. Drug Enforcement Administration.
- Chapters 416 and 432 of the 2017 General Assembly authorized the Board to designate, deschedule, or reschedule as a controlled substance any substance 30 days after publication in the Federal Register of a final or interim final order or rule designating such substance as a controlled substance or descheduling or rescheduling such substance.
- Chapter 114 of the 2017 General Assembly required the Board to develop guidelines for the provision of counseling and information regarding proper disposal of unused dispensed drugs, including information about pharmacy drug disposal programs in which the pharmacy may participate, by pharmacists to patients for whom a prescription is dispensed.
- Chapter 612 of the 2017 General Assembly added thiafentanil to Schedule II of the Drug Control Act and brivaracetam to Schedule V of the Drug Control Act.
- Chapter 613 of the 2017 General Assembly authorized a pharmaceutical processor, after obtaining a permit from the Board and under the supervision of a licensed pharmacist, to cultivate Cannabis for the purpose of producing and dispensing cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The bill set limits on the number of permits that the Board may issue and required that the Board adopt regulations establishing requirements for permitted processors. The bill provided that only a licensed practitioner of medicine or osteopathy who is a neurologist or who specializes in the treatment of epilepsy may issue a written certification to a patient for the use of cannabidiol oil or THC-A oil. The bill also required that a practitioner who issues a written certification for cannabidiol oil or THC-A oil, the patient issued such certification, and, if the patient is a minor or incapacitated, the patient's parent or legal guardian to register with the Board.
- Chapter 96 of the 2018 General Assembly required warehouser or third-party logistics providers that are located outside the Commonwealth and that ship prescription drugs or devices into the Commonwealth to register with the Board of Pharmacy. The bill also authorized the Board of Pharmacy to promulgate regulations related to the storage, handling, and distribution of prescription drugs or devices by nonresident warehousers and nonresident third-party logistics providers.

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Regulatory/Legislative Actions (continued)

Legislative actions affecting the Board (continued):

- Chapter 97 of the 2018 General Assembly provided that a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy may dispense or distribute hypodermic needles and syringes in conjunction with such dispensing of naloxone and that a person to whom naloxone has been distributed by such individual may possess hypodermic needles and syringes in conjunction with such possession of naloxone. To implement the legislation, the Board amended its protocol (guidance document) on distribution of naloxone.
- Chapter 100 of the 2018 General Assembly increased the quantity, from a 72-hour supply to a seven-day supply, of a compounded drug that a veterinarian may dispense to the owner of a companion animal for which the veterinarian is providing treatment.
- Chapters 241 and 242 of the 2018 General Assembly provided that a permitted manufacturer, wholesale distributor, warehouser, nonresident warehouser, third-party logistics provider, or nonresident third-party logistics provider or registered nonresident manufacturer or nonresident wholesale distributor (the provider) may deliver a Schedule VI prescription device directly to an ultimate user or consumer under certain conditions. The bill directed the Board of Pharmacy to promulgate regulations to implement the provisions of the measure within 280 days.
- Chapter 373 of the 2018 General Assembly established the meaning of a veterinarian-client-patient relationship in prescribing controlled substances.
- Chapter 376 of the 2018 General Assembly allows drug donation programs to accept drugs from certain institutions/facilities for donation to the indigent.

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Regulatory/Legislative Actions (continued)

Legislative actions affecting the Board (continued):

- Chapter 567 of the 2018 General Assembly added cannabidiol oil (CBD oil) or THC-A oil to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. The bill required a practitioner, prior to issuing a written certification for CBD oil or THC-A oil to a patient, to request information from the Director of the Department of Health Professions for the purpose of determining what other covered substances have been dispensed to the patient. The bill also required the Board of Pharmacy to (i) promulgate regulations that include a process for registering CBD oil and THC-A oil products and (ii) require an applicant for a pharmaceutical processor permit to submit to fingerprinting and provide personal descriptive information to be forwarded through the Central Criminal Records Exchange to the Federal Bureau of Investigation for a criminal history record search. The bill required a pharmacist or pharmacy technician, prior to the initial dispensing of each written certification, to (a) make and maintain for two years a paper or electronic copy of the written certification that provides an exact image of the document that is clearly legible; (b) view a current photo identification of the patient, parent, or legal guardian; and (c) verify current board registration of the practitioner and the corresponding patient, parent, or legal guardian. The bill required that, prior to any subsequent dispensing of each written certification, the pharmacist, pharmacy technician, or delivery agent view the current written certification; a current photo identification of the patient, parent, or legal guardian; and the current board registration issued to the patient, parent, or legal guardian. Finally, the bill required a pharmaceutical processor to ensure that the percentage of tetrahydrocannabinol in any THC-A oil on site is within 10 percent of the level of tetrahydrocannabinol measured for labeling and to establish a stability testing schedule of THC-A oil.
- Chapters 246 and 809 of the 2018 General Assembly provided that a practitioner may issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. The bill increased the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduced the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively.

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Challenges & Solutions

Challenge: Addressing the opioid crisis.

Solution: The following actions were taken:

- The Board, in communication with the Department of Forensic Science, expeditiously placed many chemicals, such as illicit fentanyl formulations, into Schedule I via eight regulatory actions that assisted law enforcement's ability to prosecute unlawful acts.
- The Board developed protocols as required in §54.1-3408 (Y) for laypersons approved by the Department of Behavioral Health and Developmental Services to dispense naloxone, a drug used to counteract opioid overdoses.
- Board staff educated its licensees through presentations, e-newsletters, and emails throughout the biennium on the opioid crisis, addiction, the importance of dispensing naloxone, identifying patients at-risk of overdose, and evaluating the morphine milligram equivalency on the PMP report prior to dispensing an opioid.
- The Board assisted the Director in using Prescription Monitoring Program data to identify suspicious dispensing patterns and investigated cases, as necessary.
- Staff provided technical assistance to legislators who addressed drug abuse in several pieces of legislation during the biennium.

Additional Issues

To monitor continuing competency of Board licensees during 2016 and 2017, the Board conducted a random continuing education audit of a statistically significant percentage of licensees each year.

Physical Therapy

EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, J.D.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	57%	10%	25%	98%	100%	12,682
Q2 2017	88%	5%	71%	100%	100%	11,751
Q3 2017	60%	8%	100%	100%	100%	11,652
Q4 2017	57%	13%	50%	99%	100%	12,078
Q1 2018	267%	25%	88%	97%	100%	12,556
Q2 2018	25%	35%	100%	100%	100%	12,735
Q3 2018	0%	28%	-	87%	100%	12,939
Q4 2018	75%	32%	0%	100%	100%	13,338

Innovations & Advancements

The mission of the Virginia Board of Physical Therapy ("Board") is to ensure safe and competent patient care by licensing physical therapists and physical therapist assistants, enforcing standards of practice, and providing information to health care practitioners and the public. During this biennium, the Board employed a multi-faceted approach in furtherance of this mission—through promoting continuing competence, updating disciplinary guidelines, ongoing workforce data collection, communicating with licensees and applicants, supporting solutions to the opioid epidemic, participating in the national regulatory dialogue, and beginning pursuit of the Physical Therapy Licensure Compact.

The Board proposed and adopted regulations to promote the continuing competence of practitioners. In May 2017, final regulations became effective to permit practitioners to earn continuing education (CE) credit through volunteering their professional services at local health departments or free clinics. In February 2018, final regulations became effective to update Virginia's regulations to recognize a new competency assessment tool, oPTion, from the Federation of State Boards of Physical Therapy (FSBPT) as a "dual-purpose" tool for earning CE credit and for self-assessing skills for re-entry to practice. Also in February 2018, in an effort to promote both continuing competency and practitioner knowledge of the Board, the Board initiated regulations to permit practitioners to obtain CE credit by attending Board meetings and hearings.

In February 2018, the Board completed its first comprehensive review and update of the Board's Sanctioning Reference Points (SRP) manual, which establishes guideline sanctions for use in disciplinary cases. To ensure that the Board's guideline sanctions have remained consistent and fair since the initial adoption of the SRP in November 2009, the Board used empirical data gathered about cases and sanctions from 2009 to 2018 to recalculate sanction ranges and review case classifications. As a result of this review process, the updated guidelines are built upon a solid foundation of 19 years of case data (1999-2018).

In May 2018, the Board completed a comprehensive review and revision of its Guidance Documents. The Board's Legislative/Regulatory Committee reviewed and made recommendations to the full Board regarding whether the documents should be revised, readopted, or repealed, based upon a number of factors including clarity, necessity, and relevance. In total, the Board's review resulted in action on a total of 16 Guidance Documents.

The Board continued to collect robust survey data on the physical therapy workforce in Virginia. The Board first began collecting workforce data from physical therapists and physical therapist assistants in 2012, when the Board worked with the Healthcare Workforce Data Center to implement standardized survey questions. The Board has obtained survey information from licensees during the past three biennial renewal cycles (2012, 2014, 2016). In an effort to capture more modern trends in physical therapy practice, and in conjunction with FSBPT, in February 2018, the Board incorporated a new question for practitioners on the use of telehealth. The Board will continue to review its data collection to ensure that data on the physical therapy workforce in Virginia is captured accurately.

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Innovations & Advancements (continued)

In response to the opioid epidemic, the Board supported physical therapy Board member and faculty participation on a state-level workgroup to develop an educational curriculum on opioid use and abuse. In December 2017, a state-level workgroup was convened by the Department of Health Professions at the request of the Secretary of Health and Human Resources to develop core competencies for the education of students in the health professions on identifying and treating patients presenting with opioid abuse or dependence. Dr. Elizabeth Locke, PT, PhD, Board member and Director of Clinical Education at Old Dominion University, participated in the workgroup with representatives from other disciplines including occupational therapy, counseling, social work, psychology, and nursing. The workgroup's efforts will be shared statewide to enhance training for students in the health professions.

Based upon feedback that practitioners often do not understand the function or role of their state licensing board, throughout 2017 and 2018, the Board has made efforts to increase the amount of information provided to licensees about Board activities and available resources through e-mail "blasts" and newsletters. In addition, Board staff has made presentations to students in physical therapy programs about the licensure process and the role of the Board. These ongoing communication efforts have had tangible benefits—from September 2017 to April 2018, the Board has noted a 12% increase in registered users of the aPTitude system, a voluntary, online registry created by FSBPT to facilitate tracking and monitoring of continuing education credits.

Engagement at the national level has opened doors to the sharing of ideas and resources and has enhanced the Board's ability to fulfill its mission. Board members and staff are actively involved with FSBPT, the national organization for physical therapy boards, serving as volunteers, presenters, committee members, and training participants whenever the opportunities arise. In 2017-2018, the Board's Executive Director, Corie Tillman Wolf, served on FSBPT's Re-Entry to Practice Task Force. In 2016-2017, Board member Sarah Schmidt, PTA, served on the Resolutions Committee, and Board member Arkena L. Dailey, PT, DPT, served on the Education Committee. Also in 2016, Board member Tracey Adler, PT, DPT, participated in a national panel discussion at the FSBPT Annual Meeting regarding regulatory trends for the practice of dry needling.

During the biennium, the Board also has taken steps to further its engagement with other state boards and promote mobility for licensees. In September 2016, the Board first began consideration of participation in the Physical Therapy Licensure Compact. After deciding to take a "wait and see" approach in February 2017, at a full Board meeting on May 1, 2018, the Board voted to pursue legislation to enact the Compact in Virginia.

Finally, the Board has continued its efforts to finalize regulations related to the practice of dry needling. After forming a Regulatory Advisory Panel to consider public comments and make recommendations to the Board regarding the Board's proposed regulations, the Board voted in November 2017 to adopt changes to the pending regulations. The re-proposed regulations remained under review at the end of the biennium.

At the close of the biennium, the Board received word that it had been selected by the Federation of State Boards of Physical Therapy (FSBPT) as one of two states to receive the 2018 Excellence in Regulation Award. The Award will be presented to the Board in October 2018.

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Regulatory Actions

Three regulatory actions were finalized:

- In compliance with Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow physical therapists and physical therapist assistants to count two hours of the Type 2 hours allowed for renewal to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for one hour of providing such volunteer services, as documented by the health department or free clinic. The amendments were effective on May 5, 2017.
- The Board added the Federation of State Boards of Physical Therapy to the list of entities that may approve or sponsor continuing education for physical therapists and physical therapist assistants. The amendment was effective February 8, 2018.
- The Federation of State Boards of Physical Therapy informed member boards that, as of November 30, 2016, it will no longer offer the PRT and has replaced it with a different assessment tool called oPTion. With the shift to oPTion, the FSBPT has also eliminated the "standard" and replaced it with an assessment report that categorizes the therapist's performance into level 1-4. The Board amended regulations to replace the PRT with oPTion and to specify the level of performance required for the purpose of licensing therapists who have not been engaged in active practice or for granting credit to licensees for continuing education. The amendments were effective February 7, 2018.

Regulatory Action in process but not yet finalized:

- With the publication of a NOIRA on December 15, 2015, the Board began the process of incorporating into regulation its guidance on dry needling, including the additional training required and the requirement for a medical referral. After convening a Regulatory Advisory Panel in 2017, amendments to the initial proposed regulations were adopted by the Board in November 2017. The re-proposed action remained under review at the conclusion of the biennium.
- The Board adopted by a fast-track action an amendment to allow physical therapists and physical therapist assistants to satisfy up to two hours of the Type 2 hours for renewal by attending a board meeting, an informal conference, or a formal hearing.

Legislative action affecting the Board:

- Chapters 712 and 720 of the 2017 General Assembly provide that any physical therapist, or certain other practitioners, who report to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle that the reporting individual believes affects such person's ability to operate a motor vehicle safely is not subject to civil liability or deemed to have violated the practitioner-patient privilege unless he has acted in bad faith or with malicious intent.

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Challenges & Solutions

In May 2018, the Board voted to pursue legislation to enact the Physical Therapy Licensure Compact. The purpose of the Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure; encourages the cooperation of member states in regulating multi-state physical therapy practice; supports spouses of relocating military members; and enhances the exchange of licensure, investigative, and disciplinary information between member states.

Currently, a physical therapist (PT) or physical therapist assistant (PTA) is required to obtain licensure for each state in which he or she practices. This requires the PT or PTA to undergo the licensure processes for each individual state and to pay varying renewal fees and fulfill varying requirements for continuing education and active practice in order to maintain that licensure. The Compact provides a mechanism for a licensed PT or PTA to obtain a privilege to practice in a member state through a streamlined process, while the PT/PTA is required to fulfill licensure renewal requirements only for their home state. The Compact also promotes access to physical therapy services in remote or underserved areas by facilitating telehealth across jurisdictional lines.

While the pursuit of the Compact is in its early stages and obstacles may arise during the legislative process, the Board will continue to work with FSBPT, the state's professional association, and other stakeholders with the goal of eventual implementation.

Psychology

EXECUTIVE DIRECTOR

Jaime Hoyle, J.D.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	44%	30%	40%	64%	100%	4,994
Q2 2017	150%	47%	91%	92%	100%	5,128
Q3 2017	225%	20%	25%	95%	100%	5,227
Q4 2017	181%	11%	85%	95%	100%	5,335
Q1 2018	62%	17%	100%	98%	99%	5,368
Q2 2018	127%	19%	79%	91%	100%	5,470
Q3 2018	36%	15%	100%	92%	100%	5,582
Q4 2018	62%	11%	85%	90%	100%	5,690

Innovations & Advancements

The Board continues to pursue opportunities to educate students and licensees about the licensure and discipline activities of the Board. Specifically, the annual "Conversation with the Board" occurring at the Spring Conference of the Virginia Association for Clinical Psychologists (VACP) affords the Board the ability to communicate with students, residents, and licensees regarding issues such as distance therapy, supervision, the disciplinary process, timelines, and the use of the sanction referencing point guidelines. Recent conversation hours encouraged in-depth discussions regarding the Psychology Interjurisdictional Compact (PSYPACT), which is an interjurisdictional compact to facilitate telehealth and the temporary in-person, face-to-face practice of psychology across jurisdictional boundaries, and the Board's interest in joining the Compact. This forum provides the opportunity for stakeholders to ask questions and communicate openly about the Board's activities and direction.

Board members and staff also regularly attend the Association of State and Provincial Psychology Boards (ASPPB) conferences. The ASPPB is the vendor for the licensing examination, the examination for Professional Practice in Psychology (EPPP), and supports the 50 state boards and Canadian provinces in regulatory matters. These conferences have focused on such issues of interest to the Board, as telepsychology, PSYPACT, accreditation, mobility, and initiatives to make the Examination for Professional Practice in Psychology (EPPP) a two-part exam. The ASPPB appointed the Board Chair, Dr. Herb Stewart, to the ASPPB workforce committee. He has also presented at the ASPPB conferences information on the Board's disciplinary process and the use of sanction reference points.

The Board's efforts to reduce costs and improve efficiencies by going green continue to reap rewards. The ability to scan case files and allow board members to conduct probable cause reviews on their home computers, as well as staff implementing system organization, has eliminated the backlog of discipline cases. These initiatives shortened review times and reduced mailing and printing costs. The Board has also moved to electronic renewal notices and license verifications, and no longer prints agenda packets for Board members or the public, but, instead, posts this information on the website. These efforts have reduced costs and freed staff time.

Staff closely monitors content on the Board's website to ensure that the information remains current and posts relevant updates in the announcements section. The Board also utilizes email blasts to applicants and licensees to highlight important information such as changes to the regulations. Individuals contacting the Board office for information are encouraged to utilize the website as a resource for information on Board activities. 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.

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Regulatory/Legislative Actions

Two regulatory actions were finalized:

- Pursuant to Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow psychologists to count two hours of the 14 hours required for annual renewal to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. The amendments were effective on March 9, 2017.
- Pursuant to §2.2- 4006 A 6 of the Code of Virginia, the Board of Psychology adopted amendments for a one-time fee reduction applicable to the 2018 renewal cycle for licensees and certificate holders. The amendments were effective on April 4, 2018.

One regulatory action was initiated but not yet finalized:

- Following its periodic review of regulations, the Board submitted notice of its intent to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board also acted to require all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board revamped its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions on dual relationships. The NOIRA was published on December 11, 2017.

Legislative action affecting the Board:

- There was no legislative action in the 2017 or 2018 Session of the General Assembly that directly affected the Board.

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Challenges & Solutions

The Board has seen an increase in inquiries as to the level of practitioner able to provide psychological evaluations. Regulations require that practitioners practice only within the competency areas for which they are qualified by education and experience. The Board has been working to finalize a Guidance Document on "Assessment Titles and Signatures" that will clarify the use of the title "psychological assessments," and develop different terminology for assessments conducted by non-psychologists.

Requests from stakeholders remain with respect to guidance relating to the provision of psychological services by electronic means by Virginia licensees to clients in other countries and other jurisdictions. The Board began work on a comprehensive Guidance Document on the Use of Telepsychology. Additionally, the Board continues to gather information as it considers joining PSYPACT.

Mobility continues to be an issue, and the Board is working with the ASPPB to adopt their Psychology Licensure Universal System (PLUS) as an optional licensure application process. PLUS is an online system that allows individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada currently participating in the PLUS program. PLUS deposits and saves all information collected as part of the application in the ASPPB Credentials Bank where the individual can access it and forward it to any other licensing board, organization, entity, or individual, upon request at any time in the future.

Additional Information

The Board has issued and/or revised the following Guidance Documents:

- **125-6** Bylaws, revised August 15, 2017

Social Work

EXECUTIVE DIRECTOR

Jaime Hoyle, J.D.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	377%	35%	35%	97%	100%	8,900
Q2 2017	58%	32%	55%	100%	100%	9,144
Q3 2017	1075%	21%	41%	91%	100%	9,340
Q4 2017	194%	19%	90%	92%	100%	9,559
Q1 2018	138%	11%	89%	91%	98%	9,089
Q2 2018	56%	11%	100%	93%	81%	9,326
Q3 2018	64%	7%	83%	93%	99%	9,468
Q4 2018	46%	9%	45%	82%	71%	9,669

Innovations & Advancements

The Board has worked diligently to improve the efficiency of its application process by improving the online applications themselves and providing licensure process manuals for applicants. Even as the number of applications and licensees continue to rise significantly, staff consistently reviews completed applications within 30 days, meeting the agency performance standards. Likewise, the Board's efforts to reduce costs and improve efficiencies by going green continue to reap rewards. The ability to scan case files and allow board members to conduct probable cause reviews on their home computers, as well as staff implementing system organization, has eliminated the backlog of discipline cases. These initiatives shortened review times and reduced mailing and printing costs. The Board has also moved to electronic renewal notices and license verifications, and no longer prints agenda packets for Board members or the public, but, instead, posts this information on the website. These efforts have reduced costs and freed staff time.

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. The outreach activities have allowed the Board to develop and foster collegial relationships with stakeholders. Staff and board members have presented to the:

- Virginia Chapter of the National Association of Social Workers (NASWVA) Lobby Day
- United Methodist Family Services
- Virginia Commonwealth University School of Social Work
- Catholic University in conjunction with the Greater Washington Society for Clinical Social Work. Participation in this annual presentation enables engagement with representatives from the Washington and Maryland social work boards and provides an excellent opportunity to compare and contrast licensure requirements between the three jurisdictions.

Board members and staff have been active participants with the Association of Social Work Boards (ASWB). The ASWB is the nonprofit organization composed of and owned by the social work regulatory boards and colleges of al 50 U.S. states, the District of Columbia, the U.S. Virginia Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces. The ASWB provides support and services to the social work boards, and owns and maintains the social work licensing examinations. Board members and staff have attended ASWB conferences and participated on their Mobility and Bylaws Task Forces.

The Board continues to work collaboratively within the region. Board staff from Virginia, Maryland, and the District of Columbia met as partners to discuss mobility and portability issues with ASWB staff in order to provide feedback on the ASWB's Mobility strategy. The Board also 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 met with the NASWVA, the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assurance Services (DMAS) to identify workforce needs and allowable licensed and unlicensed activity.

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Innovations & Advancements (continued)

Staff closely monitors the Board's website and posts timely updates on the announcements section. The Staff encourages individuals contacting the Board office for information to review the website for the most current information on Board activities. Board staff also encourage individuals 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.

Regulatory/Legislative Actions

Three regulatory actions were finalized:

- Pursuant to Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow licensed clinical social workers to count two hours of the 30 hours and licensed social workers to count two hours of the 15 hours required for annual renewal for licensure to be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. The amendments were effective on March 9, 2017.
- Regulations were amended to: 1) require submission of an application for licensure within two years of completion of supervised experience; 2) require registration of supervision whenever there is a change in the supervisor, the supervised practice, or clinical services or location; and 3) add romantic relationships to the unprofessional conduct section. The amendments were effective on June 28, 2017.
- The Board amended two sections of regulation to: 1) change the definition of clinical social work services to include psychosocial interventions; and 2) specify an amount of supervision that is required for a person who has not actively practiced and applies to reinstate or reactivate his license. The amendments were effective on February 7, 2018.

Two regulatory actions were in process and were not finalized at the close of the biennium:

- A Notice of Intended Regulatory Action was adopted to amend the requirements for continuing education in section 105 to increase the hours pertaining to ethics or the standards of practice for behavioral health professions from a minimum of two to six hours every two years. The NOIRA was published on August 6, 2018.
- The Board has amended section 70 by a fast-track action to revise the requirement that an applicant who has failed the licensure examination twice must register for supervision and complete another year as a supervisee before approval to retake the examination is granted. The revised regulation will allow an applicant to retake the examination as many times as he wishes within two two-year periods before he has to complete an extra year of supervised practice. The amendment is scheduled to take effect on September 20, 2018.

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Regulatory/Legislative Actions (continued)

Legislative actions affecting the Board:

- Chapter 451 of the 2018 Session of the General Assembly authorizes the Board to license baccalaureate social workers, master's social workers, and clinical social workers, as those terms are defined in the Code, and to register persons proposing to obtain supervised post-degree experience in the practice of social work. The LBSW and the LMSW will replace the LSW; the Board began the process of amending its regulations accordingly.

Challenges & Solutions

The Board adopted an increase in fees and a change from a biennial to an annual renewal, which became effective on 12/30/2015. Having a biennial renewal resulted in the Board consistently operating at a deficit. The goal of annual renewal was to provide financial stability for Board operations. As a result, the Board ended Fiscal Year 2017, with sufficient cash on hand.

Portability, mobility, and workforce issues are the main challenges confronting the profession in Virginia. The Board spent many years discussing and debating these issues as well as the need for mid-level licensure. All of the time and hard work came to fruition when mid-level licensure became a reality. The 2017 Virginia General Assembly passed a law authorizing the Virginia Board of Social Work to license baccalaureate social workers, master's social workers, and clinical social workers. This legislation made no changes to the current scopes of practice of to the current Licensed Clinical Social Worker "LCSW", but divided the current category of "Licensed Social Worker into two license types reflective of the education background: "Licensed Baccalaureate Social Worker (LBSW)" and "Licensed Master's Social Worker (LMSW)". Passage of mid-level licensure was a step forward for portability as it begins to align categories of licensure with other states.

Additional Issues

The Board has issued or revised the following guidance documents:

- **140-2** Impact of Criminal Convictions, Impairment, and Past History on Social Work licensure in Virginia, revised February 2, 2018
- **140-5** Board guidance for process of delegation of informal fact-finding to an agency subordinate, re-adopted June 15, 2018
- **140-7** Virginia Board of Social Work By-Laws, revised June 15, 2018
- **140-9** Content for Training on Supervision for Clinical Social Work, re-affirmed February 2, 2018
- **140-10** Supervised experience for clinical social work licensure, revised February 2, 2018
- **140-11** Disposition of disciplinary cases involving practicing on an expired license, revised June 15, 2018

Veterinary Medicine

EXECUTIVE DIRECTOR

Leslie L. Knachel, M.P.H.

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2017	80%	17%	80%	100%	100%	7,489
Q2 2017	186%	24%	61%	100%	100%	7,565
Q3 2017	102%	26%	76%	100%	100%	7,320
Q4 2017	77%	22%	76%	100%	100%	7,587
Q1 2018	92%	26%	87%	87%	99%	7,703
Q2 2018	78%	23%	62%	100%	100%	7,105
Q3 2018	131%	29%	83%	100%	100%	7,448
Q4 2018	130%	27%	69%	85%	99%	7,793

Innovations & Advancements

The Board of Veterinary Medicine continues to be an active participant in the American Association of Veterinary State Boards (AAVSB). The organization serves to support and enhance the regulatory process for veterinary medicine. It provides services and a wealth of information to its member boards, to include gathering data on national issues such as telepractice, licensure mobility, and the opioid crisis. In 2017, the Board's Executive Director was re-elected to the AAVSB's Board of Directors. The AAVSB is currently reviewing its Practice Act Model to enhance public protection and standardize terminology with the Board's Executive Director serving on the national committee assigned to this task.

The number and complexity of complaint cases received by the Board has increased significantly during the biennium. Due to the increase in cases, the disciplinary process is under review to identify and implement efficiency measures.

During the biennium, the Board appointed ad hoc committees for the following activities:

- Regulatory Advisory Panel (RAP) for Faculty Licensure – Representatives from the Board, Virginia Veterinary Medical Association, and the Virginia-Maryland College of Veterinary Medicine met to discuss licensing requirements for faculty and intern/resident licenses due to 2016 Code of Virginia amendment. The RAP developed regulatory recommendations, which the Board adopted. The regulatory action became final on May 30, 2018, and the Board began licensing faculty and interns/residents employed by the Virginia-Maryland College of Veterinary Medicine following the effective date.
- Regulatory Advisory Panel for Prescribing Opioids – Representatives from the Board, the Virginia Veterinary Medical Association, and the Virginia-Maryland College of Veterinary Medicine met to develop emergency regulatory recommendations for the prescribing of opioids, which were adopted by the Board. The RAP panel met again to review comments and make recommendations to the Board for the final replacement regulations. The Board adopted the recommendations.
- Regulatory Advisory Panel for Telehealth – Representatives from the Board and Virginia Veterinary Medical Association met to discuss regulatory and guidance document recommendations for veterinary telepractice and make recommendations for the Board's consideration at a future meeting.

The Board has continued with its outreach efforts by sending mass emails to its licensees. Notifications sent included the following: updates on regulatory and legislative actions, requirements for prescribing controlled substances containing an opioid, and requirements for reporting to the Prescription Monitoring Program.

Regulatory/Legislative Actions:

Six regulatory actions were finalized:

- In response to a petition for rulemaking, an amendment to section 70 increased the number of continuing education hours required for renewal of a veterinary technician license from six to eight hours per year. The amendment became effective on August 10, 2016.

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Regulatory/Legislative Actions:

Six regulatory actions were finalized (continued):

- In response to a petition for rulemaking, a definition of "specialist" was added, and the grounds for unprofessional conduct amended to include identifying oneself as a specialist without possessing the proper credentials. The amendment became effective on July 27, 2016.
- In response to a petition for rulemaking, the rule that students are not allowed to be engaged in a preceptorship until their final year in veterinary college was amended to allow preceptorships for veterinary students in which they gain practical experience under the direct supervision of a licensed veterinarian. The amendment became effective on July 27, 2016.
- Pursuant to Chapter 82 of the 2016 General Assembly, the Board adopted regulations to allow veterinarians to count up to two hours of the 15 hours required for annual renewal to be satisfied through delivery of veterinary services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. Veterinary technicians were allowed to count up to one hour of the eight required for annual renewal by volunteering. The amendments were effective May 5, 2017.
- Pursuant to a periodic review of regulations, the Board amended regulations to organize requirements for greater clarity, update the descriptions and requirements for veterinary establishments consistent with current practices, and specify rules in accordance with Board interpretation for ease of compliance. Amendments made licensure by endorsement less burdensome, ensured greater accountability and security for prescription drugs in the interest of public safety, and responded to public comment about the need for more informed consent in the performance of surgery and the use of preceptees in a veterinary establishment. The action became effective October 25, 2017.
- In accordance with provisions of Chapter 306 of the 2016 Acts of the Assembly, the Board promulgated regulations for a faculty license and an intern/resident license for persons providing clinical care to animals at the veterinary college at Virginia Tech. The amendments became effective May 30, 2018.

Two regulatory actions were in process but were finalized after the biennium:

- Emergency regulations for veterinarians prescribing of controlled substances containing opioids were promulgated to address the opioid abuse crisis in Virginia. Regulations for the management of acute pain include requirements for the evaluation of the patient, limitations on quantity and dosage, and record-keeping. Regulations provide requirements for prescribing an opioid beyond 14 days for chronic pain and certain chronic conditions, and allow for prescribing of buprenorphine in a dosage, quantity, and formulation appropriate for an animal species and size. Finally, there are requirements for continuation of treatment and for the content of the medical record. The emergency regulations were effective from June 26, 2016 to December 25, 2018 and were finalized after the close of the biennium.
- A fast-track action amended Section 185 to clarify that a veterinary establishment renewal (within 30 days of the expiration of an annual registration) is a late renewal rather than a reinstatement.

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Regulatory/Legislative Actions:

Legislative action affecting the Board:

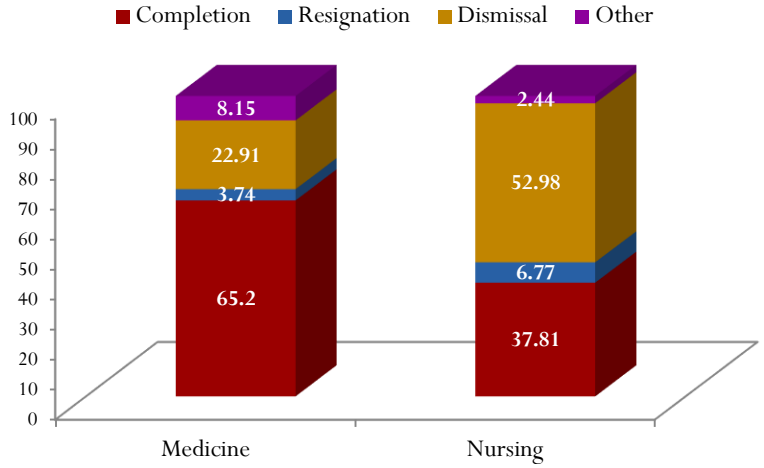
- Chapter 794 of the 2017 General Assembly placed limitations on prescribing buprenorphine but made an exception for prescribing permitted by regulations of the Board of Veterinary Medicine.
- Chapter 100 of the 2018 General Assembly increased the quantity, from a 72-hour supply to a seven-day supply, of a compounded drug that a veterinarian may dispense to the owner of a companion animal for which the veterinarian is providing treatment for an emergent situation.
- Chapter 373 of the 2018 General Assembly established the meaning of a bona fide veterinarian-client-patient relationship and requires that the veterinarian establish a bona fide veterinarian-client-patient relationship for prescribing of controlled substances.
- Chapter 772 of the 2018 General Assembly required veterinarians who dispense controlled substances for a course of treatment to last more than seven days to report certain information about the animal and the owner of the animal to the Prescription Monitoring Program (PMP).

Challenges & Solutions

One of the Board's biggest challenges has been educating licensees on their responsibilities related to possessing and dispensing controlled substances. The Board has worked collaboratively with other agencies and professional associations to provide trainings on the new requirements related to prescribing of opioids and Prescription Monitoring Program reporting.

Health Practitioners' Monitoring Program

Percentage of Outcomes by Board 2017



Primary Diagnosis of Active Participants as of 12/31/2017

Board	Chemical Dependency	Psychiatric Only	Physical Only
Medicine	97	14	1
Nursing	260	24	-
Pharmacy	14	2	-
Dentistry	13	2	-
Other*	14	3	1
Total	**460**	**27**	**2**

INTERVENTION PROGRAM MANAGEER

Peggy Wood

2018 marks the 20th year of the Health Practitioners' Monitoring Program offering an alternative to disciplinary action to all licensees found to be impaired and unsafe to practice their profession. Impairment 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 goal of the program is to return each participant back to practice. Participants provide monthly progress reports on all activities including meeting attendance, therapy sessions, and medical treatment received. 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 practicing participants.

*Combined total of Audiology & Speech Language Pathology, Long-Term Care Administrators, Optometry, Physical Therapy, Psychology, Social Work, Veterinary Medicine

Health Practitioners' Monitoring Program

Opportunities & Innovations

The Department of Health Professions (DHP) has extended the existing Memorandum of Agreement with the Virginia Commonwealth University (VCU) Health System, Department of Psychiatry, Division of Addiction Psychiatry, for an additional five years, effective January 1, 2018. VCU will continue the provision of confidential monitoring services including intake, referrals for assessments and/or treatment, reporting on participant progress to licensing boards, and alcohol and drug toxicology screening.

Significant effort has been dedicated to the customization of an Electronic Monitoring Record (EMR) available via Virginia HPMP's Third-Party Administrator (TPA) for the toxicology screening program that launched in September 2016. The EMR is a HIPAA-compliant platform that stores all monitoring documents, allows participants and treatment providers the ability to submit reporting forms electronically, and provides a secure system for electronic communication and transfer of documents between HPMP staff and participants. The secure portal available to participants allows them access to all of the reports they have submitted as well as daily check-in history and dates, outcome (negative/positive), and costs of toxicology testing. Alerts for HPMP staff are generated in real-time as monthly reports are submitted and when toxicology results are uploaded. These features along with the availability of numerous quality-assurance reports have increased the efficiency and quality of monitoring services provided. The EMR also provides the participant a map and list of collection sites they may utilize that are convenient to their home, treatment provider, or place of employment. Collection sites are also established on an as-needed basis throughout the country to accommodate travel.

To address the increase in the number of participants who have resigned due to reported financial issues in recent years, HPMP continues to expand treatment partnerships with programs and therapists who provide affordable high-quality care. An individualized toxicology screening program for each participant enables HPMP to minimize costs while maintaining quality monitoring standards. There are currently 27 urine, 14 hair, 14 nail, and 3 blood toxicology panels available for participants.

HPMP has established a fund used to defer the costs of treatment for those participants who qualify for financial assistance. This fund is quite small presently and opportunities to solicit donations to be pursued in the future.

Regulatory/Legislative Actions

Two regulatory actions were finalized during the biennium:

- Pursuant to recommendations from the Citizens Advocacy Center in its Audit Report of the Virginia Health Practitioners Monitoring Program, the Director of the Department of Health Professions adopted amendments relating to the organization of the Program Committee and authority of its chairperson, eligibility criteria for the program and for a stayed disciplinary action, and the participation contract. The amendments were effective November 16, 2016.
- The Director of the Department of Health Professions adopted amendments relating to the organization of the Program Committee and the title of the program manager. The amendments were effective February 22, 2017.

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Regulatory/Legislative Actions (continued)

Legislative actions affecting the Program included:

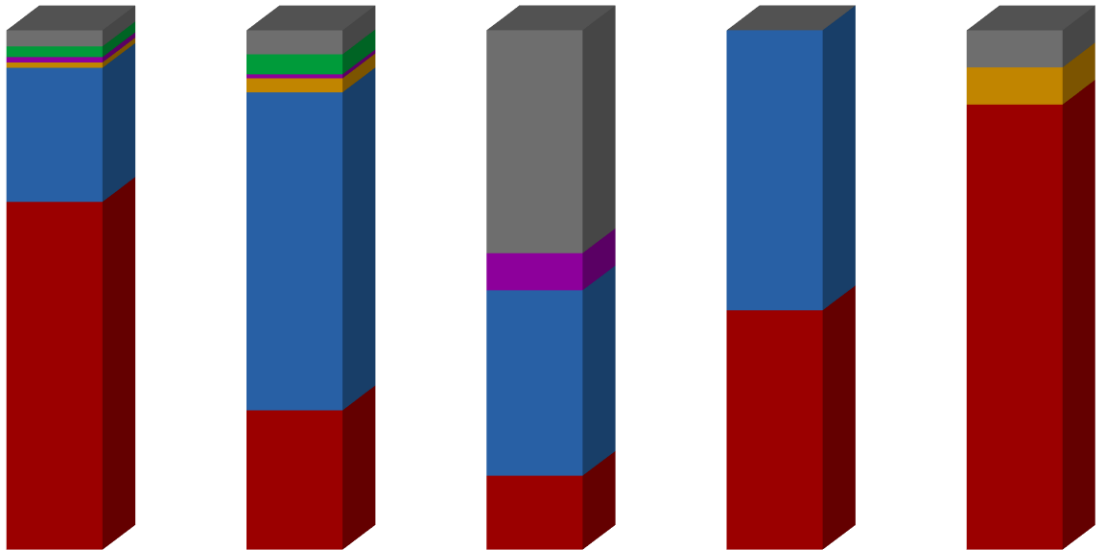
- There were no legislative actions in the 2017 and 2018 Sessions of the General Assembly that directly affected the Program.

Additional Issues

There are not enough treatment facilities in Virginia to meet the growing need for mental health and substance abuse treatment. Most often participants 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 exist under backlogs and reduced funding. Many participants decide they are unable to participate due to the cost of treatment and/or therapy.

Research is underway to establish viable opportunities to increase awareness of the HPMP, in anticipation of encouraging enrollment voluntarily by eligible individuals. In 2017, HPMP received 266 inquires. Intake interviews were completed for 172 of these inquiries, 83 were closed (individuals wanted information only, were not eligible for the program, or did not wish to enter monitoring for a variety of reasons), and 11 remained open at the end of the year. Of the 172 who completed intake, 139 were admitted to the program, 24 decided not to enroll, and 9 were pending as of December 31, 2017.

Drug of Choice for Active Participants as of 12/31/2017



Drug of Choice	Medicine	Nursing	Pharmacy	Dentistry	Other*
Alcohol	67.01	26.92	14.29	46.15	85.71
Opioids	25.77	61.15	35.71	53.85	0
Cocaine	1.03	2.69	0	0	7.14
Benz	1.03	0.77	7.14	0	0
THC	2.06	3.85	0	0	0
Other (Amphet, Sed/Hyp, Stim, Halluc)	3.09	4.61	42.86	0	7.14

*Combined total of Audiology & Speech Language Pathology, Long-Term Care Administrators, Optometry, Physical Therapy, Psychology, Social Work, Veterinary Medicine

Virginia Prescription Monitoring Program

PROGRAM DIRECTOR

Ralph Orr

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 over 33 million requests in 2018, compared to 7.1 million in 2016. From January 1st to June 2018, the PMP processed over 15.3 million requests. Virginia's PMP is now interoperable with 30 states and the District of Columbia. Interoperability allows each state to continue to administer to local needs while providing access to data for PMP users registered in other states. In June 2018, the VA PMP processed 700,000 requests from other state PMPs, and VA PMP users made 400,000 requests to other state PMPs. The PMP is now integrated with 31 EMR and pharmacy software entities, and processed 1.5 million integration requests in June 2018 (and another 1 million from out-of-state integrated entities). Several more Health Systems and pharmacies are currently working toward integration. The Virginia PMP is one of 5 pilot state Prescription Drug Monitoring Programs (PDME) for the National PDMP Enhanced Data Exchange. NPEDE's initial focus is on overdose data from hospitals and first responders to help identify at-risk patients, as well as criminal justice data integrated into specific reports and risk models.

The graphs provided show that requests from other states and integration (PMPi requests) have had a huge impact on the growth in the program.

(continued on the next page)

Regulatory/Legislative Actions

Two regulatory actions were finalized:

- A regulatory action updated the required version for reporting data electronically to the Prescription Monitoring Program (PMP) and include several new data elements in the report that have been identified as useful in tracking information and providing prescriber feedback reports. The amendments were effective on January 25, 2017.
- Amendments were promulgated to comply with a Code change that required dispensers of covered substances to report to the Prescription Monitoring Program within 24 hours or the dispenser's next business day, whichever comes first. The current regulation states reporting is within seven days. The amendments were effective October 4, 2017.

Legislative actions affecting the Program included:

- Chapter 181 of the 2017 General Assembly added any material, compound, mixture, or preparation containing any quantity of gabapentin, including any of its salts, to the list of drugs of concern, which are reportable to the PMP.
- Chapter 600 of the 2017 General Assembly established the Emergency Department Care Coordination Program in the Department of Health to provide a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to facilitate real-time communication and collaboration between physicians, other health care providers, and other clinical and care management personnel for patients receiving services in hospital emergency departments, for the purpose of improving the quality of patient care services. The bill required integration of the Program with the PMP.
- Chapters 249 and 252 of the 2017 General Assembly required a prescriber registered with the Prescription Monitoring Program (the Program) to request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days and exempts the prescriber from this requirement if the opioid is prescribed as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days.
- Chapters 185 and 379 of the 2018 General Assembly added controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program.
- Chapters 239 and 190 of the 2018 General Assembly required the Director of the Department of Health Professions to annually review controlled substance prescribing and dispensing patterns. The bill required the Director to conduct such review in consultation with an advisory panel consisting of representatives from the relevant health regulatory boards, the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services. The bill required the Director to make any necessary changes to the criteria for unusual patterns of prescribing and dispensing and report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year.

(continued on the next page)

Regulatory/Legislative Actions (continued)

Legislative actions affecting the Program included (continued):

- Chapters 102 and 106 of the 2018 General Assembly eliminated the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. The bill has an expiration date of July 1, 2022.
- Chapter 772 of the 2018 General Assembly required veterinarians who dispense controlled substances for a course of treatment to last more than seven days to report certain information about the animal and the owner of the animal to the Prescription Monitoring Program (PMP).

Challenges and Solutions

PMP has a great interest in expanding utilization of program information. Since 2016, PMP has been promoting integration of PMP data into the clinical workflow of healthcare providers. In late 2016, PMP received a grant for a public-private initiative to provide an integrated solution called NarxCare® to a target of 18,000 prescribers and 400 pharmacies in Virginia. NarxCare is an integrated application that provides clinically applicable risk scores for Narcotic, Sedative, and Stimulant use by patients. It also provides a graphic representation of prescriptions dispensed to a patient to allow a user to rapidly recognize patterns that may necessitate closer examination or discussion with the patient. Integration into clinical workflow requires a GATEWAY license for integration as a basic entry-level solution. NarxCare is an additional feature and adds to the cost of integration to the end-user.

In early 2018, the PMP made a decision to implement NarxCare Enterprise to solve important concerns and issues, which included:

- Enabling an authorized user to receive the same PMP information regardless of whether accessing the program via integration or the traditional login method,
- Reducing the cost of integration by end users by purchasing NarxCare Enterprise for the entire Commonwealth of Virginia; and
- Adding additional data from other sources to NarxCare Enterprise enhancing the information provided to users such as overdose reversals.

The implementation of NarxCare resulted in requests through an integrated solution increasing nine-fold by mid-2018 compared to early 2017. The impact of integration is enormous; PMP is on track to process over 33 million requests (compared to 18 million requests in 2017), the great majority of which comes from health systems and pharmacies with an integrated solution.

Challenges and Solutions

The PMP has been able to improve the program through the CDC Prevention for States grant funding administered by the Virginia Department of Health. PMP has added Advanced Analytics, Clinical Alerts, and Prescriber Reports to inform healthcare providers of important information about a patient's prescription history and prescribers' prescribing patterns. Advanced Analytics allows the PMP to look deeply at prescription data to help evaluate effectiveness of policies, inform resource allocation decisions, and assist with law enforcement/regulatory investigations.

(continued on the next page)

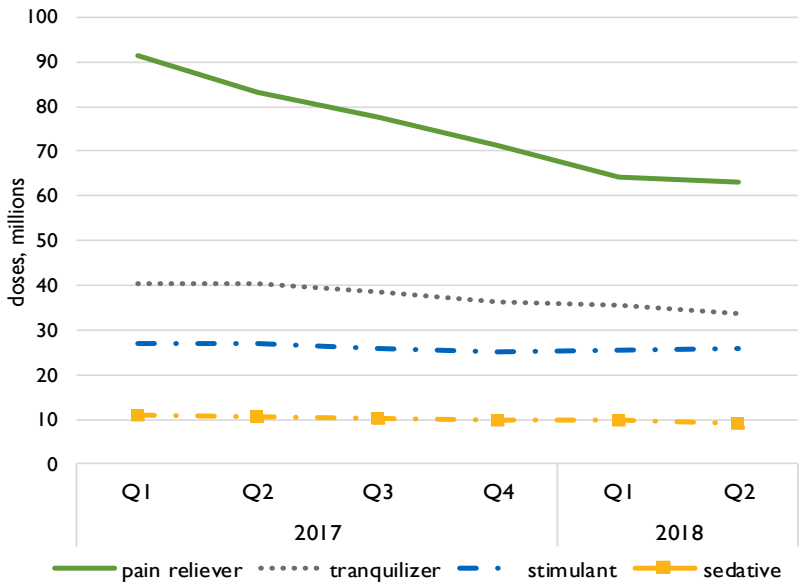
Virginia Prescription Monitoring Program

PMP Requests

Calendar Year	VPDMP Requests	PMP InterConnect Requests from Other States	Integration Requests In-state Only	TOTAL
2012	777,269	82,496		859,765
2013	1,170,591	143,270		1,313,861
2014	1,577,194	293,002		1,870,196
2015	2,254,121	2,606,515		4,860,636
2016	3,038,504	2,439,749	1,670,417	7,148,670
2017	4,410,493	3,471,171	10,509,257	18,390,921
Jan-June 2018	2,532,671	5,077,965	7,696,872	15,307,508

The number of requests received by the VA PMP from January to June 2018 has already doubled from the total number of requests in 2016. It is anticipated that the VA PMP will receive over 33 million requests by the end of the calendar year. The majority of this increase in requests stems from the implementation of NarxCare (and hospitals and health systems implementing integration solutions), but it is also due in part to PMP expanding interoperability to include 30 states and the District of Columbia.

Doses Dispensed by Drug Type



Pain reliever, tranquilizer, and sedative doses decreased each quarter in comparison to the previous. From the first quarter of 2017 through the second quarter of 2017 pain reliever doses declined from 91,492,485 to 63,002,075 which represents a 31.1% decline. In that same time period, tranquilizer doses declined by 16.3% and sedatives declined by 18.0%. Stimulant doses fluctuated some each quarter but averaged just under 26M doses dispensed.

Healthcare Workforce Data Center

EXECUTIVE DIRECTOR

Elizabeth A. Carter, Ph.D.

Innovations & Advancement

The Department of Health Professions Healthcare Workforce Data Center (DHP HWDC) was established in 2008 to improve data collection and measurement of Virginia's healthcare workforce with regular assessments of supply and demand issues.

Since inception, DHP HWDC's efforts have continued to focus on instituting and maintaining standard healthcare workforce research methods that yield comparable, meaningful data across and within multiple professions, across policy-relevant geographic areas, and over time. Twenty-eight professions participate in online surveys as part of the license renewal process (see table on the following page for specific professions, as do RN and LPN nursing education programs. DHP HWDC's surveys also incorporate profession-specific items that will enable the tracking of potential workforce impacts related to scope of practice, practice authority, and Medicaid expansions, and other policy-relevant issues that emerge over time.

DHP HWDC also published a special report in 2018 that breaks out the results of the 2017 Nurse Practitioner survey by specialty areas. Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty accessible at: https://www.dhp.virginia.gov/hwdc/docs/Nursing/NPComparison.pdf. The Board of Nursing requested the report to assist with tracking the potential impact of legislation which expanded Nurse Practitioner practice authority.

DHP HWDC also tracked overall heath workforce demand through statewide and regional labor market analyses published through its Virginia Health Workforce Briefs. Virginia's healthcare and social assistance sector job growth rate was less than previous biennium, but overall earnings grew by nearly 4% in 2017 and over 5% in 2018. The briefs are accessible at https://www.dhp.virginia.gov/hwdc/briefs.htm.

Healthcare Workforce Data Center

Challenges and Issues

During the biennium, DHP HWDC became an increasingly requested resource within the Commonwealth to support grant applications and participate in multiple data sharing and technical assistance efforts to address the opioid crisis, improve federal healthcare shortage designation reporting, and to support selection of new graduate medical education programs, as a few examples. The Center also expanded outreach to students, guidance counselors and career professionals through the *Occupational Roadmap* and a newsletter distributed to a broad array of stakeholders throughout the state.

Additional Issues

DHP HWDC also served as a resource on a national level through presentations for the Council on Licensure, Enforcement and Regulation, (2016, 2018), American Association of Medical College Annual Workforce Research Conferences (2016, 2017, and 2018), and Southern Demographic Society (2017, 2018), and invited participation at the Texas Medical Center Health Workforce Innovations Conference

Professions that Participate in Online Surveys				
Audiologists	Assisted Living Administrators	Certified Nurse Aides	Dentists	Dental Hygienists
Funeral Service Licensees	Licensed Clinical Psychologists	Licensed Clinical Social Workers	Licensed Nurse Practitioners	Licensed Practical Nurses
Licensed Professional Counselors	Nursing Home Administrators	Occupational Therapists	Occupational Therapy Assistants	Optometrists
Pharmacists	Pharmacy Technicians	Physical Therapists	Physical Therapist Assistants	Physician Assistants
Physicians (MDs & DOs)	Radiologic Technologists	Registered Nurses	Respiratory Therapists	Speech Language Pathologists
Veterinarians*	Veterinary Technicians*	* Newly surveyed professions during this biennium.		

Appendix A – Licenses[1]

Board	Occupation	2008	2010	2012	2014	2016	2018	Percent Change 16-18
		ALL LICENSE COUNTS ARE FROM JUNE 30TH OF THE CORRESPONDING YEAR						
Audiology & Speech-Language Pathology	Audiologist	412	434	451	486	507	511	0.79%
	Continuing Education Provider	1	2	1	12	15	15	0.00%
	Provisional Speech-Language Pathologist†	-	-	-	-	-	140	-
	School Speech Pathologist	108	105	110	130	484	435	-10.12%
	Speech Pathologist	2,429	2,705	3,022	3,476	3,796	4,121	8.56%
Audiology & Speech-Language Pathology Total		2,950	3,246	3,584	4,104	4,802	5,222	8.75%
Counseling	Certified Substance Abuse Counselor	1,569	1,719	1,714	1,473	1,734	1,911	10.21%
	Licensed Marriage and Family Therapist	850	852	790	775	870	889	2.18%
	Licensed Professional Counselor	3,064	3,398	3,538	3,700	4,567	5,394	18.11%
	Marriage and Family Therapist Resident	-	-	-	-	131	239	82.44%
	Qualified Mental Health Prof - Adult †	-	-	-	-	-	2,219	-
	Qualified Mental Health Prof - Child †	-	-	-	-	-	1,896	-
	Registered Peer Recovery Specialist †	-	-	-	-	-	85	-
	Registration of Supervision	-	-	-	-	5,438	7,445	36.91%
	Rehabilitation Provider	334	346	334	311	266	237	-10.90%
	Substance Abuse Counseling Assistant	56	83	115	117	192	252	31.25%
	Substance Abuse Trainee †	-	-	-	-	-	1,748	-
	Substance Abuse Treatment Practitioner	188	191	183	169	179	223	24.58%
	Substance Abuse Treatment Resident	-	-	-	-	1	5	400.00%
	Trainee for Qualified Mental Health Prof †	-	-	-	-	-	184	-
Counseling Total		6,061	6,589	6,674	6,545	13,378	22,727	69.88%
Dentistry	Conscious/Moderate Sedation	0	0	0	182	212	227	7.08%
	Cosmetic Procedure Certification	23	25	29	30	36	38	5.56%
	Deep Sedation/General Anesthesia	0	0	0	41	51	51	0.00%
	Dental Assistant II	0	0	0	3	11	22	100.00%

Appendix A – Licenses[1]

Board	Occupation	2008	2010	2012	2014	2016	2018	Percent Change 16-18
		ALL LICENSE COUNTS ARE FROM JUNE 30TH OF THE CORRESPONDING YEAR						
Dentistry	Dental Full Time Faculty	10	8	9	9	16	14	-12.50%
	Dental Hygienist	4,477	4,842	5,021	5,465	5,719	5,894	3.06%
	Dental Hygienist Faculty	1	1	1	0	1	2	100.00%
	Dental Hygienist Restricted Volunteer	0	0	0	1	1	2	100.00%
	Dental Hygienist Temporary Permit	0	12	13	0	0	0	-
	Dental Hygienist Volunteer Registration	-	-	-	-	1	0	-100.00%
	Dental Restricted Volunteer	0	0	0	13	20	19	-5.00%
	Dental Teacher	5	5	3	0	0	0	-
	Dental Temporary Permit	0	0	3	0	0	0	-
	Dentist	5,973	6,207	6,293	6,911	7,147	7,251	1.46%
	Dentist-Volunteer Registration	0	0	0	2	7	3	-57.14%
	Enteral Conscious/Moderate Sedation	0	0	0	157	166	165	-0.60%
	Mobile Dental Facility	0	0	0	9	14	15	7.14%
	Oral/Maxillofacial Surgeon Registration	201	219	236	255	256	256	0.00%
	Sedation Permit Holder Location	-	-	-	-	444	501	12.84%
	Temporary Conscious/Moderate Sedation	0	0	0	15	0	0	-
	Temporary Resident	0	44	54	47	82	81	-1.22%
Dentistry Total		10,690	11,363	11,662	13,140	14,184	14,541	2.52%
Funeral Directors & Embalmers	Branch Establishment	14	14	59	64	67	78	16.42%
	Continuing Education Provider	37	33	26	20	26	19	-26.92%
	Courtesy Card	105	80	67	72	82	104	26.83%
	Crematories	75	88	94	104	108	115	6.48%
	Embalmer	5	5	5	4	2	2	0.00%
	Funeral Director	101	80	60	51	42	35	-16.67%
	Funeral Establishment	497	486	447	439	436	431	-1.15%
	Funeral Service Intern	0	128	158	176	176	191	8.52%

Appendix A – Licenses[1]

Board	Occupation	2008	2010	2012	2014	2016	2018	Percent Change 16-18
		ALL LICENSE COUNTS ARE FROM JUNE 30TH OF THE CORRESPONDING YEAR						
Funeral Directors & Embalmers	Funeral Service Licensee	1,435	1,447	1,403	1,495	1,516	1,517	0.07%
	Surface Transport & Removal Service	48	50	48	46	42	39	-7.14%
Funeral Directors & Embalmers Total		2,317	2,411	2,367	2,471	2,497	2,531	1.36%
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	-	-	-	-	-	3	-
	Administrator-In-Training	-	-	-	-	-	78	-
	ALF-Administrator-In-Training	0	73	80	95	115	96	-16.52%
	Assisted Living Facility Administrator	44	559	593	617	602	628	4.32%
	Assisted Living Facility Preceptor	16	133	161	187	198	202	2.02%
	Nursing Home Administrator	694	769	787	845	864	878	1.62%
	Nursing Home Preceptor	199	221	223	234	227	228	0.44%
Long-Term Care Administrators Total		953	1,825	1,912	2,054	2,087	2,113	1.25%
Medicine	Assistant Behavior Analyst	0	0	0	72	129	147	13.95%
	Athletic Trainer	890	973	1,106	1,264	1,445	1,589	9.97%
	Behavior Analyst	0	0	0	431	706	997	41.22%
	Chiropractor	1,616	1,635	1,559	1,707	1,721	1,729	0.46%
	Genetic Counselor †	-	-	-	-	-	166	-
	Interns & Residents	3,368	3,608	3,708	2,838	4,070	4,095	0.61%
	Licensed Acupuncturist	361	412	427	470	497	529	6.44%
	Licensed Midwife	35	48	64	75	85	84	-1.18%
	Limited Radiologic Technologist	843	778	668	678	627	581	-7.34%
	Medicine & Surgery	31,250	32,707	32,696	35,887	37,115	38,014	2.42%
	Occupational Therapist	2,579	2,779	3,038	3,491	3,822	4,176	9.26%
	Occupational Therapy Assistant	0	743	931	1,123	1,312	1,551	18.22%
	Osteopathy & Surgery	1,492	1,738	2,019	2,570	3,016	3,473	15.15%
	Physician Assistant	1,697	2,020	2,408	2,875	3,291	3,841	16.71%

Appendix A – Licenses[1]

Board	Occupation	2008	2010	2012	2014	2016	2018	Percent Change 16-18
		ALL LICENSE COUNTS ARE FROM JUNE 30TH OF THE CORRESPONDING YEAR						
Medicine	Podiatry	460	475	439	494	521	541	3.84%
	Polysomnographic Technician	-	-	-	-	394	486	23.35%
	Radiologic Technologist	3,077	3,304	3,539	3,856	4,084	4,279	4.77%
	Radiologist Assistant	0	0	9	8	12	12	0.00%
	Respiratory Therapist	3,393	3,553	3,655	3,866	3,846	3,961	2.99%
	Restricted Volunteer – Doctor of	0	45	58	66	19	97	410.53%
	Surgical Assistant	-	-	-	-	237	254	7.17%
	Surgical Technologist	-	-	-	-	421	334	-20.67%
	University Limited License	26	34	31	16	16	23	43.75%
	Volunteer Registration	0	2	1	1	1	0	-100.00%
Medicine Total		51,087	54,854	56,356	61,788	67,447	70,959	5.21%
Nursing	Advanced Certified Nurse Aide	84	96	97	92	70	55	-21.43%
	Authorization to Prescribe	3,185	3,549	4,109	4,930	5,891	7,417	25.90%
	Certified Nurse Aide	43,839	48,963	55,063	52,860	54,266	53,054	-2.23%
	Clinical Nurse Specialist	437	444	438	427	438	425	-2.97%
	Licensed Massage Therapist**	4,941	5,556	6,215	7,104	7,978	8,727	9.39%
	Licensed Nurse Practitioner	5,514	6,053	6,825	7,813	8,860	10,563	19.22%
	Licensed Practical Nurse	28,933	30,264	30,877	30,884	29,763	29,076	-2.31%
	Medication Aide	390	4,020	4,901	5,570	6,009	6,525	8.59%
	Medication Aide Training Program	-	-	-	-	248	284	14.52%
	Registered Nurse	87,152	92,853	97,444	103,186	104,873	108,808	3.75%
	V.A. Nurse Aide Education Programs	-	-	-	-	141	166	17.73%
	V.A. Practical School of Nursing	-	-	-	-	59	60	1.69%
	V.A. Professional School of Nursing	-	-	-	-	80	77	-3.75%
Nursing Total		174,475	191,798	205,969	212,866	218,676	225,237	3.00%

Appendix A – Licenses[1]

Board	Occupation	2008	2010	2012	2014	2016	2018	Percent Change 16-18
		ALL LICENSE COUNTS ARE FROM JUNE 30TH OF THE CORRESPONDING YEAR						
Optometry[2]	Optometrist	237	204	163	143	124	103	-16.94%
	Optometrist – Volunteer Registration	0	0	0	0	0	0	-
	Professional Designation	211	217	230	251	256	256	0.00%
	TPA Certified Optometrist	1,234	1,322	1,434	1,512	1,534	1,551	1.11%
Optometry Total		1,682	1,743	1,827	1,906	1,914	1,910	-0.21%
Pharmacy	Business CSR	639	650	835	998	1,125	1,352	20.18%
	CE Courses	0	0	3	18	9	10	11.11%
	Humane Society	37	0	0	0	0	0	-
	Limited Use Pharmacy Technician	31	37	31	24	20	16	-20.00%
	Medical Equipment Supplier	405	437	578	597	618	231	-62.62%
	Non-resident Manufacturer †	-	-	-	-	-	124	-
	Non-resident Medical Equipment †	-	-	-	-	-	320	-
	Non-resident Outsourcing Facility	-	-	-	-	10	33	230.00%
	Non-resident Pharmacy	540	379	469	524	690	769	11.45%
	Non-resident Wholesale Distributor	603	627	739	779	759	660	-13.04%
	Non-restricted Manufacturer	21	17	22	24	31	28	-9.68%
	Outsourcing Facility	-	-	-	-	1	0	-100.00%
	Permitted Physician	13	11	10	5	3	1	-66.67%
	Pharmaceutical Processor Permit†	-	-	-	-	-	1	-
	Pharmacist	9,627	10,770	11,193	12,661	13,813	14,714	6.52%
	Pharmacist – Volunteer Registration	0	1	1	2	0	1	-
	Pharmacy	1,647	1,701	1,754	1,796	1,854	1,822	-1.73%
	Pharmacy Intern	1,498	1,668	1,797	2,092	2,058	1,865	-9.38%
	Pharmacy Technician	9,423	11,290	12,413	13,610	13,719	13,772	0.39%
	Pharmacy Technician Training Program	0	0	86	103	120	142	18.33%

Appendix A – Licenses[1]

Board	Occupation	2008	2010	2012	2014	2016	2018	Percent Change 16-18
		ALL LICENSE COUNTS ARE FROM JUNE 30TH OF THE CORRESPONDING YEAR						
Pharmacy	Physician Selling Controlled Substances	242	322	500	664	666	707	6.16%
	Physician Selling Drugs Location	0	0	0	255	222	156	-29.73%
	Pilot Programs	0	0	0	6	18	10	-44.44%
	Repackaging Training Program	0	0	0	1	0	2	-
	Restricted Manufacturer	74	68	77	75	69	55	-20.29%
	Third Party Logistics Provider †	-	-	-	-	-	5	-
	Warehouser	40	44	46	42	47	86	82.98%
	Wholesale Distributor	122	116	112	122	120	79	-34.17%
Pharmacy Total		24,962	28,138	30,666	34,392	35,972	36,961	2.75%
Physical Therapy	Direct Access Certification	125	419	650	918	567	1,205	112.52%
	Physical Therapist	5,170	5,781	6,117	7,141	7,957	8,608	8.18%
	Physical Therapist Assistant	1,979	2,229	2,411	2,842	3,178	3,525	10.92%
Physical Therapy Total		7,274	8,429	9,178	10,901	11,702	13,338	13.98%
Psychology	Applied Psychologist	42	40	34	26	32	32	0.00%
	Clinical Psychologist	2,434	2,609	2,644	2,831	3,281	3,617	10.24%
	Resident In Training	-	-	-	-	743	890	19.78%
	School Psychologist	119	112	101	92	102	105	2.94%
	School Psychologist – Limited	195	240	308	310	520	606	16.54%
	Sex Offender Treatment Provider	371	398	426	365	425	440	3.53%
Psychology Total		3,161	3,399	3,513	3,624	5,103	5,690	11.50%
Social Work	Associate Social Worker	2	2	2	1	1	1	0.00%
	Licensed Clinical Social Worker	4,837	5,139	5,233	5,814	6,358	6,985	9.86%
	Licensed Social Worker	351	367	393	518	686	795	15.89%
	Licensed Social Worker Supervision †	-	-	-	-	-	4	-

Appendix A – Licenses[1]

Board	Occupation	2008	2010	2012	2014	2016	2018	Percent Change 16-18
		ALL LICENSE COUNTS ARE FROM JUNE 30TH OF THE CORRESPONDING YEAR						
Social Work	Registered Social Worker*	38	27	21	17	12	11	-8.33%
	Registration of Supervision	-	-	-	-	1,710	1,873	9.53%
Social Work Total		5,228	5,535	5,649	6,350	8,767	9,669	10.29%
Veterinary Medicine	Equine Dental Technician	0	21	24	23	23	24	4.35%
	Veterinarian	3,401	3,610	3,530	4,038	4,217	4,368	3.58%
	Veterinary Clinics ***	921	948	1,005	1,048	1,104	1,134	2.72%
	Veterinary Faculty†	-	-	-	-	-	6	-
	Veterinary Intern/Resident†	-	-	-	-	-	23	-
	Veterinary Technician	1,216	1,397	1,579	1,788	2,032	2,238	10.14%
Veterinary Medicine Total		5,538	5,976	6,138	6,897	7,376	7,793	5.65%
Agency Total		**296,338**	**325,454**	**345,616**	**367,475**	**393,905**	**418,691**	**6.29%**

[1] All licenses that were valid and current on June 30 of the fiscal year.

* This is no longer a valid category for initial licensure.

** Starting in 2016/2017, Massage Therapists are licensed, not certified

*** In 2018, Veterinary Establishments/Clinics were re-classified as Stationary or Ambulatory, instead of Restricted or Full Service. All licenses are being re-classified to fit this new regulatory distinction. As a result, they are currently not being divided by type.

† This license is newly counted/regulated

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees[1]		Cases* Received[2]		Cases* Investigated[3]		Cases* Referred to Board[4]		Cases* Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Audiology & Speech-Language Pathology	Audiologist	502	511	5	3	1	0	5	3	9.96	5.87
	Continuing Education Provider	15	15	0	0	0	0	0	0	0.00	0.00
	Provisional Speech-Language Pathologist†	-	140	0	0	0	0	0	0	-	0.00
	School Speech Pathologist	478	435	5	0	8	0	5	1	10.46	0.00
	Speech Pathologist	3,973	4,121	20	14	0	13	21	20	5.03	3.40
Audiology & Speech-Language Pathology Total		4,968	5,222	30	17	9	13	31	24	6.04	3.26
Counseling	Certified Substance Abuse Counselor	1,784	1,911	13	16	10	18	22	20	7.29	8.37
	Licensed Marriage and Family Therapist	885	889	21	15	23	14	39	20	23.73	16.87
	Licensed Professional Counselor	4,932	5,394	81	91	76	77	144	107	16.42	16.87
	Marriage and Family Therapist Resident	148	239	1	5	1	5	3	6	6.76	20.92
	Qualified Mental Health Prof - Adult †	-	2,219	-	3	-	2	-	0	-	1.35
	Qualified Mental Health Prof - Child †	-	1,896	-	4	-	4	-	0	-	2.11
	Registered Peer Recovery Specialist †	-	85	-	1	-	0	-	0	-	11.76
	Registration of Supervision	5,831	7,445	24	25	28	29	42	49	4.12	3.36
	Rehabilitation Provider	252	237	1	0	1	1	2	1	3.97	0.00
	Substance Abuse Counseling Assistant	218	252	1	1	1	1	1	3	4.59	3.97
	Substance Abuse Trainee †	1,563	1,748	0	5	0	4	1	4	0.00	2.86
	Substance Abuse Treatment Practitioner	177	223	2	3	3	4	4	7	11.30	13.45
	Substance Abuse Treatment Resident	1	5	0	0	0	0	1	0	0.00	0.00
	Trainee for Qualified Mental Health Prof †	-	184	-	0	-	0	-	0	-	0.00
Counseling Total		15,791	22,727	144	169	143	159	259	217	9.12	7.44
Dentistry	Conscious/Moderate Sedation	224	227	12	11	16	13	13	17	53.57	48.46
	Cosmetic Procedure Certification	36	38	0	2	0	2	3	1	0.00	52.63
	Deep Sedation/General Anesthesia	50	51	3	3	3	5	4	4	60.00	58.82
	Dental Assistant II	16	22	0	0	2	0	3	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	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Dentistry	Dental Full Time Faculty	13	14	0	1	0	1	0	0	0.00	71.43
	Dental Hygienist	5,789	5,894	12	8	22	10	46	13	2.07	1.36
	Dental Hygienist Faculty	2	2	0	0	0	0	0	0	0.00	0.00
	Dental Hygienist Restricted Volunteer	1	2	0	0	0	0	0	0	0.00	0.00
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	-	-
	Dental Hygienist Volunteer Registration	1	0	0	0	0	0	0	0	0.00	-
	Dental Restricted Volunteer	18	19	0	0	0	0	0	0	0.00	0.00
	Dental Teacher	0	0	0	0	0	0	0	0	-	-
	Dental Temporary Permit	0	0	0	0	0	0	0	0	-	-
	Dentist	7,170	7,251	361	393	396	425	483	468	50.35	54.20
	Dentist-Volunteer Registration	9	3	0	0	0	0	0	0	0.00	0.00
	Enteral Conscious/Moderate Sedation	169	165	19	7	21	12	20	16	112.43	42.42
	Mobile Dental Facility	15	15	0	1	0	1	0	1	0.00	66.67
	Oral/Maxillofacial Surgeon Registration	258	256	14	15	14	19	18	21	54.26	58.59
	Sedation Permit Holder Location	478	501	0	0	0	0	0	0	0.00	0.00
	Temporary Conscious/Moderate Sedation	0	0	0	0	0	0	0	0	-	-
	Temporary Resident	86	81	0	0	0	0	0	0	0.00	0.00
Dentistry Total		14,335	14,541	421	441	474	488	590	541	29.37	30.33
Funeral Directors & Embalmers	Branch Establishment	76	78	2	0	2	2	0	2	26.32	0.00
	Continuing Education Provider	23	19	0	0	0	0	0	0	0.00	0.00
	Courtesy Card	88	104	0	1	0	1	0	0	0.00	9.62
	Crematories	112	115	2	0	2	0	5	1	17.86	0.00
	Embalmer	2	2	0	0	0	0	0	0	0.00	0.00
	Funeral Director	39	35	2	1	3	2	2	4	51.28	28.57
	Funeral Establishment	430	431	10	15	13	12	13	20	23.26	34.80
	Funeral Service Intern	184	191	2	3	1	1	4	3	10.87	15.71

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	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Funeral Directors & Embalmers	Funeral Service Licensee	1,515	1,517	37	32	57	46	51	45	24.42	21.09
	Surface Transport & Removal Service	43	39	1	0	3	2	2	2	23.26	0.00
Funeral Directors & Embalmers Total		2,512	2,531	56	52	81	66	77	77	22.29	20.55
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	3	3	0	0	0	0	0	0	0.00	0.00
	Administrator-In-Training	74	78	2	0	2	0	3	0	27.03	0.00
	ALF-Administrator-In-Training	105	96	2	1	2	1	4	2	19.05	10.42
	Assisted Living Facility Administrator	592	628	24	29	38	34	40	47	40.54	46.18
	Assisted Living Facility Preceptor	197	202	3	5	4	7	6	10	15.23	24.75
	Nursing Home Administrator	875	878	40	43	52	50	57	65	45.71	48.97
	Nursing Home Preceptor	218	228	3	3	4	3	4	6	13.76	13.16
Long-Term Care Administrators Total		2,064	2,113	74	81	102	95	114	130	35.85	38.33
Medicine	Assistant Behavior Analyst	140	147	2	2	2	5	1	4	14.29	13.61
	Athletic Trainer	1,550	1,589	10	8	9	6	14	9	6.45	5.03
	Behavior Analyst	879	997	4	8	4	11	4	11	4.55	8.02
	Chiropractor	1,729	1,729	61	50	67	57	78	63	35.28	28.92
	Genetic Counselor †	-	166	-	0	-	0	-	0	-	0.00
	Interns & Residents	4,137	4,095	14	26	16	28	0	24	3.38	6.35
	Licensed Acupuncturist	513	529	2	7	3	6	4	6	3.90	13.23
	Licensed Midwife	85	84	4	7	5	10	4	5	47.06	83.33
	Limited Radiologic Technologist	638	581	4	1	1	1	5	1	6.27	1.72
	Medicine & Surgery	37,357	38,014	1,285	1,592	1,461	1,631	1,606	1,716	34.40	41.88
	Occupational Therapist	3,963	4,176	12	8	13	10	15	12	3.03	1.92
	Occupational Therapy Assistant	1,444	1,551	5	5	3	7	13	10	3.46	3.22
	Osteopathy & Surgery	3,214	3,473	98	118	113	134	117	154	30.49	33.98
	Physician Assistant	3,582	3,841	66	101	62	96	79	102	18.43	26.30

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	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Medicine	Podiatry	527	541	25	36	29	39	35	41	47.44	66.54
	Polysomnographic Technician	473	486	9	9	2	0	12	10	19.03	18.52
	Radiologic Technologist	4,292	4,279	14	17	9	13	18	24	3.26	3.97
	Radiologist Assistant	10	12	0	0	0	0	0	0	0.00	0.00
	Respiratory Therapist	3,937	3,961	8	17	10	24	15	27	2.03	4.29
	Restricted Volunteer – Doctor of	90	97	0	0	0	0	0	0	0.00	0.00
	Surgical Assistant	262	254	0	2	0	1	0	2	0.00	7.87
	Surgical Technologist	366	334	0	0	0	0	0	0	0.00	0.00
	University Limited License	18	23	1	0	1	0	1	0	55.56	0.00
	Volunteer Registration	0	0	0	0	0	0	0	0	-	-
Medicine Total		69,206	70,959	1,624	2,014	1,810	2,079	2,021	2,221	23.47	28.38
Nursing	Advanced Certified Nurse Aide	4	55	1	0	0	0	1	1	250.00	0.00
	Authorization to Prescribe	6,748	7,417	69	123	92	122	115	133	10.23	16.58
	Certified Nurse Aide	52,920	53,054	676	547	612	467	5	732	12.77	10.31
	Clinical Nurse Specialist	441	425	3	2	2	2	81	1	6.80	4.71
	Licensed Massage Therapist**	8,370	8,727	48	53	59	49	222	84	5.73	6.07
	Licensed Nurse Practitioner	9,765	10,563	151	221	138	170	720	261	15.46	20.92
	Licensed Practical Nurse	29,274	29,076	578	471	533	417	161	654	19.74	16.20
	Medication Aide	6,176	6,525	113	138	120	152	7	159	18.30	21.15
	Medication Aide Training Program	266	284	3	2	5	2	914	2	11.28	7.04
	Registered Nurse	106,774	108,808	937	910	869	849	1,183	1,203	8.78	8.36
	V.A. Nurse Aide Education Programs	141	166	3	3	1	3	4	3	21.28	18.07
	V.A. Practical School of Nursing	60	60	11	8	7	8	13	9	183.33	133.33
	V.A. Professional School of Nursing	78	77	17	8	4	5	15	12	217.95	103.90
Nursing Total		221,017	225,237	2,610	2,486	2,442	2,246	3,441	3,254	11.81	11.04

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	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Optometry[2]	Optometrist	116	103	3	1	2	1	5	5	25.86	9.71
	Optometrist – Volunteer Registration	0	0	0	0	0	0	0	0	-	-
	Professional Designation	265	256	0	0	0	0	0	0	0.00	0.00
	TPA Certified Optometrist	1,537	1,551	36	41	26	40	56	59	23.42	26.43
Optometry Total		1,918	1,910	39	42	28	41	61	64	20.33	21.99
Pharmacy	Business CSR	1,158	1,352	3	2	2	1	3	3	2.59	1.48
	CE Courses	9	10	0	0	0	0	0	0	0.00	0.00
	Humane Society	0	0	0	0	0	0	0	0	-	-
	Limited Use Pharmacy Technician	17	16	0	0	0	0	0	0	0.00	0.00
	Medical Equipment Supplier	261	231	0	3	1	2	1	2	0.00	12.99
	Non-resident Manufacturer †	-	124	-	0	-	0	-	0	-	0.00
	Non-resident Medical Equipment †	320	320	0	2	0	4	0	4	0.00	6.25
	Non-resident Outsourcing Facility	22	33	0	6	0	6	0	1	0.00	181.82
	Non-resident Pharmacy	713	769	0	14	8	13	14	17	0.00	18.21
	Non-resident Wholesale Distributor	744	660	36	2	0	2	1	2	48.39	3.03
	Non-restricted Manufacturer	30	28	0	0	0	0	0	0	0.00	0.00
	Outsourcing Facility	0	0	0	0	0	0	0	0	-	-
	Permitted Physician	1	1	0	0	0	0	0	0	0.00	0.00
	Pharmaceutical Processor Permit†	-	0	-	0	-	0	-	0	-	-
	Pharmacist	14,257	14,714	139	144	149	157	205	187	9.75	9.79
	Pharmacist – Volunteer Registration	0	1	0	0	0	0	0	0	-	0.00
	Pharmacy	1,849	1,822	336	418	63	112	359	437	181.72	229.42
	Pharmacy Intern	1,929	1,865	1	1	0	0	1	1	0.52	0.54
	Pharmacy Technician	13,912	13,772	146	104	64	42	189	132	10.49	7.55
	Pharmacy Technician Training Program	137	142	0	1	0	1	1	2	0.00	7.04

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	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Pharmacy	Physician Selling Controlled Substances	673	707	1	5	1	4	5	4	1.49	7.07
	Physician Selling Drugs Location	167	156	2	1	2	2	2	3	11.98	6.41
	Pilot Programs	9	10	15	8	15	11	18	6	1,666.67	800.00
	Repackaging Training Program	2	2	0	0	0	0	0	0	0.00	0.00
	Restricted Manufacturer	66	55	0	0	0	0	0	0	0.00	0.00
	Third Party Logistics Provider †	-	5	-	0	-	0	-	0	-	0.00
	Warehouser	45	86	0	0	0	0	0	0	0.00	0.00
	Wholesale Distributor	113	79	0	0	0	0	0	0	0.00	0.00
Pharmacy Total		36,434	36,960	679	711	305	357	799	801	18.64	19.24
Physical Therapy	Direct Access Certification	1,164	1,205	2	2	2	1	2	3	1.72	1.66
	Physical Therapist	7,705	8,608	33	24	34	26	45	44	4.28	2.79
	Physical Therapist Assistant	3,206	3,525	13	12	9	15	18	19	4.05	3.40
Physical Therapy Total		12,075	13,338	48	38	45	42	65	66	3.98	2.85
Psychology	Applied Psychologist	33	32	0	0	0	0	0	0	0.00	0.00
	Clinical Psychologist	3,452	3,617	78	81	63	76	115	95	22.60	22.39
	Resident In Training	761	890	1	5	1	6	0	4	1.31	5.62
	School Psychologist	105	105	2	3	2	3	6	3	19.05	28.57
	School Psychologist – Limited	552	606	1	2	3	0	3	2	1.81	3.30
	Sex Offender Treatment Provider	432	440	10	9	9	5	22	14	23.15	20.45
Psychology Total		5,335	5,690	92	100	78	90	146	118	17.24	17.57
Social Work	Associate Social Worker	1	1	0	0	0	0	0	0	0.00	0.00
	Licensed Clinical Social Worker	6,817	6,985	75	81	76	72	173	95	11.00	11.60
	Licensed Social Worker	852	795	5	4	3	4	4	5	5.87	5.03
	Licensed Social Worker Supervision †	7	4	0	0	0	0	0	0	0.00	0.00

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees[1]		Cases Received[2]		Cases Investigated[3]		Cases Reviewed by Board[4]		Cases Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Social Work	Registered Social Worker*	12	11	0	0	0	0	0	0	0.00	0.00
	Registration of Supervision	1,868	1,873	8	14	7	12	14	15	4.28	7.47
Social Work Total		9,557	9,669	88	99	86	88	191	115	9.21	10.24
Veterinary Medicine	Equine Dental Technician	24	24	0	0	0	0	0	0	0.00	0.00
	Veterinarian	4,311	4,368	191	173	191	203	276	253	44.31	39.61
	Veterinary Clinics ***	1,115	1,134	52	29	42	26	89	63	46.64	25.57
	Veterinary Faculty†	-	6	-	0	-	0	-	0	-	0.00
	Veterinary Intern/Resident†	-	23	-	0	-	0	-	0	-	0.00
	Veterinary Technician	2,134	2,238	25	9	11	9	32	19	11.72	4.02
Veterinary Medicine Total		7,584	7,793	268	211	244	238	397	335	35.34	27.08
Agency Total		**402,796**	**418,690**	**6,173**	**6,461**	**5,847**	**6,002**	**8,192**	**7,963**	**15.33**	**15.43**

1 All licenses that were valid and current on June 30 of the fiscal year.

2 All allegations assigned a case number

3 Cases that were investigated during the designated fiscal year. A case may be counted in both fiscal years.

4 Cases that were reviewed by the Board during the designated fiscal year to determine whether further action is necessary. A case may be counted in both fiscal years.

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

* This is no longer a valid category for initial licensure.

** Starting in 2016/2017, Massage Therapists are licensed, not certified

*** In 2018, Veterinary Establishments/Clinics were re-classified as Stationary or Ambulatory, instead of Restricted or Full Service. All licenses are being re-classified to fit this new regulatory distinction. As a result, they are currently not being divided by type.

† This license is newly counted/regulated

Appendix C – Violations

Board	Occupation	Total Licensees[1]		No Violation[2]		Violation[3]		Total Findings[4]		Violations Per 1000 Licensees[5]	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Audiology & Speech-Language Pathology	Audiologist	502	511	0	1	3	2	3	3	6	4
	Continuing Education Provider	15	15	0	0	0	0	0	0	0	0
	Provisional Speech-Language Pathologist†	-	140	-	0	-	0	-	0	-	0
	School Speech Pathologist	478	435	1	0	1	1	2	1	2	2
	Speech Pathologist	3,973	4,121	2	3	8	8	10	11	2	2
Audiology & Speech-Language Pathology Total		4,968	5,222	3	4	12	11	15	15	2.42	2.11
Counseling	Certified Substance Abuse Counselor	1,784	1,911	10	6	3	2	13	8	2	1
	Licensed Marriage and Family Therapist	885	889	17	6	2	2	19	8	2	2
	Licensed Professional Counselor	4,932	5,394	63	41	8	7	71	48	2	1
	Marriage and Family Therapist Resident	148	239	1	1	0	0	1	1	0	0
	Qualified Mental Health Prof - Adult †	-	2,219	-	0	-	0	-	0	-	0
	Qualified Mental Health Prof - Child †	-	1,896	-	0	-	0	-	0	-	0
	Registered Peer Recovery Specialist †	-	85	-	0	-	0	-	0	-	0
	Registration of Supervision	5,831	7,445	13	12	0	2	13	14	0	0
	Rehabilitation Provider	252	237	2	1	0	0	2	1	0	0
	Substance Abuse Counseling Assistant	218	252	0	1	0	1	0	2	0	4
	Substance Abuse Trainee †	1,563	1,748	1	1	0	0	1	1	0	0
	Substance Abuse Treatment Practitioner	177	223	1	0	0	0	1	0	0	0
	Substance Abuse Treatment Resident	1	5	0	0	0	0	0	0	0	0
	Trainee for Qualified Mental Health Prof †	-	184	-	0	-	0	-	0	-	0
Counseling Total		15,791	22,727	108	69	13	14	121	83	0.82	0.62
Dentistry	Conscious/Moderate Sedation	224	227	3	10	1	0	4	10	4	0
	Cosmetic Procedure Certification	36	38	3	1	0	0	3	1	0	0
	Deep Sedation/General Anesthesia	50	51	0	2	1	0	1	2	20	0
	Dental Assistant II	16	22	0	0	0	0	0	0	0	0

Appendix C – Violations

Board	Occupation	Total Licensees[1]		No Violation[2]		Violation[3]		Total Findings[4]		Violations Per 1000 Licensees[5]	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Dentistry	Dental Full Time Faculty	13	14	0	0	0	0	0	0	0	0
	Dental Hygienist	5,789	5,894	8	4	10	4	18	8	2	1
	Dental Hygienist Faculty	2	2	0	0	0	0	0	0	0	0
	Dental Hygienist Restricted Volunteer	1	2	0	0	0	0	0	0	0	0
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	-	-
	Dental Hygienist Volunteer Registration	1	0	0	0	0	0	0	0	0	-
	Dental Restricted Volunteer	18	19	0	0	0	0	0	0	0	0
	Dental Teacher	0	0	0	0	0	0	0	0	-	-
	Dental Temporary Permit	0	0	0	0	0	0	0	0	-	-
	Dentist	7,170	7,251	182	264	71	58	253	322	10	8
	Dentist-Volunteer Registration	9	3	0	0	0	0	0	0	0	0
	Enteral Conscious/Moderate Sedation	169	165	0	0	0	0	0	0	0	0
	Mobile Dental Facility	15	15	0	1	0	0	0	1	0	0
	Oral/Maxillofacial Surgeon Registration	258	256	0	0	0	0	0	0	0	0
	Sedation Permit Holder Location	478	501	0	0	0	0	0	0	0	0
	Temporary Conscious/Moderate Sedation	0	0	0	0	0	0	0	0	-	-
	Temporary Resident	86	81	0	0	0	0	0	0	0	0
Dentistry Total		14,335	14,541	196	282	83	62	279	344	5.79	4.26
Funeral Directors & Embalmers	Branch Establishment	76	78	0	0	0	2	0	2	0	26
	Continuing Education Provider	23	19	0	0	0	0	0	0	0	0
	Courtesy Card	88	104	0	0	0	0	0	0	0	0
	Crematories	112	115	4	0	0	0	4	0	0	0
	Embalmer	2	2	0	0	0	0	0	0	0	0
	Funeral Director	39	35	0	1	0	1	0	2	0	29
	Funeral Establishment	430	431	5	9	0	4	5	13	0	9
	Funeral Service Intern	184	191	0	1	1	0	1	1	5	0

Appendix C – Violations

Board	Occupation	Total Licensees[1]		No Violation[2]		Violation[3]		Total Findings[4]		Violations Per 1000 Licensees[5]	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Funeral Directors & Embalmers	Funeral Service Licensee	1,515	1,517	23	13	9	9	32	22	6	6
	Surface Transport & Removal Service	43	39	0	0	0	2	0	2	0	51
Funeral Directors & Embalmers Total		2,512	2,531	32	24	10	18	42	42	3.98	7.11
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	3	3	0	0	0	0	0	0	0	0
	Administrator-In-Training	74	78	1	0	0	0	1	0	0	0
	ALF-Administrator-In-Training	105	96	0	0	1	0	1	0	10	0
	Assisted Living Facility Administrator	592	628	5	4	10	7	15	11	17	11
	Assisted Living Facility Preceptor	197	202	0	1	0	0	0	1	0	0
	Nursing Home Administrator	875	878	18	17	6	4	24	21	7	5
	Nursing Home Preceptor	218	228	0	0	0	0	0	0	0	0
Long-Term Care Administrators Total		2,064	2,113	24	22	17	11	41	33	8.24	5.21
Medicine	Assistant Behavior Analyst	140	147	0	0	0	1	0	1	0	7
	Athletic Trainer	1,550	1,589	3	1	5	3	8	4	3	2
	Behavior Analyst	879	997	1	4	0	1	1	5	0	1
	Chiropractor	1,729	1,729	15	17	8	6	23	23	5	3
	Genetic Counselor †	-	166	-	0	-	0	-	0	-	0
	Interns & Residents	4,137	4,095	4	7	2	1	6	8	0	0
	Licensed Acupuncturist	513	529	0	1	1	2	1	3	2	4
	Licensed Midwife	85	84	1	2	3	0	4	2	35	0
	Limited Radiologic Technologist	638	581	1	1	1	1	2	2	2	2
	Medicine & Surgery	37,357	38,014	559	473	108	81	667	554	3	2
	Occupational Therapist	3,963	4,176	0	0	1	5	1	5	0	1
	Occupational Therapy Assistant	1,444	1,551	2	1	4	1	6	2	3	1
	Osteopathy & Surgery	3,214	3,473	29	28	12	12	41	40	4	3
	Physician Assistant	3,582	3,841	22	26	6	12	28	38	2	3

Appendix C – Violations

Board	Occupation	Total Licensees[1]		No Violation[2]		Violation[3]		Total Findings[4]		Violations Per 1000 Licensees[5]	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Medicine	Podiatry	527	541	11	18	3	1	14	19	6	2
	Polysomnographic Technician	473	486	1	0	8	9	9	9	17	19
	Radiologic Technologist	4,292	4,279	1	0	6	7	7	7	1	2
	Radiologist Assistant	10	12	0	0	0	0	0	0	0	0
	Respiratory Therapist	3,937	3,961	1	2	3	5	4	7	1	1
	Restricted Volunteer – Doctor of	90	97	0	0	0	0	0	0	0	0
	Surgical Assistant	262	254	0	0	0	0	0	0	0	0
	Surgical Technologist	366	334	0	0	0	0	0	0	0	0
	University Limited License	18	23	1	0	0	0	1	0	0	0
	Volunteer Registration	0	0	0	0	0	0	0	0	-	-
Medicine Total		69,206	70,959	652	581	171	148	823	729	2.47	2.09
Nursing	Advanced Certified Nurse Aide	4	55	0	0	0	0	0	0	0	0
	Authorization to Prescribe	6,748	7,417	61	63	12	10	73	73	2	1
	Certified Nurse Aide	52,920	53,054	210	244	141	159	351	403	3	3
	Clinical Nurse Specialist	441	425	4	0	1	0	5	0	2	0
	Licensed Massage Therapist**	8,370	8,727	7	11	23	14	30	25	3	2
	Licensed Nurse Practitioner	9,765	10,563	61	51	9	11	70	62	1	1
	Licensed Practical Nurse	29,274	29,076	156	172	185	155	341	327	6	5
	Medication Aide	6,176	6,525	23	36	29	30	52	66	5	5
	Medication Aide Training Program	266	284	2	0	0	5	2	5	0	18
	Registered Nurse	106,774	108,808	265	271	302	259	567	530	3	2
	V.A. Nurse Aide Education Programs	141	166	2	3	0	1	2	4	0	6
	V.A. Practical School of Nursing	60	60	7	8	3	1	10	9	50	17
	V.A. Professional School of Nursing	78	77	8	11	0	3	8	14	0	39
Nursing Total		221,017	225,237	806	870	705	648	1,511	1,518	3.19	2.88

Appendix C – Violations

Board	Occupation	Total Licensees[1]		No Violation[2]		Violation[3]		Total Findings[4]		Violations Per 1000 Licensees[5]	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Optometry	Optometrist	116	103	1	0	0	4	1	4	0	39
	Optometrist – Volunteer Registration	0	0	0	0	0	0	0	0	-	-
	Professional Designation	265	256	0	0	0	0	0	0	0	0
	TPA Certified Optometrist	1,537	1,551	22	20	4	18	26	38	3	12
Optometry Total		1,918	1,910	23	20	4	22	27	42	2.09	11.52
Pharmacy	Business CSR	1,158	1,352	0	1	1	1	1	2	1	1
	CE Courses	9	10	0	0	0	0	0	0	0	0
	Humane Society	0	0	0	0	0	0	0	0	-	-
	Limited Use Pharmacy Technician	17	16	0	0	0	0	0	0	0	0
	Medical Equipment Supplier	261	231	0	2	0	0	0	2	0	0
	Non-resident Manufacturer †	-	124	-	0	-	0	-	0	-	0
	Non-resident Medical Equipment †	320	320	0	0	0	2	0	2	0	6
	Non-resident Outsourcing Facility	22	33	0	0	0	0	0	0	0	0
	Non-resident Pharmacy	713	769	2	5	4	4	6	9	6	5
	Non-resident Wholesale Distributor	744	660	0	0	0	0	0	0	0	0
	Non-restricted Manufacturer	30	28	0	0	0	0	0	0	0	0
	Outsourcing Facility	0	0	0	0	0	0	0	0	-	-
	Permitted Physician	1	1	0	0	0	0	0	0	0	0
	Pharmaceutical Processor Permit†	-	0	-	0	-	0	-	0	-	-
	Pharmacist	14,257	14,714	65	55	65	53	130	108	5	4
	Pharmacist – Volunteer Registration	0	1	0	0	0	0	0	0	-	0
	Pharmacy	1,849	1,822	42	61	270	327	312	388	146	179
	Pharmacy Intern	1,929	1,865	0	0	0	0	0	0	0	0
	Pharmacy Technician	13,912	13,772	23	14	81	85	104	99	6	6
	Pharmacy Technician Training Program	137	142	0	0	0	1	0	1	0	7

Appendix C – Violations

Board	Occupation	Total Licensees[1]		No Violation[2]		Violation[3]		Total Findings[4]		Violations Per 1000 Licensees[5]	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Pharmacy	Physician Selling Controlled Substances	673	707	1	0	0	1	1	1	0	1
	Physician Selling Drugs Location	167	156	1	0	0	0	1	0	0	0
	Pilot Programs	9	10	0	0	0	0	0	0	0	0
	Repackaging Training Program	2	2	0	0	0	0	0	0	0	0
	Restricted Manufacturer	66	55	0	0	0	0	0	0	0	0
	Third Party Logistics Provider †	-	5	-	0	-	0	-	0	-	0
	Warehouser	45	86	0	0	0	0	0	0	0	0
	Wholesale Distributor	113	79	0	0	0	0	0	0	0	0
Pharmacy Total		36,434	36,960	134	138	421	474	555	612	11.56	12.82
Physical Therapy	Direct Access Certification	1,164	1,205	0	0	0	1	0	1	0	1
	Physical Therapist	7,705	8,608	12	10	3	3	15	13	0	0
	Physical Therapist Assistant	3,206	3,525	1	2	5	5	6	7	2	1
Physical Therapy Total		12,075	13,338	13	12	8	9	21	21	0.66	0.67
Psychology	Applied Psychologist	33	32	0	0	0	0	0	0	0	0
	Clinical Psychologist	3,452	3,617	58	48	7	2	65	50	2	1
	Resident In Training	761	890	0	0	0	0	0	0	0	0
	School Psychologist	105	105	2	0	0	0	2	0	0	0
	School Psychologist – Limited	552	606	3	2	0	0	3	2	0	0
	Sex Offender Treatment Provider	432	440	10	5	0	2	10	7	0	5
Psychology Total		5,335	5,690	73	55	7	4	80	59	1.31	0.70
Social Work	Associate Social Worker	1	1	0	0	0	0	0	0	0	0
	Licensed Clinical Social Worker	6,817	6,985	110	41	7	7	117	48	1	1
	Licensed Social Worker	852	795	3	2	0	0	3	2	0	0
	Licensed Social Worker Supervision †	7	4	0	0	0	0	0	0	0	0

Appendix C – Violations

Board	Occupation	Total Licensees[1]		No Violation[2]		Violation[3]		Total Findings[4]		Violations Per 1000 Licensees[5]	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Social Work	Registered Social Worker*	12	11	0	0	0	0	0	0	0	0
	Registration of Supervision	1,868	1,873	9	3	0	0	9	3	0	0
Social Work Total		9,557	9,669	122	46	7	7	129	53	0.73	0.72
Veterinary Medicine	Equine Dental Technician	24	24	0	0	1	0	1	0	42	0
	Veterinarian	4,311	4,368	107	112	50	61	157	173	12	14
	Veterinary Clinics ***	1,115	1,134	17	16	16	15	33	31	14	13
	Veterinary Faculty†	-	6	-	0	-	0	-	0	-	0
	Veterinary Intern/Resident†	-	23	-	0	-	0	-	0	-	0
	Veterinary Technician	2,134	2,238	1	4	13	10	14	14	6	4
Veterinary Medicine Total		7,584	7,793	125	132	80	86	205	218	10.55	11.04
Agency Total		**402,796**	**418,690**	**2,311**	**2,255**	**1,538**	**1,514**	**3,849**	**3,769**	**3.82**	**3.62**

[1] The number of licenses reflects all current licenses on June 30 of the fiscal year.

[2] Cases in which allegations were not substantiated

[3] Cases in which allegations were substantiated

[4] All cases with final dispositions of *No Violation* and *Violation*.

[5] Shows the ratio of violations per 1,000 licensees of the respective board and occupations

* This is no longer a valid category for initial licensure.

** Starting in 2016/2017, Massage Therapists are licensed, not certified

*** In 2018, Veterinary Establishments/Clinics were re-classified as Stationary or Ambulatory, instead of Restricted or Full Service. All licenses are being re-classified to fit this new regulatory distinction. As a result, they are currently not being divided by type.

† This license is newly counted/regulated

Appendix D – Sanctions ◊

Board	Occupation	Total Licensees[1]		Sanctions[2]		Sanctions Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Audiology & Speech-Language Pathology	Audiologist	502	511	0	0	0	0
	Continuing Education Provider	15	15	0	0	0	0
	Provisional Speech-Language Pathologist†	-	140	-	0	-	0
	School Speech Pathologist	478	435	4	3	8	7
	Speech Pathologist	3,973	4,121	12	19	3	5
Audiology & Speech-Language Pathology Total		4,968	5,222	16	22	3	4
Counseling	Certified Substance Abuse Counselor	1,784	1,911	9	4	5	2
	Licensed Marriage and Family Therapist	885	889	7	12	8	13
	Licensed Professional Counselor	4,932	5,394	51	43	10	8
	Marriage and Family Therapist Resident	148	239	0	0	0	0
	Qualified Mental Health Prof - Adult †	-	2,219	-	0	-	0
	Qualified Mental Health Prof - Child †	-	1,896	-	0	-	0
	Registered Peer Recovery Specialist †	-	85	-	0	-	0
	Registration of Supervision	5,831	7,445	0	16	0	2
	Rehabilitation Provider	252	237	0	0	0	0
	Substance Abuse Counseling Assistant	218	252	0	4	0	16
	Substance Abuse Trainee †	1,563	1,748	0	0	0	0
	Substance Abuse Treatment Practitioner	177	223	0	0	0	0
	Substance Abuse Treatment Resident	1	5	0	0	0	0
	Trainee for Qualified Mental Health Prof †	-	184	-	0	-	0
Counseling Total		15,791	22,727	67	79	4	3
Dentistry	Conscious/Moderate Sedation	224	227	7	0	31	0
	Cosmetic Procedure Certification	36	38	0	0	0	0
	Deep Sedation/General Anesthesia	50	51	12	0	240	0
	Dental Assistant II	16	22	0	0	0	0

Appendix D – Sanctions ◊

Board	Occupation	Total Licensees[1]		Sanctions[2]		Sanctions Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Dentistry	Dental Full Time Faculty	13	14	0	0	0	0
	Dental Hygienist	5,789	5,894	15	20	3	3
	Dental Hygienist Faculty	2	2	0	0	0	0
	Dental Hygienist Restricted Volunteer	1	2	0	0	0	0
	Dental Hygienist Temporary Permit	0	0	0	0	-	-
	Dental Hygienist Volunteer Registration	1	0	0	0	0	-
	Dental Restricted Volunteer	18	19	0	0	0	0
	Dental Teacher	0	0	0	0	-	-
	Dental Temporary Permit	0	0	0	0	-	-
	Dentist	7,170	7,251	329	327	46	45
	Dentist-Volunteer Registration	9	3	0	0	0	0
	Enteral Conscious/Moderate Sedation	169	165	31	9	183	55
	Mobile Dental Facility	15	15	0	0	0	0
	Oral/Maxillofacial Surgeon Registration	258	256	4	8	16	31
	Sedation Permit Holder Location	478	501	0	0	0	0
	Temporary Conscious/Moderate Sedation	0	0	0	0	-	-
	Temporary Resident	86	81	0	0	0	0
Dentistry Total		14,335	14,541	398	364	28	25
Funeral Directors & Embalmers	Branch Establishment	76	78	0	4	0	51
	Continuing Education Provider	23	19	0	0	0	0
	Courtesy Card	88	104	0	0	0	0
	Crematories	112	115	0	2	0	17
	Embalmer	2	2	0	0	0	0
	Funeral Director	39	35	0	2	0	57
	Funeral Establishment	430	431	3	9	7	21
	Funeral Service Intern	184	191	2	0	11	0

Appendix D – Sanctions ◊

Board	Occupation	Total Licensees[1]		Sanctions[2]		Sanctions Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Funeral Directors & Embalmers	Funeral Service Licensee	1,515	1,517	32	22	21	15
	Surface Transport & Removal Service	43	39	0	5	0	128
Funeral Directors & Embalmers Total		2,512	2,531	37	44	15	17
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	3	3	0	0	0	0
	Administrator-In-Training	74	78	0	0	0	0
	ALF-Administrator-In-Training	105	96	2	0	19	0
	Assisted Living Facility Administrator	592	628	71	50	120	80
	Assisted Living Facility Preceptor	197	202	14	8	71	40
	Nursing Home Administrator	875	878	36	10	41	11
	Nursing Home Preceptor	218	228	0	0	0	0
Long-Term Care Administrators Total		2,064	2,113	123	68	60	32
Medicine	Assistant Behavior Analyst	140	147	0	2	0	14
	Athletic Trainer	1,550	1,589	17	10	11	6
	Behavior Analyst	879	997	0	3	0	3
	Chiropractor	1,729	1,729	30	30	17	17
	Genetic Counselor †	-	166	-	0	-	0
	Interns & Residents	4,137	4,095	4	2	1	0
	Licensed Acupuncturist	513	529	0	7	0	13
	Licensed Midwife	85	84	22	0	259	0
	Limited Radiologic Technologist	638	581	4	4	6	7
	Medicine & Surgery	37,357	38,014	502	339	13	9
	Occupational Therapist	3,963	4,176	2	17	1	4
	Occupational Therapy Assistant	1,444	1,551	20	2	14	1
	Osteopathy & Surgery	3,214	3,473	56	42	17	12
	Physician Assistant	3,582	3,841	13	41	4	11

Appendix D – Sanctions ◊

Board	Occupation	Total Licensees[1]		Sanctions[2]		Sanctions Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Medicine	Podiatry	527	541	34	6	65	11
	Polysomnographic Technician	473	486	32	36	68	74
	Radiologic Technologist	4,292	4,279	26	30	6	7
	Radiologist Assistant	10	12	0	0	0	0
	Respiratory Therapist	3,937	3,961	22	22	6	6
	Restricted Volunteer – Doctor of	90	97	0	0	0	0
	Surgical Assistant	262	254	0	0	0	0
	Surgical Technologist	366	334	0	0	0	0
	University Limited License	18	23	0	0	0	0
	Volunteer Registration	0	0	0	0	-	-
Medicine Total		69,206	70,959	784	593	11	8
Nursing	Advanced Certified Nurse Aide	4	55	0	0	0	0
	Authorization to Prescribe	6,748	7,417	94	43	14	6
	Certified Nurse Aide	52,920	53,054	587	704	11	13
	Clinical Nurse Specialist	441	425	10	0	23	0
	Licensed Massage Therapist**	8,370	8,727	89	58	11	7
	Licensed Nurse Practitioner	9,765	10,563	127	80	13	8
	Licensed Practical Nurse	29,274	29,076	969	779	33	27
	Medication Aide	6,176	6,525	130	106	21	16
	Medication Aide Training Program	266	284	0	10	0	35
	Registered Nurse	106,774	108,808	1,725	1,403	16	13
	V.A. Nurse Aide Education Programs	141	166	0	1	0	6
	V.A. Practical School of Nursing	60	60	3	1	50	17
	V.A. Professional School of Nursing	78	77	0	3	0	39
Nursing Total		221,017	225,237	3,734	3,188	17	14

Appendix D – Sanctions ◊

Board	Occupation	Total Licensees[1]		Sanctions[2]		Sanctions Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Optometry	Optometrist	116	103	0	17	0	165
	Optometrist – Volunteer Registration	0	0	0	0	-	-
	Professional Designation	265	256	0	0	0	0
	TPA Certified Optometrist	1,537	1,551	7	111	5	72
Optometry Total		1,918	1,910	7	128	4	67
Pharmacy	Business CSR	1,158	1,352	3	4	3	3
	CE Courses	9	10	0	0	0	0
	Humane Society	0	0	0	0	-	-
	Limited Use Pharmacy Technician	17	16	0	0	0	0
	Medical Equipment Supplier	261	231	0	0	0	0
	Non-resident Manufacturer †	-	124	-	0	-	0
	Non-resident Medical Equipment †	320	320	0	6	0	19
	Non-resident Outsourcing Facility	22	33	0	0	0	0
	Non-resident Pharmacy	713	769	11	10	15	13
	Non-resident Wholesale Distributor	744	660	0	0	0	0
	Non-restricted Manufacturer	30	28	0	0	0	0
	Outsourcing Facility	0	0	0	0	-	-
	Permitted Physician	1	1	0	0	0	0
	Pharmaceutical Processor Permit†	-	0	-	0	-	-
	Pharmacist	14,257	14,714	231	182	16	12
	Pharmacist – Volunteer Registration	0	1	0	0	-	0
	Pharmacy	1,849	1,822	1,575	1,890	852	1,037
	Pharmacy Intern	1,929	1,865	0	0	0	0
	Pharmacy Technician	13,912	13,772	439	412	32	30
	Pharmacy Technician Training Program	137	142	0	1	0	7

Appendix D – Sanctions ◊

Board	Occupation	Total Licensees[1]		Sanctions[2]		Sanctions Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Pharmacy	Physician Selling Controlled Substances	673	707	0	2	0	3
	Physician Selling Drugs Location	167	156	0	0	0	0
	Pilot Programs	9	10	0	0	0	0
	Repackaging Training Program	2	2	0	0	0	0
	Restricted Manufacturer	66	55	0	0	0	0
	Third Party Logistics Provider †	-	5	-	0	-	0
	Warehouser	45	86	0	0	0	0
	Wholesale Distributor	113	79	0	0	0	0
Pharmacy Total		36,434	36,960	2,259	2,507	62	68
Physical Therapy	Direct Access Certification	1,164	1,205	0	2	0	2
	Physical Therapist	7,705	8,608	19	28	2	3
	Physical Therapist Assistant	3,206	3,525	40	16	12	5
Physical Therapy Total		12,075	13,338	59	46	5	3
Psychology	Applied Psychologist	33	32	0	0	0	0
	Clinical Psychologist	3,452	3,617	38	4	11	1
	Resident In Training	761	890	6	0	8	0
	School Psychologist	105	105	0	0	0	0
	School Psychologist – Limited	552	606	0	0	0	0
	Sex Offender Treatment Provider	432	440	0	16	0	36
Psychology Total		5,335	5,690	44	20	8	4
Social Work	Associate Social Worker	1	1	0	0	0	0
	Licensed Clinical Social Worker	6,817	6,985	20	38	3	5
	Licensed Social Worker	852	795	0	0	0	0
	Licensed Social Worker Supervision †	7	4	0	0	0	0

Appendix D – Sanctions ◊

Board	Occupation	Total Licensees[1]		Sanctions[2]		Sanctions Per 1000 Licensees	
		FY2017	FY2018	FY2017	FY2018	FY2017	FY2018
Social Work	Registered Social Worker*	12	11	0	0	0	0
	Registration of Supervision	1,868	1,873	0	0	0	0
Social Work Total		9,557	9,669	20	38	2	4
Veterinary Medicine	Equine Dental Technician	24	24	6	0	250	0
	Veterinarian	4,311	4,368	64	68	15	16
	Veterinary Clinics ***	1,115	1,134	16	10	14	9
	Veterinary Faculty†	-	6	-	0	-	0
	Veterinary Intern/Resident†	-	23	-	0	-	0
	Veterinary Technician	2,134	2,238	13	15	6	7
Veterinary Medicine Total		7,584	7,793	99	93	13	12
Agency Total		**402,796**	**418,690**	**7,647**	**7,190**	**19**	**17**

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

1 All licenses that were valid and current on June 30 of the fiscal year.

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 for initial licensure.

** Starting in 2016/2017, Massage Therapists are licensed, not certified

*** In 2018, Veterinary Establishments/Clinics were re-classified as Stationary or Ambulatory, instead of Restricted or Full Service. All licenses are being re-classified to fit this new regulatory distinction. As a result, they are currently not being divided by type.

† This license is newly counted/regulated

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Audiology & Speech Language Pathology	Inability to Safely Practice	1	0	1	0	2	0
	Abuse/Abandonment/Neglect	1	0	1	0	2	0
	Std of Care, Diagnosis/Treatment	2	0	3	1	5	1
	Unlicensed Activity	1	0	4	1	5	1
	Criminal Activity	0	0	1	0	1	0
	Business Practice Issues	0	0	2	1	2	1
	Compliance	5	5	0	0	5	5
	Confidentiality Breach	0	0	2	1	2	1
	Continuing Competency Req Not Met	11	3	11	8	22	11
Audiology & Speech Language Pathology Total		21	8	25	12	46	20
Counseling	Inability to Safely Practice	11	0	15	4	26	4
	Abuse/Abandonment/Neglect	10	4	5	0	15	4
	Std of Care, Diagnosis/Treatment	83	0	40	8	123	8
	Std of Care, Exceeding Scope	12	4	4	0	16	4
	Inappropriate Relationship	36	18	29	17	65	35
	Unlicensed Activity	17	0	11	0	28	0
	Fraud, Patient Care	9	0	1	0	10	0
	Criminal Activity	2	0	4	0	6	0
	Fraud, Non-Patient Care	20	0	15	4	35	4
	Business Practice Issues	56	5	47	5	103	10
	Compliance	5	4	0	0	5	4
	Confidentiality Breach	22	0	16	9	38	9
	Continuing Competency Req Not Met	5	2	1	1	6	3
	Records Release	19	0	2	0	21	0
	No Jurisdiction	2	0	0	0	2	0
Counseling Total		309	37	190	48	499	85

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Dentistry	Inability to Safely Practice	38	22	19	12	57	34
	Drug Related, Patient Care	14	11	9	4	23	15
	Abuse/Abandonment/Neglect	21	12	12	2	33	14
	Std of Care, Surgery	41	30	13	3	54	33
	Std of Care, Diagnosis/Treatment	274	101	342	108	616	209
	Std of Care, Medication/Prescription	8	6	9	3	17	9
	Std of Care, Malpractice Reports	22	5	23	10	45	15
	Std of Care, Exceeding Scope	9	5	6	3	15	8
	Inappropriate Relationship	2	2	2	1	4	3
	Unlicensed Activity	25	9	26	3	51	12
	Fraud, Patient Care	15	8	13	6	28	14
	Action by Another Board, Patient Care	0	0	3	2	3	2
	Criminal Activity	2	1	5	4	7	5
	Drug Related, Non-Patient Care	2	0	2	0	4	0
	Fraud, Non-Patient Care	32	4	68	18	100	22
	Business Practice Issues	203	7	165	19	368	26
	Drug Related, Security	3	0	2	0	5	0
	Compliance	10	8	11	5	21	13
	Misappropriation of Property, NPC	1	0	0	0	1	0
	Confidentiality Breach	5	4	10	1	15	5
	Continuing Competency Req Not Met	5	5	1	0	6	5
	Records Release	20	4	22	13	42	17
	Action by Another Board, NPC	0	0	2	1	2	1
	Reinstatement	5	5	6	6	11	11
	No Jurisdiction	1	0	1	0	2	0
Dentistry Total		758	249	772	224	1530	473

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Funeral Directors & Embalmers	Inability to Safely Practice	3	3	4	3	7	6
	Abuse/Abandonment/Neglect	7	7	1	1	8	8
	Std of Care, Exceeding Scope	1	0	1	0	2	0
	Std of Care, Other	0	0	1	1	1	1
	Unlicensed Activity	15	8	23	12	38	20
	Fraud, Patient Care	0	0	2	0	2	0
	Criminal Activity	1	0	3	3	4	3
	Fraud, Non-Patient Care	19	7	9	0	28	7
	Business Practice Issues	54	16	60	22	114	38
	Compliance	2	0	5	3	7	3
	Reinstatement	0	0	1	1	1	1
Funeral Directors & Embalmers Total		102	41	110	46	212	87
Long Term Care Administrators	Inability to Safely Practice	5	2	0	0	5	2
	Drug Related, Patient Care	1	0	0	0	1	0
	Abuse/Abandonment/Neglect	52	28	40	11	92	39
	Std of Care, Diagnosis/Treatment	22	10	21	3	43	13
	Std of Care, Medication/Prescription	6	4	3	2	9	6
	Std of Care, Exceeding Scope	1	1	2	0	3	1
	Inappropriate Relationship	0	0	1	0	1	0
	Unlicensed Activity	9	7	10	4	19	11
	Misappropriation of Patient Property	1	0	5	4	6	4
	Criminal Activity	1	1	1	1	2	2
	Drug Related, Non-Patient Care	1	0	0	0	1	0
	Fraud, Non-Patient Care	1	0	1	0	2	0
	Business Practice Issues	48	26	48	13	96	39
	Compliance	0	0	6	6	6	6

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Long Term Care Administrators	Confidentiality Breach	0	0	1	0	1	0
	Continuing Competency Req Not Met	3	3	2	2	5	5
	Reinstatement	1	1	1	0	2	1
Long Term Care Administrators Total		152	83	142	46	294	129
Medicine	Inability to Safely Practice	99	47	105	43	204	90
	Drug Related, Patient Care	134	71	160	59	294	130
	Abuse/Abandonment/Neglect	94	26	89	9	183	35
	Std of Care, Surgery	158	4	145	5	303	9
	Std of Care, Diagnosis/Treatment	792	62	888	27	1680	89
	Std of Care, Medication/Prescription	221	52	285	14	506	66
	Std of Care, Malpractice Reports	116	9	147	12	263	21
	Std of Care, Exceeding Scope	15	5	15	3	30	8
	Std of Care, Other	8	1	3	1	11	2
	Inappropriate Relationship	43	19	37	12	80	31
	Unlicensed Activity	99	51	109	48	208	99
	Misappropriation of Patient Property	0	0	3	3	3	3
	Fraud, Patient Care	68	15	66	8	134	23
	Action by Another Board, Patient Care	59	41	39	31	98	72
	Criminal Activity	33	12	44	9	77	21
	HPMP	5	2	10	5	15	7
	Drug Related, Non-Patient Care	2	1	3	0	5	1
	Fraud, Non-Patient Care	65	12	86	1	151	13
	Business Practice Issues	359	9	445	18	804	27
	Drug Related, Security	2	0	0	0	2	0
	Compliance	10	5	14	7	24	12
	Misappropriation of Property, NPC	0	0	1	0	1	0

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Medicine	Confidentiality Breach	40	0	53	4	93	4
	Continuing Competency Req Not Met	3	3	3	0	6	3
	Records Release	64	10	48	6	112	16
	Action by Another Board, NPC	17	7	17	11	34	18
	Reinstatement	27	25	22	19	49	44
	No Jurisdiction	3	0	2	0	5	0
Medicine Total		2536	489	2839	355	5375	844
Nursing	Inability to Safely Practice	746	413	615	261	1361	674
	Drug Related, Patient Care	652	357	469	256	1121	613
	Abuse/Abandonment/Neglect	863	246	822	336	1685	582
	Std of Care, Surgery	3	0	1	1	4	1
	Std of Care, Diagnosis/Treatment	351	79	361	98	712	177
	Std of Care, Medication/Prescription	220	59	233	85	453	144
	Std of Care, Malpractice Reports	23	4	9	2	32	6
	Std of Care, Exceeding Scope	133	75	100	58	233	133
	Std of Care, Other	2	1	2	2	4	3
	Inappropriate Relationship	73	32	76	49	149	81
	Unlicensed Activity	103	37	90	29	193	66
	Misappropriation of Patient Property	240	145	246	141	486	286
	Fraud, Patient Care	330	199	248	143	578	342
	Action by Another Board, Patient Care	113	76	115	78	228	154
	Criminal Activity	255	139	189	89	444	228
	HPMP	97	94	68	61	165	155
	Drug Related, Non-Patient Care	15	2	22	10	37	12
	Fraud, Non-Patient Care	164	107	97	46	261	153
	Business Practice Issues	283	16	367	42	650	58
	Drug Related, Security	37	9	27	13	64	22

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Nursing	Compliance	178	159	107	89	285	248
	Misappropriation of Property, NPC	17	8	14	5	31	13
	Confidentiality Breach	68	18	62	19	130	37
	Continuing Competency Req Not Met	4	4	2	1	6	5
	Dishonored Check	2	2	0	0	2	2
	Records Release	5	0	4	0	9	0
	Action by Another Board, NPC	31	15	20	10	51	25
	Reinstatement	134	128	167	155	301	283
	No Jurisdiction	4	0	6	0	10	0
Nursing Total		5146	2424	4539	2079	9685	4503
Optometry	Inability to Safely Practice	1	0	4	3	5	3
	Abuse/Abandonment/Neglect	0	0	5	4	5	4
	Std of Care, Diagnosis/Treatment	11	3	37	31	48	34
	Std of Care, Malpractice Reports	0	0	3	3	3	3
	Std of Care, Exceeding Scope	1	0	0	0	1	0
	Unlicensed Activity	0	0	3	1	3	1
	Fraud, Patient Care	2	2	17	15	19	17
	Criminal Activity	1	0	0	0	1	0
	HPMP	1	0	0	0	1	0
	Fraud, Non-Patient Care	1	0	16	13	17	13
	Business Practice Issues	14	0	22	6	36	6
	Compliance	0	0	3	2	3	2
	Continuing Competency Req Not Met	2	0	7	4	9	4
	Records Release	1	0	2	1	3	1
Optometry Total		35	5	119	83	154	88
Pharmacy	Inability to Safely Practice	31	6	47	27	78	33
	Drug Related, Patient Care	77	37	68	28	145	65

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Pharmacy	Abuse/Abandonment/Neglect	3	0	3	0	6	0
	Std of Care, Diagnosis/Treatment	0	0	2	0	2	0
	Std of Care, Medication/Prescription	117	24	101	29	218	53
	Std of Care, Malpractice Reports	2	1	1	0	3	1
	Std of Care, Exceeding Scope	3	0	0	0	3	0
	Inappropriate Relationship	1	0	0	0	1	0
	Unlicensed Activity	32	2	20	4	52	6
	Misappropriation of Patient Property	1	1	1	0	2	1
	Fraud, Patient Care	11	7	11	5	22	12
	Action by Another Board, Patient Care	7	6	9	7	16	13
	Criminal Activity	31	13	10	0	41	13
	HPMP	0	0	2	1	2	1
	Drug Related, Non-Patient Care	52	25	55	32	107	57
	Fraud, Non-Patient Care	12	4	7	2	19	6
	Business Practice Issues	901	788	1040	944	1941	1732
	Drug Related, Security	21	9	30	13	51	22
	Compliance	5	0	18	12	23	12
	Misappropriation of Property, NPC	3	2	1	0	4	2
	Confidentiality Breach	15	5	8	3	23	8
	Continuing Competency Req Not Met	239	224	174	174	413	398
	Records Release	1	0	0	0	1	0
	Action by Another Board, NPC	6	5	10	9	16	14
	Reinstatement	10	10	2	2	12	12
Pharmacy Total		1581	1169	1620	1292	3201	2461
Physical Therapy	Inability to Safely Practice	11	8	2	2	13	10
	Drug Related, Patient Care	2	2	0	0	2	2

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Physical Therapy	Abuse/Abandonment/Neglect	11	3	2	0	13	3
	Std of Care, Diagnosis/Treatment	11	6	10	0	21	6
	Std of Care, Malpractice Reports	0	0	2	0	2	0
	Std of Care, Exceeding Scope	3	2	0	0	3	2
	Unlicensed Activity	3	2	0	0	3	2
	Misappropriation of Patient Property	0	0	3	3	3	3
	Fraud, Patient Care	10	9	10	7	20	16
	Action by Another Board, Patient Care	0	0	2	1	2	1
	HPMP	0	0	2	2	2	2
	Fraud, Non-Patient Care	6	4	7	7	13	11
	Business Practice Issues	8	0	10	3	18	3
	Continuing Competency Req Not Met	0	0	8	2	8	2
	Records Release	1	0	2	0	3	0
	Action by Another Board, NPC	0	0	2	2	2	2
Physical Therapy Total		66	36	62	29	128	65
Psychology	Inability to Safely Practice	5	0	10	8	15	8
	Abuse/Abandonment/Neglect	14	6	6	0	20	6
	Std of Care, Diagnosis/Treatment	66	0	33	0	99	0
	Std of Care, Malpractice Reports	1	0	0	0	1	0
	Std of Care, Exceeding Scope	2	0	1	0	3	0
	Inappropriate Relationship	16	9	3	0	19	9
	Unlicensed Activity	11	5	14	1	25	6
	Fraud, Patient Care	22	3	8	0	30	3
	Action by Another Board, Patient Care	1	0	0	0	1	0
	Criminal Activity	0	0	2	1	2	1
	Fraud, Non-Patient Care	6	0	8	0	14	0
	Business Practice Issues	18	4	15	0	33	4

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Psychology	Compliance	1	1	0	0	1	1
	Confidentiality Breach	10	0	8	0	18	0
	Continuing Competency Req Not Met	2	0	0	0	2	0
	Records Release	10	0	5	0	15	0
	Reinstatement	0	0	1	0	1	0
	No Jurisdiction	5	0	0	0	5	0
Psychology Total		190	28	114	10	304	38
Social Work	Inability to Safely Practice	20	3	10	4	30	7
	Drug Related, Patient Care	1	1	0	0	1	1
	Abuse/Abandonment/Neglect	15	0	3	2	18	2
	Std of Care, Diagnosis/Treatment	72	0	20	3	92	3
	Std of Care, Medication/Prescription	0	0	2	0	2	0
	Std of Care, Exceeding Scope	2	0	0	0	2	0
	Std of Care, Other	1	0	0	0	1	0
	Inappropriate Relationship	17	3	10	5	27	8
	Unlicensed Activity	12	2	6	5	18	7
	Misappropriation of Patient Property	2	0	0	0	2	0
	Fraud, Patient Care	13	0	5	0	18	0
	Criminal Activity	2	0	0	0	2	0
	Fraud, Non-Patient Care	12	0	5	3	17	3
	Business Practice Issues	36	0	20	0	56	0
	Confidentiality Breach	18	1	6	0	24	1
	Continuing Competency Req Not Met	0	0	1	0	1	0
	Records Release	16	1	3	0	19	1
	Action by Another Board, NPC	0	0	1	0	1	0
Social Work Total		239	11	92	22	331	33

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Veterinary Medicine	Inability to Safely Practice	4	0	4	2	8	2
	Drug Related, Patient Care	2	0	5	1	7	1
	Abuse/Abandonment/Neglect	21	4	4	1	25	5
	Std of Care, Surgery	13	7	15	3	28	10
	Std of Care, Diagnosis/Treatment	112	20	100	15	212	35
	Std of Care, Medication/Prescription	9	3	7	0	16	3
	Std of Care, Exceeding Scope	3	3	0	0	3	3
	Unlicensed Activity	34	14	30	7	64	21
	Fraud, Patient Care	5	0	7	1	12	1
	Action by Another Board, Patient Care	1	0	1	1	2	1
	Criminal Activity	0	0	2	0	2	0
	Drug Related, Non-Patient Care	9	5	13	5	22	10
	Fraud, Non-Patient Care	3	0	2	1	5	1
	Business Practice Issues	57	19	92	19	149	38
	Drug Related, Security	6	0	22	12	28	12
	Compliance	13	3	3	1	16	4
	Misappropriation of Property, NPC	1	1	0	0	1	1
	Confidentiality Breach	1	0	1	0	2	0
	Continuing Competency Req Not Met	27	20	23	17	50	37
	Records Release	5	0	7	1	12	1
	Action by Another Board, NPC	0	0	2	2	2	2
	Reinstatement	0	0	3	3	3	3
	No Jurisdiction	0	0	1	0	1	0
Veterinary Medicine Total		326	99	344	92	670	191
Agency Total	Inability to Safely Practice	975	504	836	369	1811	873
	Drug Related, Patient Care	883	479	711	348	1594	827

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Agency Total	Abuse/Abandonment/Neglect	1112	336	993	366	2105	702
	Std of Care, Surgery	215	41	174	12	389	53
	Std of Care, Diagnosis/Treatment	1796	281	1857	294	3653	575
	Std of Care, Medication/Prescription	581	148	640	133	1221	281
	Std of Care, Malpractice Reports	164	19	185	27	349	46
	Std of Care, Exceeding Scope	185	95	129	64	314	159
	Std of Care, Other	11	2	6	4	17	6
	Inappropriate Relationship	188	83	158	84	346	167
	Unlicensed Activity	361	137	346	115	707	252
	Misappropriation of Patient Property	244	146	258	151	502	297
	Fraud, Patient Care	485	243	388	185	873	428
	Action by Another Board, Patient Care	181	123	169	120	350	243
	Criminal Activity	328	166	261	107	589	273
	HPMP	103	96	82	69	185	165
	Drug Related, Non-Patient Care	81	33	95	47	176	80
	Fraud, Non-Patient Care	341	138	321	95	662	233
	Business Practice Issues	2037	890	2333	1092	4370	1982
	Drug Related, Security	69	18	81	38	150	56
	Compliance	229	185	167	125	396	310
	Misappropriation of Property, NPC	22	11	16	5	38	16
	Confidentiality Breach	179	28	167	37	346	65
	Continuing Competency Req Not Met	301	264	233	209	534	473
	Dishonored Check	2	2	0	0	2	2
	Records Release	142	15	95	21	237	36

Appendix E - Categories

Board	Occupation	FY2017		FY2018		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Agency Total	Action by Another Board, NPC	54	27	54	35	108	62
	Reinstatement	177	169	203	186	380	355
	No Jurisdiction	15	0	10	0	25	0
Agency Total		11461	4679	10968	4338	22429	9017

[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 (CCAs)

Board	Number of CCAs Accepted	More than two CCAs Accepted for Standard of Care Violations in 10 Years
Audiology & Speech Language Pathology	52	No cases fit the criteria for the biennium
Counseling	29	
Dentistry	319	
Funeral Directors & Embalmers	24	
Long-Term Care Administrators	25	
Medicine	132	
Nursing	271	
Optometry	81	
Pharmacy	335	
Physical Therapy	11	
Psychology	24	
Social Work	27	
Veterinary Medicine	214	
Agency Total	**1,544**	**0**

Appendix G – Disciplinary Staff

Board	Cases* Closed			FTEs **			Cases* Closed per FTE		
	FY 15-16	FY 17-18	Change	FY 15-16	FY 17-18	Change	FY 13-14	FY 17-18	Change
Audiology & Speech Language Pathology	48	38	-20.83%	0.66	1.90	187.88%	72.73	20.00	-72.50%
Counseling	160	234	46.25%	0.67	3.33	397.01%	238.81	70.27	-70.57%
Dentistry	988	950	-3.85%	3.50	3.75	7.14%	282.29	253.33	-10.26%
Funeral Directors & Embalmers	143	126	-11.89%	0.67	2.75	310.45%	213.43	45.82	-78.53%
Long-Term Care Administrators	122	132	8.20%	0.67	2.75	310.45%	182.09	48.00	-73.64%
Medicine	2,989	3,506	17.30%	8.00	7.00	-12.50%	373.63	500.86	34.05%
Nursing	4,905	4,698	-4.22%	10.00	10.75	7.50%	490.50	437.02	-10.90%
Optometry	78	96	23.08%	0.66	1.80	172.73%	118.18	53.33	-54.87%
Pharmacy	999	1,390	39.14%	3.00	4.00	33.33%	333.00	347.50	4.35%
Physical Therapy	85	58	-31.76%	0.67	2.75	310.45%	126.87	21.09	-83.38%
Psychology	123	154	25.20%	0.67	1.33	98.51%	183.58	115.79	-36.93%
Social Work	136	126	-7.35%	0.67	1.33	98.51%	202.99	94.74	-53.33%
Veterinary Medicine	350	428	22.29%	0.68	2.80	311.76%	514.71	152.86	-70.30%
Administrative Proceedings Division				20.00	25.00	25.00%			
Enforcement Division				74.50	74.50	0.00%			
Agency Total	**11,126**	**11,936**	**7.28%**	**125.02**	**145.74**	**16.57%**	**88.99**	**81.90**	**-7.97%**

* Complaints received that were assigned a case number.

** 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/Program	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Language Pathology	$812,095.00	1.20%	$688,473.88	1.03%
Certified Nurse Aides	$3,731,942.67	5.51%	$3,677,277.70	5.52%
Counseling	$2,575,160.00	3.80%	$2,155,083.63	3.24%
Dentistry	$4,648,236.90	6.86%	$4,477,952.55	6.73%
Funeral Directors and Embalmers	$1,403,630.00	2.07%	$1,119,979.56	1.68%
Long Term Care Administrators	$1,151,250.00	1.70%	$1,107,400.79	1.66%
Medicine	$15,069,794.00	22.25%	$14,917,469.68	22.41%
Nursing	$21,124,046.00	31.19%	$20,558,030.04	30.88%
Optometry	$708,205.00	1.05%	$732,351.04	1.10%
Pharmacy	$6,676,878.19	9.86%	$6,987,544.78	10.50%
Physical Therapy	$1,501,055.00	2.22%	$1,111,901.07	1.67%
Prescription Monitoring Program	$3,503,646.59	5.17%	$5,160,666.32	7.75%
Psychology	$1,017,962.00	1.50%	$984,781.33	1.48%
Social Work	$1,502,784.50	2.22%	$972,100.09	1.46%
Veterinary Medicine	$2,310,196.50	3.41%	$1,925,476.41	2.89%
Total	**$67,736,882.35**	**100.00%**	**$66,576,488.88**	**100.00%**