



Virginia Department of
Health Professions
2019-2020 Biennial Report

FROM JULY 1, 2019 TO JUNE 30, 2020

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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 435,000 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 mission of the Department of Health Professions is to 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 435,000 licenses and permits, investigate complaints against licensees, and inspect pharmacies, funeral homes, dental facilities, veterinary establishments, nursing education and pharmacy technician programs. Our Boards and Advisory Boards rely on 187 gubernatorial appointees to make disciplinary and licensure decisions, set policy, recommend law, and enact regulations. In 2019-2020, we received over 12,700 complaints against licensees, opened 12,694 investigations, took disciplinary action against more than 7,000 health professionals, and suspended or revoked 781 licenses. Compared with the last biennium, the disciplinary case load increased by more than 2,000 cases, a growth of over 16%. The majority of cases, overall, involved standard of case issues, but over 2,700 related to the inability to safely practice, drug-related patient care and inappropriate prescribing. I call to your attention the robust data contained in the appendices.

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 provides ongoing monitoring services to qualified healthcare practitioners to assist in the recovery process to allow for 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.

A handwritten signature in black ink, appearing to read "D. E. Brown". The signature is fluid and cursive, written in a professional style.

COVID19 Pandemic Response

In response to the COVID19 pandemic, Governor Northam declared a state of emergency on March 12, 2020, by issuing Executive Order 51. In part, this measure authorized executive branch agency heads to waive state requirements and regulations on behalf of their regulatory boards with the concurrence of the Cabinet Secretary. (Appendix I) Subsequently, the Governor issued Executive Order 57 in April 2020 that contained a number of provisions that expanded healthcare workforce and promoted telehealth.

DHP issued a series of waivers affecting licensure and nursing education program regulations. DHP implemented processes for expedited licensure by endorsement; waived late fees for renewals, reinstatement, and reactivation fees; temporarily suspended certain practice hour requirements and extended continuing education requirement deadlines.

Perhaps the most innovative change was the institution of COVID19 Temporary Licenses for specified professions regulated through the Boards of Medicine, Nursing, Counseling, Psychology and Social Work. By the end of FY2020, over 1,270 such licenses had been issued, with over 1,900 as of this writing. Ninety-four percent of such licenses have been issued to behavioral science professionals.

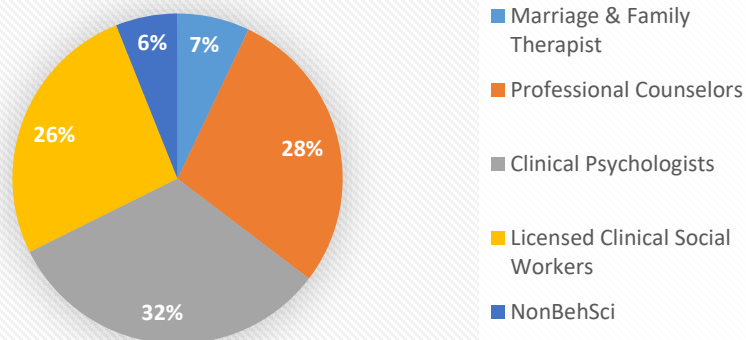
In addition, the Board of Pharmacy has separate authority to issue waivers during an emergency, and employed this authority to, for example, support safe patient access to medications, licensure for pharmacists and pharmacy technicians, and allow pharmacy compounding of hand sanitizer.

Included in the appendix is a list of DHP and Board of Pharmacy waivers.

In response to COVID19, DHP offices remain closed to the public for walk-in services. However, the agency remains operational during normal business hours and encourages the public to contact the office online or by email or telephone. DHP has continued to provide all services during this pandemic such as issuing licenses, processing renewals, investigating complaints and adjudicating disciplinary matters. Teleworking has been dramatically expanded, lessening the employee footprint and increasing social distancing in the building.

During the emergency DHP continues to hold board meetings, informal conference and hearings either in-person or virtually depending on the business need and the general interest of the public. Anyone entering the building is required to wear a mask and abide by guidelines set forth by the CDC including social distancing.

**Percent of Total COVID19
Temporary Licenses Issued**



Executive Office



Barbara Allison-Bryan

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

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 Communication

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.



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, processing, and prosecution of disciplinary and applicant cases.

Information Technology & Business Development Division

Robert Jenkins, Director

The Technology and Business Services Division is responsible for implementing and supporting agency mission critical automated systems, web sites, related computerized applications, and technology operations and production services for the agency and all of the boards. This division is also responsible for supporting the development and implementation of agency-wide initiatives, planning activities, records management, and training programs. This department also supports front desk operations.

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.

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.

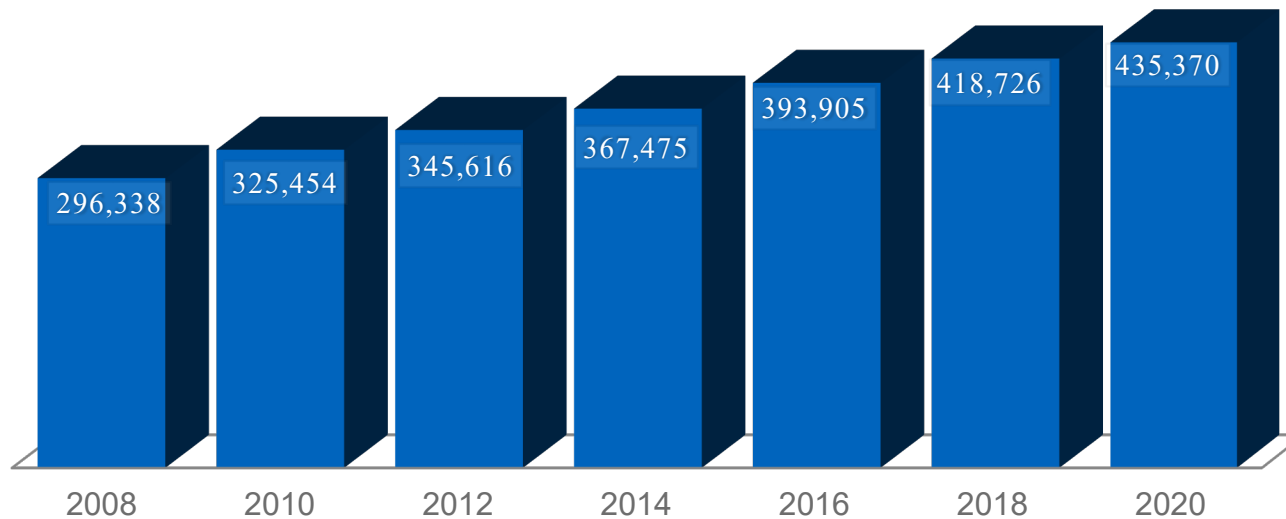
Licensure

As evident in the graph below, DHP as a whole continues to experience growth in the number of licensees authorized to render healthcare as measured by the number of individuals holding a license on June 30, 2020, the end of the biennium. The increase over the previous biennium is approximately 3.6%.

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

Licensure Count

as of June 30 of the indicated year



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

DHP is a special fund agency that receives the money necessary to operate largely through fees charged to those licensed or certified through the health regulatory boards. The *Code of Virginia* requires, with one exception, that each of the 13 health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses. The only regulated health profession whose costs are not paid entirely by registration fees is Certified Nurse Aides (CNA's) under the Board of Nursing. Nurse Aides are regulated pursuant to a federal mandate, and the federal government provides some funding for their regulation.



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

Two additional KPMs are used to aid management in assessing its performance in the area of licensure. *Applicant Satisfaction* and *Initial Applications Processed within 30 Days* assist management in fulfilling its mission regarding timeliness and good customer service as it relates to licensure processing.

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

Clearance Rate: The number of closed cases as a percentage of the number of received cases during the same time period. A 100% clearance rate means that the agency is closing the same number of cases as it receives. DHP's goal was to achieve a 100% clearance rate of allegations of misconduct through the end of FY 2020.

Age of Pending Caseload: The percent of patient care cases open longer than 250 business days. This measure tracks the backlog of patient care cases to aid management in providing specific closure targets. The goal was to reduce the percentage of open patient care cases older than 250 days to no more than 20% by the end of FY 2020.

Time to Disposition: The percent of patient care cases closed within 250 days during the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal was to resolve 90% of cases related to patient care within 250 business days by the end of FY 2020.

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

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

Revenue:
\$762,690

Expenditures:
\$706,209



EXECUTIVE DIRECTOR

Leslie L. Knachel, MPH

Total Licenses as of June 30, 2020:

5,780

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	11%	17%	100%	93%	99%	5,272
Q2 2019	150%	12%	33%	100%	100%	5,384
Q3 2019	33%	32%	100%	90%	100%	5,106
Q4 2019	125%	28%	100%	100%	100%	5,249
Q1 2020	100%	53%	75%	86%	99%	5,458
Q2 2020	100%	47%	33%	100%	99%	5,565
Q3 2020	-	50%	50%	89%	100%	5,569
Q4 2020	-	47%	-	89%	100%	5,780

Innovations and Advancements

The Board of Audiology and Speech-Language Pathology (BASLP) continued through the biennium as a member board of 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.

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 audiology and speech-language professions were deployed during the 2018 and 2020 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Transitioning to license applications that are submitted via online processes;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;

- Continuing to encourage online renewals;
- Transitioning to paperless filing systems to enhance teleworking efforts and reduce paper usage; and
- Utilizing emails to notify licensees of important information.

September 2019, the Board's website was updated to a more user-friendly format for use on multiple types of electronic devices.

The expiration date for licenses and registrations issued by the Board, was changed from December 31st of each year to June 30th. To accommodate this change, the renewal cycle in December 2018 resulted in an 18-month license. There was no license renewal activity in calendar year 2019.

A petition for rulemaking resulted in the promulgation of regulations to add an additional accredited sponsor or organization that may offer or approve continuing education courses or programs and to change the reference to another organization to reflect its current name.

At the request of the Board, a Regulatory Advisory Committee (RAP) composed of representatives from the Board, Department of Education and Department of Behavioral Health and Developmental Services convened to discuss how to proceed with regulation of telepractice.

The RAP reviewed documentation from other states and opted to proceed with a guidance document as opposed to a regulatory action. The Board adopted the recommendations of the RAP.

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Innovations and Advancements - continued

A licensure compact was introduced to the states. In order to activate the compact, 10 states must join. At the end of this biennium, only five states had joined. The Board is not moving forward with introducing legislation to join the compact due to the lack of funding information was not readily available. The Board will monitor the progress of the compact.

The Board continues to monitor the development of a national certification for speech-language pathology assistants (SLPAs). Currently, the Board does not have authority to license, register or certify SLPAs. However, the Code of Virginia authorizes the Board to identify qualifications to practice as an assistant under the supervision and direction of a licensed speech-language pathologist.

The Board continued with its outreach efforts by providing presentations to speech-language pathology graduate students highlighting the roles and responsibilities of the Board and the licensing, regulating, and disciplining processes.

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

Regulatory / Legislative Actions

Three regulatory actions were finalized:

Amendments were adopted to clarify that an audiologist or speech-language pathologist who has been licensed in another state must apply for licensure by endorsement and that the license in any other state must either be current and unrestricted or if lapsed, eligible for reinstatement. There was also an amendment to allow an applicant who has already received a provisional license to pay only the difference between the provisional licensure fee and the application licensure fee. Amendments became effective September 20, 2018.

There were two fast-track actions that became effective on March 5, 2020. First, in response to a petition for rulemaking, the Board added DNV GL Healthcare as a recognizing accrediting body for health care organizations that are approved to provide continuing education. Second, an amendment was adopted to allow the Board to grant licensure by endorsement for an applicant who graduated from an accredited program in audiology or speech-language pathology within 12 months immediately preceding application. Such applicant may be issued a license without evidence of active practice, if he/she holds a current and unrestricted Certificate of Clinical Competence in the area in which he/she seeks licensure issued by ASHA or certification issued by the American Board of Audiology or any other accrediting body recognized by the board.

Legislative action affecting the Board:

Chapter 169 of the 2019 General Assembly provided a mechanism for evenly staggering the terms of members of the Board.

Challenges and 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. The Board continues to monitor the evolution of telepractice and the use of assistants to assess how this fits into regulation to protect the public.

Revenue:
\$4,231,524

Expenditures:
\$3,324,039



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Total Licenses as of June 30, 2020:

33,789

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	58%	11%	83%	93%	100%	25,584
Q2 2019	39%	19%	87%	94%	100%	31,448
Q3 2019	49%	20%	68%	92%	100%	35,732
Q4 2019	159%	15%	62%	90%	100%	37,449
Q1 2020	141%	11%	87%	90%	100%	37,588
Q2 2020	92%	10%	83%	96%	100%	38,895
Q3 2020	109%	16%	88%	96%	29%	34,884
Q4 2020	161%	22%	88%	93%	100%	34,096

Innovations & Advancements

QMHPs

In 2018, the Board began registering Qualified Mental Health Professionals (QMHPs), mainly through the process of grandfathering. The Board began accepting initial applications once the Regulations became effective. During 2018, the Board processed around 18,000 QMHP applications. Although QMHPs existed prior to the Board of Counseling regulating them, with this additional and more stringent oversight came more questions from the Community. In an effort to be transparent and accessible and meet the needs of those providing much-needed mental health services, the Board held a Qualified Mental Health Professional (QMHP) Information Session. This session outlined the requirements for QMHP registration and allowed attendees to ask questions of the Board members, staff, and representatives from the Department of Behavioral Health and Developmental Disabilities (DBHDS) and the Department of Medicaid Assistance Services (DMAS).

The process of developing legislation to register QMHPs and Peer Recovery Specialists (RPRS) encouraged collaboration and improved the relationships with other state agencies, such as DMAS and DBHDS. The Board continues to work collaboratively with these 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 DBHDS and DMAS to support the coordination of prompt and appropriate licensure, certification, or registration of individuals providing mental health services in the Medicaid community. As an example the Board worked with DMAS to create a guidance document that provides clarification as to the scope of practice of Certified Substance Abuse Counselors (CSACs) and Certified Substance Abuse Counselor Assistants (CSAC-As). Additionally, at the request of DBHDS and DMAS,

the Board developed a workforce survey on QMHPs and RPRS to determine where they are located and how they are practicing.

Supervisor Summit

The Board held a Supervisor Summit in 2018 to review the regulations relating to supervisor and resident requirements, responsibilities, and standards of practice. The Board and staff answered questions from attendees related to the practice of supervision. The community appreciated the direct interaction with the Board as indicated by the well-attended Summit and the requests to continue to offer this opportunity.

Mobility and Portability

The Board also focused on mobility and portability. It heard presentations on the concept and feasibility of reciprocity agreements, as well as interstate compacts. Specifically, the Board heard a presentation from Dr. David Kaplan, PhD, Chief Professional Officer, American Counseling Association (ACA) on the ACA's efforts to develop an Interstate Professional Licensing Compact to allow for those who are licensed to engage in multistate practice and to allow for a seamless pathway to move from state to state to offer services. The Board unanimously passed a motion to support the ACA's efforts, and continues to follow the ACA's progress.

Consideration of Criminal Background Checks

The Board continued to consider a criminal background check requirement for initial applications. The Board heard a presentation from Ms. Willinger, Deputy Executive Director for the Board of Nursing. It appears that a criminal background requirement may follow the adoption of an interstate Compact, which typically requires a criminal check to be a participant in the Compact.

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Innovations and Advancements - continued

Telecounseling

The Board recognized the importance of telecounseling and formed an Adhoc Committee to consider developing a Telehealth Guidance Document and potential regulations that address the training and delivery of telehealth services. The Committee examined Guidance Documents from other Boards and heard a presentation from Kathy Wibberly with the Mid-Atlantic Telehealth Resource Center. The Adhoc Committee took no action at this time.

Board Efficiency

The Board has also worked diligently to obtain a reputation for efficiency and timeliness. Even as the number of applications and licensees continues 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, in spite of the fact that the number of phone calls and emails have more than tripled during this period. Customer service remains a high priority; the Board consistently receives high approval satisfaction scores. These efforts have improved staff morale and the community perception of the Board.

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 remotely, 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. When the Governor issued a State of

Emergency in response to COVID19, these efforts helped the Board to continue working and to allow staff to work remotely. Likewise these efforts, forced the Board to make these changes on the licensing side. The Board began scanning all mail and applications as received so that all licensure files are online. Now all staff can access these files, update statuses, and respond to email and phone requests and work remotely. These initiatives moved the Board forward as well as protecting the health and safety of the staff during the pandemic.

Beyond the initiatives related to COVID19, the Board had also continued its efforts to decrease its dependence on paper and increase its use of technology. Now the Board,

- Prints a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encourages other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aids applicants by obtaining license verification from other states via online processes;
- Has transitioned to license applications that are submitted via online processes; and,
- Continues with online renewals.

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Innovations and Advancements - continued

Outreach

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 sends blast 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 prioritized outreach efforts that include presentations to students and licensees. These presentations have been provided in person as well as through video telecommunications and have 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
- Virginia Association of Community Services Boards
- Virginia Association of Community Based Providers

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

- NBCC State Counseling Board Conference
- American Association of State Counseling Boards
- Association of Marital and Family Therapy Regulatory Board Conference

Regulatory / Legislative Actions

Six regulatory actions were finalized:

Pursuant to its periodic review of Chapter 15, Regulations Governing Delegation to an Agency Subordinate, the Board added "registered" to the types of professions regulated by the Board and to provide that cases involving standard of care may only be delegated to an agency subordinate by determination of the executive director in consultation with the board chair. The action became effective on December 12, 2019.

Emergency regulations became effective on December 23, 2019 to implement the statutory mandate for issuance of a temporary license for a residency in counseling. The amendments set fees for initial and renewal of a resident license, qualifications for the issuance of a license and for its renewal, limitations on the number of times a resident may renew the temporary license, and a time limit for passage of the licensing examination. Amendments in Chapter 20 for professional counselors were duplicated in Chapter 50 for marriage and family therapists and in Chapter 60 of licensed substance abuse treatment practitioners.

In Chapter 20, Regulations Governing the Practice of Professional Counseling, the Board responded to a petition for rulemaking 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) as meeting a portion of the hours of supervised practice required for licensure. The action became effective on October 16, 2019.

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Regulatory / Legislative Actions - continued

A regulatory action was adopted to provide a pathway for foreign-trained graduates in counseling to obtain licensure as a professional counselor, marriage and family therapist, or a substance abuse treatment practitioner in Virginia. Amendments provide that graduates of programs that are not within the United States or Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation service that allows the board to determine if the program meets the requirements set forth in the regulation. The action became effective on March 4, 2020.

The Board completed a periodic review of Chapter 30, Regulations Governing the Certification of Substance Abuse Counselors. It amended regulations 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 action became effective on February 19, 2020.

Regulations for registration of peer recovery specialists were promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly. Regulations established the fees required for registration and renewal of registration and specified the qualification for registration, which is evidence of meeting the requirements set out in regulations of the Department of Behavioral Health and Developmental Services. The new Chapter 70 became effective on November 13, 2019.

Regulations for registration of qualified mental health professionals were promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly. Regulations establish the fees required for registration and renewal of registration and specify the education and experience necessary to qualify for registration. In order to maintain registration, there is a requirement of eight hours of continuing education with a minimum of one hour in ethics. The new Chapter 80 became effective on November 13, 2019.

Legislative action affecting the Board:

Chapter 169 of the 2019 General Assembly provided a mechanism for evenly staggering the terms of members of the Board.

Chapter 428 of the 2019 General Assembly directed the Board to promulgate emergency regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

Chapter 101 of the 2019 General Assembly required the Board to promulgate regulations for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional. The bill defines the terms "qualified mental health professional-adult," "qualified mental health professional-child," and "qualified mental health professional-trainee."

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Regulatory / Legislative Actions - continued

Chapters 41 and 721 of the 2020 General Assembly prohibited any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action.

Chapter 301 of the 2020 General Assembly required the Board to adopt regulations establishing a regulatory structure to license art therapists and art therapist associates and established an advisory board to assist the Board in this process. Under the bill, no person can engage in the practice of art therapy or hold himself out or otherwise represent himself as an art therapist or art therapist associate unless he is licensed by the Board.

Challenges and Solutions

The biggest challenge facing the Board is the growing number of applicants and licensees. With the addition of the QMHPs and the RPRSs, and in the future, the addition of Art Therapists, the Board of Counseling will be the third or fourth largest board at DHP. 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. The Administration continues to try to address the staffing issues by granting an additional full-time person and a P-14. These efforts eliminated our dependence on contract employees and helped to stabilize the Board. However, additional staff will continue to be a need.

Additionally, as the applications grow, the number of licensees, certificants, and registrants grows, 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. The Board chairs and staff have encouraged Board engagement and have challenged them to continue to take an aggressive approach to completing probable cause reviews.

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, provide those services as a CSAC. 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.

Finally, the Board has taken note of degree program trends. Colleges and universities have innovatively changed the names of the degree tracts to ensure they meet the Board of Counseling requirements. This trend means staff continues to have to look beyond the name of the degree and evaluate the program, transcripts, and syllabi to ensure the program is in fact a counseling program. This new trend compounds the need for the Board to require accreditation so that applicants know that the program they enroll in and pay for will provide a pathway for licensure in Virginia.

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Additional Issues

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

[115-1.2: Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing Education Requirements](#)

[115-11: Substance Abuse Treatment Functions by Regulated Professions](#)

[115-1.8 Examinations approved by the Board for Certification as a Rehabilitation Counselor](#)

[115-7: Supervised Experience Requirements for the Delivery for Clinical Services for Professional Counselor Licensure](#)

[115-2.2: Guidance on participation by substance abuse counselors in interventions](#)

[115-2: Impact of Criminal Convictions, Impairment and Past History on licensure or Certification](#)

Revenue:
\$ 5,749,700

Expenditures:
\$ 4,907,139



EXECUTIVE DIRECTOR

Sandra K. Reen

Total Licenses as of June 30, 2020:

14,491

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	88%	23%	90%	82%	100%	14,885
Q2 2019	103%	24%	95%	93%	100%	15,018
Q3 2019	82%	24%	90%	-	100%	15,144
Q4 2019	111%	25%	97%	80%	100%	14,654
Q1 2020	115%	29%	87%	72%	99%	14,911
Q2 2020	81%	24%	83%	100%	99%	14,911
Q3 2020	90%	26%	87%	80%	99%	14,079
Q4 2020	85%	34%	96%	92%	100%	14,491

Innovations and Advancements

License Renewal Fees

The Board implemented a one-time reduction of its license renewal fees by approximately 50% to reduce its cash balance in FY 2019. In this Biennium, the Board also undertook regulatory action to change the license renewal schedule for dentists, dental hygienists and dental assistants II from renewing annually on March 31st of each year, to having these licensees renew in the birth month of the licensee. The transition to birth months, which will be implemented in March 2021, will also include prorated monthly reduced renewal fees through each licensee's birth month in 2022. This action was taken to distribute the workload of Board staff and to reduce the recurring non-delivery problems reported by licensees which appeared to be linked with bulk mailings. It should be noted that each year the Board does send the first renewal notices to licensees by email.

Prescribing Controlled Substances

The Board amended the Regulations Governing the Practice of Dentistry to address opioid prescribing in acute versus chronic pain scenarios and amended the associated recordkeeping requirements. Dentists who prescribe Schedules II through IV controlled substances for pain are required to obtain two hours of pain management continuing education. In addition, the revised regulations require that prescribing Naloxone for patients who are taking Benzodiazepines is discretionary and dependent on the professional judgment of the dentist. The Board also addressed e-prescribing waiver requests as allowed by the Drug Control Act, which permits the Board to grant a one-time waiver of the electronic prescription requirement. Waivers cannot exceed one year and can only be granted if the requesting dentist demonstrates economic hardship, technological limitations that are not reasonably within his/her control, or other exceptional circumstances.

Administration of Sedation

The Board updated and revised the Regulations Governing the Practice of Dentistry for consistency with 2016 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The changes included replacing the term “conscious/moderate” sedation throughout the chapter to “moderate” sedation and eliminating the training provisions for dentists to administer moderate sedation by an enteral method only. The Board also developed a regulatory action proposal for making additional changes 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 recommended by a Regulatory Advisory Panel.

Dental Hygiene Practice Under Remote Supervision

The Regulations Governing the Practice of Dental Hygiene were amended to address statutory changes made in the Drug Control Act and in the remote supervision provisions in the Dentistry Chapter of the Code of Virginia. The Regulations now specify the seven required content areas to be addressed in the course required before a dental hygienist can practice under remote supervision. The course must be offered by an accredited dental education program or an acceptable sponsor as listed in the Regulations. Provisions were also added to permit hygienists to administer topical oral fluoride varnish under an oral, written order, or a standing protocol issued by a dentist, doctor of medicine, or osteopathic medicine pursuant to subsection V of § 54.1-3408 of the Code.

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Innovations and Advancements - continued

Practice of Dental Assistants

In response to recommendations made by a Regulatory Advisory Panel, the Board initiated rulemaking to make entry into this profession more accessible to students and to ensure greater consistency in the training received to ensure competency. The proposed regulations add a new section to establish requirements for the staffing and management of DAII programs. The number of hours of didactic education are reduced and content and equipment requirements for the didactic courses and for laboratory training have been added. Moreover, a regulatory amendment has been proposed to require dental assistants to be certified in infection control procedures.

Requirement for Amalgam Separators

At the request of the Virginia Department of Environmental Quality, the Board notified licensees and the public about the approaching deadline for having amalgam separators in certain dental offices. The Federal Environmental Protection Agency required that dentists who apply and/or remove amalgam install and maintain an amalgam separator or similar amalgam removing device by July 14, 2020.

Regulatory / Legislative Actions

Seven regulatory actions were finalized:

The Board amended Chapter 25, relating to requirements for continuing education for dental hygienists to include the “competencies needed to provide care under remote supervision,” as specified in subsection F of § 54.1-2722. The regulation requires a continuing education course of no less than two hours in duration, offered by an approved sponsor and including the specified course content. The action became effective on September 20, 2018.

To conform regulation to a 2016 revision of the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, the Board amended regulations to specify that education and training for moderate sedation must be consistent with the ADA Guidelines. The action became effective on November 28, 2018.

Emergency regulations for dentists prescribing of medications containing opioids and for continuing education for prescribers of controlled substances were replaced with permanent regulations. 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 are required to take two hours of continuing education on pain management during the renewal cycle. The final action became effective on March 6, 2019.

Regulations were amended to conform to changes in § 54.1-2701, relating to registration for volunteer practice by dentists. The action deleted the requirement for a notarized statement from a representative of the nonprofit organization attesting to compliance by the volunteer dentist. The action became effective on September 4, 2019.

Chapter 25 was amended to conform to changes in § 54.1-2722, relating to practice by dental hygienists under remote supervision, and was also amended to conform to changes in § 54.1-3408, relating to administration of topical oral fluorides. The action became final on September 4, 2019.

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Regulatory / Legislative Actions - continued

Pursuant to Chapter 86 of the 2019 Acts of the Assembly, the Board adopted an emergency regulation for a protocol for dental hygienists employed by the Department of Behavioral Health and Developmental Services practicing under remote supervision of a dentist. Amendments also corrected a Code cite and updated a Code cite and updated the protocol for remote supervision of dental hygienists employed by the Department of Health. The emergency regulation became effective on October 1, 2019.

Amendments to all three sets of regulations (Chapters 21, 25, and 30) were adopted to change the renewal schedule from a set date of March 31st to renewal in one's birth month. The intent is to distribute the workload associated with renewal across a calendar year and to make the renewal deadline easier for licensees to remember. The action became effective on August 19, 2020.

Legislative action affecting the Board:

Chapter 169 of the 2019 General Assembly provided a mechanism for evenly staggering the terms of members of the Board.

Chapter 290 of the 2019 General Assembly removed certain requirements for dentists and dental hygienists volunteering to provide free health care for up to three consecutive days to an underserved area of the Commonwealth under the auspices of a publicly supported nonprofit organization that sponsors the provision of health care to populations of underserved people.

Chapter 431 of the 2019 General Assembly authorized a dental hygienist practicing under remote supervision to administer topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the

Board. Under current law, a dental hygienist must be practicing under general supervision to do so. Additionally, the bill authorizes a physician assistant, nurse, or dental hygienist to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol. Under current law, such possession and administration is limited to administration to children aged six months to three years and is required to conform to standards adopted by the Department of Health.

Chapter 664 of the 2019 General Assembly required the Board to promulgate regulations to implement a waiver to the requirement for electronic prescribing of a Schedule II drug containing an opioid.

Chapters 38 and 220 of the 2020 General Assembly defined "teledentistry," established requirements for the practice of teledentistry and the taking of dental scans for use in teledentistry by dental scan technicians, required the Board to adopt regulations for the training of digital scan technicians, and clarified requirements related to the use of digital work orders for dental appliances in the practice of teledentistry.

Chapters 39 and 560 of the 2020 General Assembly allowed an authorized agent of a doctor of medicine, osteopathic medicine, or dentistry to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

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Challenges and Solutions

The Board held two emergency meetings in May, 2020 to address issues related to the pandemic. The first challenge addressed was adopting emergency amendments to the clinical examination requirements in 2020 examinations for dental and dental hygiene candidates so they could qualify for licensure in 2020. For dental candidates, the Board decided to accept a simulated manikin exercise in restorative dentistry and to waive the scaling exercise which are normally performed on a patient. For dental hygiene candidates, the Board agreed to accept a Computer Simulated Clinical Examination or a manikin-based clinical exercise in lieu of live patient testing in 2020 examinations. The second challenge addressed was the need to screen dental patients for COVID19 prior to emergency treatment. The Board voted to include COVID19 screening within the scope of practice of dentists and dental hygienists. In the subsequent meeting, the Board rescinded its previous decision on dental hygiene exam requirements in response to evidence that the Computer Simulated Clinical Examination is not an available option. The Board then adopted a motion to accept for 2020, dental hygiene examinations, a manikin-based clinical exercise in lieu of live patient testing.

Revenue:
\$ 1,406,990

Expenditures:
\$ 1,176,413



EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, JD

Total Licenses as of June 30, 2020:

3,090

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	60%	-	33%	100%	100%	2,564
Q2 2019	17%	-	100%	100%	100%	2,603
Q3 2019	83%	18%	100%	100%	100%	3,198
Q4 2019	75%	4%	100%	100%	98%	3,087
Q1 2020	143%	-	90%	-	100%	3,135
Q2 2020	40%	14%	100%	86%	100%	3,170
Q3 2020	110%	14%	55%	-	100%	3,066
Q4 2020	36%	14%	50%	83%	100%	3,090

Innovations and Advancements

During the biennium, the Board of Funeral Directors and Embalmers (Board) continued a number of initiatives to ensure the efficiency and effectiveness of the Board's regulations, to improve training and reporting requirements for funeral service interns, to provide information to licensees about Board activities and resources, to collect workforce data on funeral service providers, to engage collaboratively at the national and state levels, and to promote the use of technology to reduce the Board's carbon footprint.

Throughout the biennium, the Board conducted a periodic review of all four chapters of the Board's regulations to ensure that the regulations remain clear, accurate, and necessary to protect public safety. Proposed changes to the regulations incorporated recommendations from a Regulatory Advisory Panel convened on preneed funeral contracts in late 2018, including recommendations to enhance consumer protections and disclosures. As of the submission of this report, the Board had adopted final regulations for regulations related to funeral practice and preneed contracts. Proposed regulations related to the funeral internship program remained under review.

Throughout 2018, the Ad Hoc Committee on Internships convened to discuss a number of issues impacting training of prospective licensees. The Ad Hoc Committee formulated recommendations for regulations for mortuary science students who receive training in the embalming process in funeral establishments. From these recommendations, the full Board promulgated fast-tracks regulations for student embalming, which were finalized in February 2019. In December 2018, the Ad Hoc Committee made further recommendations to the Board for changes to the internship program regulations as part of the periodic review process, including recommendations related to the required hours and timeframe for completing an internship.

Throughout 2019 and 2020, the Board continued efforts to provide information 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 licensees through trainings sponsored by professional organizations in Virginia.

The Board continued efforts to collect workforce survey data on funeral service providers in Virginia through the Healthcare Workforce Data Center, compiling a total of four years' worth of data by 2020. As survey data is collected routinely each year during the renewal process, the Board can ensure that data on the funeral service provider workforce in Virginia is accurately captured and provides an ongoing picture of workforce trends over time.

The Board engaged in collaborative efforts at the state and national levels. The Board participated in ongoing dialogue with state agency partners, including the Office of the Chief Medical Examiner (OCME) and Division of Vital Records at the Department of Health. The need for interagency collaboration became critical with the COVID19 pandemic beginning in March 2020. The COVID19 crisis highlighted the need for coordination of public and private efforts in preparing for and responding to mass fatalities, particularly for funeral home providers storing and processing larger than normal numbers of fatalities.

Beginning in April 2020, Board staff participated in the efforts of the Mass Fatality Task Force, convened by the OCME, to facilitate preparation, data collection, resource distribution, communication, and overall problem solving.

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Innovations and Advancements - continued

Continued 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 (Conference), serving as presenters, committee members, and training participants whenever the opportunities arise. In 2020, Board member Blair H. Nelsen, FSL, was elected to serve for a second term on the Conference's Board of Directors and was elected to the position of Vice-President.

Over the past two years, the Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Substituting electronic documents for hard copies where appropriate;
- Transitioning to an online application process for additional individual applicants;
- Expanding online renewals for individual and facility licensees;
- Transitioning to paperless filing systems to enhance teleworking efforts and reduce paper usage; and
- Increasing the use of emails to notify licensees of important information.

Regulatory / Legislative Actions

Two regulatory actions were finalized:

Chapter 186 of the 2018 General Assembly required the Board to promulgate regulations governing mortuary school students assisting with embalming in

licensed funeral establishments. The Board adopted regulations to require: 1) the establishment participating in training to have a current, unrestricted license; 2) the establishment and the licensee to meet certain accreditation standards for training; 3) specific instruction in embalming for students in the context of an embalming laboratory course; 4) a limitation on the number of students who may be supervised and a requirement that the supervisor be physically present with the student who is assisting with embalming tasks; 5) information on the embalming authorization form noting participation of students in the establishment; and 6) the name of the student and supervisor on the embalming report. The action became effective on February 21, 2019.

Regulations were amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50 for handling a returned check or dishonored credit card or debit card payment. The amendment became effective on March 5, 2020.

Two regulatory actions were in process but not yet finalized:

Pursuant to a periodic review, the Board amended Chapter 20 governing the practice of funeral services by clarifying certain provisions, updating regulations, and strengthening rules for surface transportation and removal and courtesy cards. The NOIRA was published on June 26, 2019, but the final regulation was in process at the end of the biennium.

Pursuant to a periodic review, the Board amended Chapter 30, governing preneed funeral planning to ensure greater protections for the public in disclosures of information about what is and is not included in a contract, in retention of documentation, and in notification if a funeral home closes or changes ownership. The NOIRA was published on June 26, 2019, but the final regulation was in process at the end of the biennium.

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Regulatory / Legislative Actions - continued

Legislative actions affecting the Board:

Chapters 93 and 603 of the 2019 General Assembly prohibited any person except a licensed funeral service establishment or funeral service licensee from offering for sale or selling a casket when preneed arrangements for funeral services are being made, including preneed funeral contracts and preneed funeral planning. The bill provided that the requirement that a funeral service licensee accept a casket provided by a third party applies only in cases in which funeral arrangements are made at-need.

Chapter 66 of the 2019 General Assembly authorized the Board of Funeral Services to grant a hardship waiver from the requirement that each licensed funeral service establishment have a person licensed for the practice of funeral services or a licensed funeral director in charge, full time, allowing for the operation of two establishments by a single full-time funeral service licensee or funeral director if the combined average number of funeral calls at the two establishments over the previous three years is no more than 135 calls per year and the distance between the two establishments is 50 miles or less. Previously an exception was allowed if the combined average number of annual calls at the two establishments is no more than 85 per year.

Chapter 97 of the 2020 General Assembly eliminated the prohibition on the sale of, or offering for sale, caskets by a person other than a licensed funeral service establishment or funeral service licensee in cases in which preneed funeral arrangements for funeral services are being made. The bill required funeral service licensees to accept caskets provided by a third party in accordance with the requirements of federal law but makes clear that no funeral service establishment or funeral service licensee is required to store a casket provided by a third party when preneed arrangements for funeral services have been made. The bill also provided that any person selling or providing preneed caskets shall be subject to requirements for preneed services set forth in state and federal law.

Chapter 885 of the 2020 General Assembly amended §54.1-2806, which establishes grounds for disciplinary action or refusal to issue a license, to specify that a "license" includes any license, registration, or courtesy card issued by the Board.

Chapter 943 of the 2020 General Assembly directed the Board of Funeral Directors and Embalmers to promulgate regulations that establish requirements of separate licensure for funeral directors and embalmers.

Challenges and Solutions

Although there have been overall systemic improvements, the timely filing of death certificates continues to be an area of concern for funeral providers, particularly with regard to the completion of medical certifications by physicians and other healthcare practitioners.

The Division of Vital Records at the Virginia Department of Health implemented the Electronic Death Records System (EDRS) in November, 2014, to streamline and modernize the process for filing death certificates. As a result of both educational and legislative efforts, the number of funeral and medical licensees who utilize the system has grown. With legislation effective July 1, 2018, all funeral service providers who first assume custody of a dead body are required to utilize the EDRS system in order to file death certificates. With legislation passed in 2019 and effective in staggered stages from July 1, 2019 to January 1, 2020, health care providers are required to complete and file medical certifications for death certificates through the EDRS system. In an effort to continue to increase the number of overall practitioners using the EDRS system to file timely death certificates, the Board will continue ongoing messaging and education efforts in coordination with the Board of Medicine and Division of Vital Records.



EXECUTIVE DIRECTOR

Elizabeth A. Carter, PhD

Innovations and 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 2018-2020 biennium, the Board conducted three research projects related to evaluating the need for state occupational regulation and three projects to update licensing boards Sanction Reference Point systems. Additionally, the Board gained agency statistical analysis and reporting responsibilities.

BHP completed three reviews during the biennium. The first was an extensive review of the current-day approaches that other states employ to assess the need to regulate professions. Only 13 states, including Virginia, have a standard approach. All essentially mirror Virginia's standard methods, dating back to 1990's. With no substantive changes required, the revised [Policies and Procedures for Evaluating the Need to Regulate Health Occupations and Professions](#) published in February

2019, updated language to reflect current circumstances and added a reference section to relevant information from other states.

BHP also conducted two sunrise studies into the need to regulate new professions: Diagnostic Medical Sonographers and Naturopathic Physicians. For both reviews, the Board employed its standard evaluative methodologies outlined in the aforementioned *Policies and Procedures* and concluded that state regulation of the subject profession was not necessary to ensure public protection.

Subsection 54.1-2510(11) of the *Code* requires the Board to ensure the fair and equitable treatment of health professionals. BHP launched the Sanction Reference Point (SRP) research program in 2001 to assist boards when handing down sanctions in disciplinary cases. The program built upon the methods used to derive sentencing guidelines in the criminal justice system.

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Innovations and Advancements - continued

The Board of Medicine's SRP system began in 2004, and by 2011, each licensing board had its own empirically based, tailored system. Each board's SRP manual is available online as a Guidance Document. Periodic updates occur on an as needed basis. During the 2019-20 biennium, the [Board of Dentistry's](#) was updated in 2019, and the Board of Nursing's manual is currently under revision with an early focus on Certified Nurse Aides.

BHP issued one Practitioner Self-Referral advisory opinion during the biennium: Telomerix Stem Cell Biobank, L.L.C. All opinions are accessible on the [Board of Health Professions – Practitioner Self-Referral](#) webpage.

In 2019, a Data Analyst position joined the Board's staff to assist the agency with analysis and reporting of licensure and disciplinary statistics and performance measure results. Additionally, the new Data Analyst has been instrumental in providing additional, tailored reporting for the respective boards and units and in crafting standard operations procedures and metadata documentation for all reports.

Regulatory / Legislative Actions

Periodic review of regulations

The Board conducted periodic review of 18VAC75-20, Regulations Governing Self-Referral, and 18VAC75-40, Regulations Governing Certification of Dialysis Technicians. The Board recommended that the regulations be retained as currently adopted, and the final reviews were posted on November 7, 2018.

Legislative Action affecting the Board:

Chapter 680 of the 2019 General Assembly directed the Board of Health Professions to evaluate whether music therapists and the practice of music

therapy should be regulated and the degree of regulation to be imposed. The bill required the Board to report the results of its evaluation to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2019.

HB1040 of the 2020 General Assembly was carried over with a request for a study by the Board of the need to regulate naturopathic doctors with a report to the General Assembly by November 1, 2020. Though not carried over, SB858 was similar legislation.

HB1683 of the 2020 General Assembly was carried over with a request for a study by the Board of the need to regulate diagnostic medical sonographers with a report to the General Assembly by November 1, 2020.

Challenges and Solutions

The social and economic impact of the health professions on the Commonwealth's well-being cannot be overstated. Increasingly throughout the biennium, state policy and planning leaders and various workgroups have sought insights relevant to access to care, health employment, and similar issues by leveraging agency and board data. Although the agency's standard published analyses and reports addressed many questions, often BHP research and analytic staff have needed to provide special technical assistance and ad hoc tailored analyses. The key challenge has been to keep pace with growing and changing demands for appropriate data and analysis, such as rapid responses related to the COVID-19 pandemic.

The agency has repeatedly met the challenges this biennium with its ongoing commitment to data quality, ensuring appropriate IT and software resources, and especially its recent increased professional research and data analytics staffing.

Revenue:
\$ 1,184,480

Expenditures:
\$ 1,039,724



EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, JD

Total Licenses as of June 30, 2020:

2,141

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	59%	31%	50%	100%	100%	2,192
Q2 2019	41%	34%	40%	100%	100%	2,248
Q3 2019	123%	31%	20%	94%	99%	2,303
Q4 2019	73%	36%	67%	100%	100%	2,140
Q1 2020	100%	41%	50%	99%	99%	2,217
Q2 2020	115%	48%	55%	100%	100%	2,266
Q3 2020	200%	49%	18%	100%	100%	2,094
Q4 2020	50%	44%	71%	100%	100%	2,141

Innovations and Advancements

During the biennium, the Board of Long-Term Care Administrators (Board) continued efforts to improve training for prospective administrators, to review and update existing regulations, to enhance license portability for administrators, to collaborate with stakeholders at the state and national levels, to promote communication with licensees and the public, to promote initiatives to reduce reliance on paper, and to collect data on the administrator workforce.

In 2019, the Board convened two Regulatory Advisory Panel (RAP) meetings to obtain recommendations from interested parties and organizations about the training needs for prospective administrators, Administrators-in-Training (AITs), in the long-term care setting. Participants from the Board, state agencies, national and state provider organizations, administrators, preceptors, and recent AITs met to discuss a number of factors impacting the training of prospective administrators, including workforce challenges, preceptor engagement, licensure qualifications, and programmatic and reporting requirements. From that discussion, the RAP members made recommendations for improving the overall training of prospective administrators to become safe and competent practitioners. At quarterly business meetings in September and December 2019, the Board considered the recommendations of the RAP, agreeing to continue collaboration with other agencies and entities on the national and state levels and initiating regulatory changes to the AIT program. In addition, in December 2019, a report of the RAP's Recommendations was forwarded to the House Committee on Health, Welfare, and Institutions at the Committee Chair's request. As of the submission of this report, the Notice of Intended Regulatory Action to initiate amendments to the AIT program regulations remained under review.

In March 2019, final regulations became effective from a periodic review of the Regulations for Nursing Home and Assisted Living Facility Administrators. Changes to the Board's regulations included the recognition of the Health Services Executive (HSE) credential and the requirement for new or reinstating preceptors to complete training prior to registration.

- The HSE credential from the National Association of Long Term Care Administrator Boards (NAB) is a nationally recognized, voluntary credential for 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. Amendments to the Board's regulations through the periodic review process established the HSE as an additional means of qualification for initial licensure in Virginia as a Nursing Home Administrator.
- Preceptors are an integral part of the training process for prospective administrators who pursue licensure as Nursing Home and Assisted Living Administrators. During the periodic review process, the Board adopted regulatory amendments to require that preceptor applicants take the NAB Online Preceptor Training modules as a prerequisite to registration with the Board. The NAB online modules are designed to promote a better understanding by preceptors of their role in the training process and to enhance the overall quality of training received by AITs.

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Innovations and Advancements - continued

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 stakeholder groups focused on the complicated and ever-evolving spectrum of long-term care: the Assisted Living Facility Stakeholder's Group, the Nursing Facility Advisory Committee, and the Assisted Living Mental Health Task Force. 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.

The need for interagency collaboration became critical with the COVID19 pandemic beginning in March 2020. The COVID19 crisis had a disproportionate impact on long-term care facilities with vulnerable resident populations. Board staff participated in state-level workgroup activities, including the Governor's Long-Term Care Task Force, to provide support as needed to the coordinated efforts of state agencies and provider associations to ensure the health, safety, and well-being of residents in the long-term care setting.

Throughout the biennium, the Board made efforts to increase the amount of information provided to licensees about Board activities and available resources through new, electronic means including e-mail "blasts" and newsletters. Board staff participated in a number of webinars with provider associations in an effort to inform individual licensees of Board activities and regulatory changes.

In addition, the Board continued to make strides in using technology to enhance service to licensees and applicants. Over the past two years, the Board has continued its efforts to "go green" by increasing use of technology in day-to-day

operations through the following activities:

- Printing a final license with no expiration date that can be verified through DHP's online License Lookup feature that serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Accepting more electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing online applications and renewals; and
- Transitioning to paperless filing systems to enhance teleworking efforts and reduce paper usage.

Finally, 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 continues to review the survey data on an annual basis to ensure that relevant, accurate data is captured. In 2019, the Board added an additional survey question to track the prevalence of educational debt among administrators.

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Regulatory / Legislative Actions

Two regulatory actions were finalized:

The Board completed its periodic review of Chapter 20 for nursing home administrators and Chapter 30 for assisted living facility administrators. 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. The final action was effective March 6, 2019.

Regulations were amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50 for handling a returned check or dishonored credit card or debit card payment. The amendment became effective on February 6, 2020.

One regulatory action in process but not final before the close of the biennium:

The Board promulgated a new chapter, 18VAC95-15, which are regulations for delegation of informal fact-finding to an agency subordinate pursuant to its authority set forth in § 54.1-2400(10). Previously, regulations for such delegation were found in section 471 of Chapter 20 (Nursing Home Administrators), but that section was repealed in the most recent periodic review with the intent of promulgating a new chapter that would be applicable to cases for all professions under the authority of the Board. The fast-track action was submitted for executive branch review on December 30, 2019.

Legislative action affecting the Board:

Chapter 169 of the 2019 General Assembly provided a mechanism for evenly staggering the terms of members of the Board.

Challenges and Solutions

For individuals seeking licensure as administrators, securing a preceptor to oversee their pre-licensure, hands-on training continues to be a challenge. During the COVID19 pandemic, that challenge has been heightened by the limited availability of training sites permitting access to AITs and their preceptors.

While the Board provides resource links to prospective AITs to aid in their search for preceptors or training sites, the Board is not able to match prospective AITs and preceptors. Further, although the Board maintains a voluntary Preceptor Registry on the Board's website, participation in the registry by registered preceptors has continued to be low. Approximately 16.4% of registered Assisted Living Facility Administrator Preceptors and 9.3% of registered Nursing Home Administrator Preceptors opted to include their contact information in the registry.

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Challenges and Solutions - continued

The Regulatory Advisory Panel on AITs convened by the Board in 2019 made a number of recommendations specific to the engagement of preceptors and the facilitation of AIT/Preceptor matching. The recommendations included the following:

Preceptor Directory – updates and utilization:

- Board to encourage currently-listed preceptors to (1) update current information and (2) encourage additional preceptors to include information together with any restrictions they may have on their ability to oversee training (e.g. internal only)
- Board to collaborate with provider associations to continue to “get the word out” about the availability of voluntary resource
- Board to collaborate with provider associations to look at resources for matching preceptors and AITs

Increasing engagement of/availability of preceptors in the AIT training process:

- Board to consider change to regulations to permit preceptors to earn CE credit for supervising an AIT program;
- Board to collaborate with provider organizations and stakeholders to provide resources and additional training to preceptors;
- Board and provider associations to encourage use of NAB preceptor training modules beyond requirements related to initial registration/reinstatement.

Ensuring active involvement of preceptors in the training process:

- Board to consider adequate training and oversight of AIT by preceptors when preceptor may not be on-site by reviewing minimum amount of face-to-face

time for all AITs (not just Acting AITs);

- Board to consider on-site requirements for preceptors.

In an effort to encourage more preceptor engagement and participation, Board staff will continue to work in these recommended areas, through providing public information, collaborating with provider organizations, and seeking regulatory solutions where appropriate.

Finally, the number of complaints received regarding administrators, as well as resulting investigations, has remained steady for the Board this biennium. While the overall number of disciplinary cases received remains relatively low in comparison to boards with greater licensee populations, the cases can be voluminous and complex, resulting in longer review times for both Board staff and Board members. During the biennium, Board staff has worked to address case backlogs and the case review process, implementing more efficient means of transmitting case files for probable cause review and closure. Staff has continued to 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.

Revenue:
\$ 15,896,513

Expenditures:
\$ 16,783,423



EXECUTIVE DIRECTOR

William L. Harp, MD

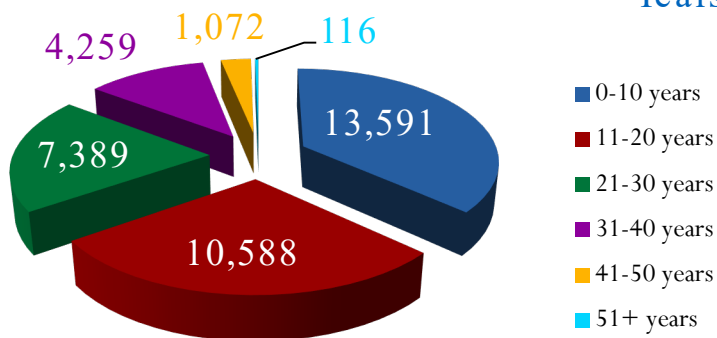
Total Licenses as of June 30, 2020:

75,417

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	86%	19%	95%	91%	98%	69,687
Q2 2019	96%	19%	92%	84%	100%	70,076
Q3 2019	81%	19%	91%	91%	99%	70,573
Q4 2019	96%	18%	93%	86%	99%	72,819
Q1 2020	91%	18%	94%	88%	98%	72,747
Q2 2020	84%	18%	93%	95%	100%	73,054
Q3 2020	100%	16%	95%	93%	100%	73,485
Q4 2020	129%	19%	93%	93%	100%	73,486

* 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



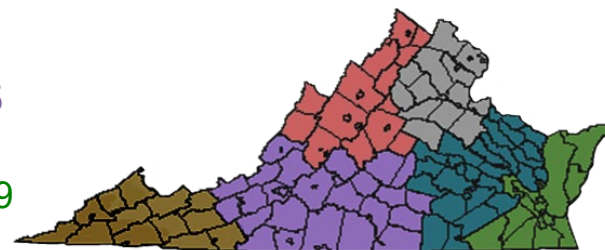
The graph to the left shows the distribution of the number of years of each reporting physician in active, clinical practice as specified by regulations of the Board.

Total Average Years In Practice: 16.96 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: 4,122
 Northern: 7,184
 Southern: 2,345
 Southwest: 540
 Tidewater: 4,379
 Valley: 2,542
 Out of State: 11,303

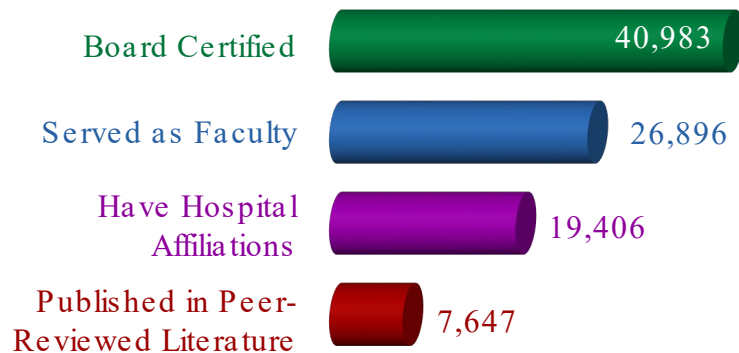


* The summary of information that follows is the information required to be reported by doctors of Medicine, Osteopathy, and Podiatry by Virginia Code §54.1-2910.1. The data in physicians' profiles is not comprehensively verified by the Board of Medicine, and therefore the Board does not accept responsibility 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 (2010-2020)
- ☹ Any disciplinary action that resulted in a suspension or revocation of privileges, or termination of employment at any point in time.

By Category		37,567 <i>Medicine</i>	3,950 <i>Osteopathy</i>	522 <i>Podiatry</i>
Translation Service Access	17,604	Felony Convictions		60
Medicaid Participation	19,331	Medical malpractice Settlements >\$10,000		2184
		Disciplinary action resulting in suspension, revocation, or termination		790



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 (2015-2020)

Innovations and Advancements

The opioid crisis in Virginia continues to be a focus for the Board of Medicine. The March 2017 emergency regulations were replaced by final regulations in August 2018. In November 2018, the Ad Hoc Committee on Opioid Continuing Education (CE) met to identify which licensees would be required to obtain 2 hours of CE and on which topics. The Committee decided all licensees with prescribing authority should obtain the CE and approved a 2-hour package that included reading the opioid regulations, reading the opioid FAQ's, viewing a video on NarxCare, and completing the Stanford University CME program entitled "How to Taper Patients Off of Chronic Opioid Therapy." Additionally, numerous articles regarding opioids have been included in the Board of Medicine's newsletter, the Board Briefs.

At the beginning of FY2019, five new members were appointed to the Board of Medicine. They were Jim Arnold, DPM from Cross Junction, Manjit Dhillon, MD from Chester, Blanton Marchese from Chesterfield, Karen Ransone, MD from Cobbs Creek, and Brenda Stokes, MD from Lynchburg. Additionally in FY2020, Joel Silverman, MD and Ryan Williams, MD were appointed to the Board.

In FY2019, the Board of Medicine conducted its second audit of compliance with the regulations on mixing, diluting or reconstituting drugs for administration. The Enforcement Division used a survey tool similar to the one used in 2011. Results showed that approximately 50% of practitioners were in compliance with every aspect of the regulations. The major issues of noncompliance were failure to have written training manuals and failure of staff to thoroughly document in the medical record.

In FY2019, the application for licensure by endorsement was posted online. Endorsement is a more expeditious pathway to licensure for physicians with significant clinical experience, board certification, licensure in another jurisdiction, and no adverse information in their history. The Board decided in 2016 to develop this new pathway instead of joining the Interstate Medical Licensure Compact (IMLC). To date, almost 700 physicians have been licensed by endorsement. The average time to licensure is less than 30 days.

In FY2019, the General Assembly added failure to sign a death certificate to the Board's Code section on unprofessional conduct. Twenty years in the making, this statute authorizes the Board of Medicine to take disciplinary action on a licensee that fails to perform this last act for the patient and family. The Board of Medicine coordinated with the Department of Health in getting the word out to practitioners that they must file death certificates through the Electronic Death Registration System.

Through the Committee of the Joint Boards of Nursing and Medicine, the Board coordinated with the Board of Nursing in the development and passage of the regulations for autonomous practice by nurse practitioners.

For the past two biennium and for the current biennium, the Board of Medicine reduced its renewal fees by approximately 20% in order to bring its cash reserves in line with the requirements of the law.

In keeping with the direction of the Department of Health Professions, the Board has embraced going "paperless." Licensees are being informed that their last paper license will be issued in 2020 and 2021, an approach that relies upon DHP's License Lookup system for the real-time status of a license. Licensees are also being informed that, in the future, renewal notices will be sent electronically.

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Regulatory / Legislative Actions

Fifteen regulatory actions were finalized:

All board regulations were amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50. The action became effective on March 5, 2020.

Pursuant to § 2.2- 4006 A 7 of the Code of Virginia, the Board 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 2020 or 2021. The action became effective on October 2, 2019.

During the 2018 General Assembly, legislation was passed authorizing the Board of Medicine to send notices electronically. Consequently, all chapters under the Board are amended to delete the word “mailed” (which is interpreted to mean by postal service) and to insert the word “sent.” The action became effective on March 22, 2019.

Chapter 20 – Medicine, Osteopathic Medicine, Podiatry & Chiropractic

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 became effective on September 5, 2018.

Pursuant to its periodic review of Chapter 20, the Board has adopted amendments to delete outdated provisions and clarify others consistent with

current practice. The action became effective on September 6, 2019.

The Board concluded the 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 action became final on August 7, 2019.

An amendment was adopted to recognize the American Board of Podiatric Medicine (ABPM) as an approved entity to qualify an applicant for licensure in podiatry to be licensed by endorsement. The action became final on November 1, 2019.

Chapter 50 – Physician Assistants

As a result of a periodic review of regulations, several sections related to a practice agreement were adopted to update and clarify the regulations. The action became final on August 22, 2019.

Pursuant to § 2.2- 4006(A)(4)(a) of the Code of Virginia, the Board of Medicine adopted amendments to regulations for physician assistants to conform licensure requirements to statutory provisions that include licensure by endorsement for spouses of active duty members of the armed forces if they have current certification from the National Commission on Certification of Physician Assistants and hold a license in another state. The action became effective on October 2, 2019.

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Regulatory / Legislative Actions - continued

Chapter 110 – Licensed Acupuncturists

Pursuant to its periodic review of Chapter 110, the Board has adopted amendments to update the name of a required examination and to use the more inclusive term of “dietary supplements” to include herbs and herbal supplements that acupuncturists are allowed to recommend. The action became effective on August 8, 2019.

Chapter 120 – Athletic Trainers

The Board amended the definition of “direction” to be consistent with the definition in model rules of the National Board of Certification for the Athletic Trainer and consistent with current practice in accordance with the law. The action became effective on August 8, 2019.

Chapter 130 – Licensed Midwives

The Board adopted an amendment to change the time from three years to ten years in which a person who is enrolled in a midwifery education program or completing his portfolio is allowed to perform tasks related to the practice of midwifery under direct and immediate supervision. The action became effective on September 20, 2018.

Chapter 140 – Polysomnographic Technologists

Pursuant to Chapter 98 of the 2018 Acts of the Assembly, the Board added a section specifying the exemption from licensure for practice as a student or trainee. The action became final on November 14, 2018.

Chapter 160 – Surgical Assistants and Surgical Technologists

Pursuant to Chapter 374 of the 2018 Acts of the Assembly, the Board of Medicine has added a section specifying requirement for renewal of registration as a surgical assistant. A surgical assistant who was registered based on a national

credential is required to attest to maintenance of that credential in order to renew. The action became effective on November 14, 2018.

Chapter 170 – Genetic Counselors

An amendment was adopted to clarify that if a person fails the licensure examination for genetic counseling, his active candidate status is terminated and he is no longer eligible for a temporary license. However, if an applicant passes the examination, the applicant may continue to practice with his temporary license until the permanent license has been issued. The action became effective on February 10, 2019.

Legislative actions affecting the Board:

Chapter 169 of the 2019 General Assembly provided a mechanism for staggering the terms of members of the Board.

Chapter 664 of the 2019 General Assembly provided certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. The bill required the licensing health regulatory board of a prescriber to grant such prescriber a waiver of the electronic prescription requirement for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Chapters 92 and 137 of the 2019 General Assembly established the role of "patient care team podiatrist" as a provider of management and leadership to physician assistants in the care of patients as part of a patient care team. The bill modified the supervision requirements for physician assistants by establishing a patient care team model. The bill directed the Board of Medicine to adopt emergency regulations to implement the provisions of the bill.

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Regulatory / Legislative Actions - continued

Chapter 379 of the 2019 General Assembly provided that the Board of Medicine may issue a retiree license to any doctor of medicine, osteopathy, podiatry, or chiropractic who holds an active, unrestricted license to practice in the Commonwealth upon receipt of a request and submission of the required fee. The bill provides that a person to whom a retiree license has been issued shall not be required to meet continuing competency requirements for the first biennial renewal of such license. The bill also provides that a person to whom a retiree license has been issued shall only engage in the practice of medicine, osteopathy, podiatry, or chiropractic for the purpose of providing charity care or health care services to patients in their residence for whom travel is a barrier to receiving health care. (Note: the Board studied issuance of such a license and determined it was not advisable.)

Chapter 709 of the 2020 General Assembly directed the Board to annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression and encouraging practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate.

Chapters 41 and 721 of the 2020 General Assembly prohibited any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action.

Chapters 46 and 232 of the 2020 General Assembly added nurse practitioners and physician assistants to the list of health care practitioners who are not required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

Chapter 1222 of the 2020 General Assembly defined "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. The bill also established the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

Chapter 926 of the 2020 General Assembly provided that the one member of the Advisory Board on Athletic Training may be employed in the public or private sector. Previously, the law required that the member be employed in the private sector.

Chapter 927 of the 2020 General Assembly authorized licensed athletic trainers to possess and administer naloxone or other opioid antagonist for overdose reversal pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice.

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Regulatory / Legislative Actions - continued

Chapters 236 and 368 of the 2020 General Assembly stated that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the acts of unprofessional conduct. The Department of Health Professions was required to report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill also required the Board to prioritize applications for licensure by endorsement as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application.

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

Challenges and Solutions

In early FY2019, the Board said goodbye to its Deputy Executive Director for Licensure. For the next year, the Deputy Executive Director for Administration stepped in to fill the management role in Licensure. She reset the expectations for staff in the workplace and streamlined processes. The new Deputy for Licensure arrived in early FY2020.

Since 2017, the Board has informed its licensees with prescribing authority that prescriptions containing an opioid must be transmitted electronically to a pharmacy beginning July 1, 2020. The law included the authority for the Board to grant a 1-year waiver of the requirement for demonstrated economic hardship, technical limitations beyond the control of the licensee, or other exceptional circumstances. The Deputy for Administration worked with IT to develop an online waiver request form and system for capturing the data submitted for review by Board staff. In April 2020, an email was sent to all affected licensees of the Board about the upcoming deadline of July 1, and included the waiver request form to be submitted online for the 1-year waiver. Given the impact of COVID19, the Board anticipated thousands of waiver requests. Almost 2,000 were received, most with solid reasons that met the standard for the granting of a waiver. Those with explanations that did not demonstrate the need for a waiver were notified that more information was required.

In support of the Commonwealth's response to COVID19, and to ensure that Virginia would have enough health care providers, the Board streamlined its licensing processes for five essential professions. The five were doctors of medicine, osteopathy and podiatry, as well as physician assistants and respiratory therapists. Initial issuance, reactivation and reinstatement of licenses were facilitated by waivers issued by the Director of the Department of Health Professions. At one point in late FY2020, the issuance of licenses almost quadrupled the number issued in the same timeframe of FY2019.

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Challenges and Solutions - continued

In the latter part of FY2020, in order to protect the Board of Medicine staff, teleworking and hybrid schedules were implemented. Presently 17 of 22 staff telework most of the week, coming in to drop off materials and pick-up materials to work on at home. This has become a popular option and staff would like to see it continued into the future.

The 2020 Session of the General Assembly passed a Section One bill that requested the Board of Medicine to pursue reciprocal licensing agreements with Virginia's contiguous states. Board staff found that only Maryland and the District of Columbia (DC) would be open to reciprocal agreements. The three jurisdictions will have to agree on the qualifications required. Maryland and DC have already indicated that they would require more criteria for licensure than proposed in the Section One bill.

In the latter part of 2020, the Board of Medicine began holding virtual business meetings when a quorum was required, but the agenda did not justify Advisory Board members driving hours to and from the conference center, or were concerned about in-person meetings due to COVID19 concerns. Board staff and Board members became proficient with the WebEx system in short order and would like to see this meeting format continue beyond the emergency of COVID19.

During this biennium, the Board has had several high-profile disciplinary cases that generated, and continue to generate, media interest. Board staff, with the assistance of the DHP Communications Director, responded to all requests for records and answered questions except for those covered under the confidentiality statute.

Nursing
 Revenue: \$22,102,409 Expenditures: \$23,429,852

Certified Nurse Aides
 Revenue: \$3,602,454 Expenditures: \$3,371,321

Nursing Scholarship
 Expenditures: \$0,000,000



EXECUTIVE DIRECTOR

Jay P. Douglas, RN, MSM, CSAC, FRE

Total Licenses as of June 30, 2020:

221,545

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	104%	13%	76%	88%	99%	277,221
Q2 2019	98%	12%	71%	90%	99%	227,146
Q3 2019	101%	14%	71%	95%	99%	227,778
Q4 2019	102%	15%	82%	90%	98%	228,276
Q1 2020	75%	18%	77%	81%	99%	230,545
Q2 2020	68%	18%	71%	82%	99%	228,514
Q3 2020	100%	20%	71%	85%	99%	221,168
Q4 2020	120%	25%	74%	88%	99%	221,545

Innovations and Advancements

Licensing

The Board has continued its efforts to increase use of technology as a means of providing increased efficiency of internal processes and improved customer satisfaction. These efforts include the following activities:

- Redesign of board webpage for ease of use and to increase self- service options;
- Implemented paperless licensing processes for initial licenses , renewals and verifications ;
- Converted hard copy licensing notifications to electronic communications;
- Use of group email addresses and shared drives for submission of and management of licensure application supporting documents;
- Increased use of data fields and input of data into the licensing data base reducing retention of associated hard copy documents;
- Managed and communicated a licensure renewal fee decrease for all professions renewed within two years in response to statutory requirements;
- Moved all staff to remote work due to COVID19 and made final adjustments to licensing processes so that this work could be handled remotely.

Criminal Background Checks (CBC)

The CBC unit workload increased to include implementation of fingerprint-based criminal history checks (CBCs) for the Board of Pharmacy, under Va. Code § 54.1-3442.6, Pharmaceutical Processors, effective September 2018. In March 2019, the CBC Unit began implementation activities to prepare for CBCs for physical therapists and physical therapist assistants effective January 1, 2020 for the Board of Physical Therapy under Va. Code § 54.1-3484 (PT Compact). The CBC Unit housed in the Board of Nursing continues to process CBC's for nursing and massage therapy applicants.

The Board streamlined its processes by working with Virginia State Police to

establish a mechanism for electronic communication of criminal history records to the Board. Prior to this enhancement the unit was dependent up receiving results hard copy through the mail which lengthened the licensure application processing time.

Nurse Practitioners (Jointly licensed by the Board of Medicine)

Board staff developed new processes, revised applications and documents related to the following changes:

- Autonomous practice designations for nurse practitioners with more than 9,000 hours of clinical experience;
- Elimination of separate license for prescriptive authority;
- Granting of one time waivers for e-prescribing.

Review of Guidance Documents

The Board conducted a review of all guidance documents utilizing external experts for input when necessary. This review resulted in amendments to and adoption of twenty-five guidance documents and the repeal of two. Changes were incorporated to guidance documents in the following areas:

- Discipline process
- Compliance monitoring
- Continued competency requirements
- Massage Therapy techniques
- Clinical procedures
- Medication administration
- Education programs
- Medication administration training programs
- Board bylaws

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Regulatory / Legislative Actions

Twelve regulatory actions were finalized:

Pursuant to its periodic review of Chapter 15 on Delegation to an Agency Subordinate, the Board amended section 30 to eliminate the provision that requires the executive director to maintain a list of appropriately qualified persons who may act as an agency subordinate. The action became final on March 22, 2019.

The Board amended Chapter 19 on the Practice of Nursing 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 action became final on February 21, 2019.

The Board amended sections 210 and 220 of Chapter 19 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 action became effective on March 22, 2019.

Board regulations were amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50. The action became effective on March 5, 2020.

Pursuant to its periodic review of Chapter 21 (regulations for medication administration training and immunization protocol), the Board amended the title to clarify the content and intent of the regulation. There were no other changes in the chapter. The action became effective on February 21, 2019.

Pursuant to its periodic review of Chapter 25 (regulations for certified nurse aides), the Board amended regulations to clarify certain provisions, make some

rules less burdensome and add requirements that are necessary for protection of the public or clients of nurse aides. Additional requirements included: 1) a requirement for an applicant who does not take the state examination within two years of approval to sit or who fails it three times to take another training program; 2) a new subsection on reinstatement after revocation or suspension; and 3) repeal of section 130 and 140 by moving the requirements for an approved nurse aide advanced certification education program to Chapter 26. The action became effective on July 15, 2019.

The Board amended Chapter 27 (regulations for nursing education programs) 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. The action became effective on September 20, 2018.

Regulations for nurse practitioners and prescriptive authority (Chapters 30 and 40) were promulgated as emergency regulations 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 final regulation became effective on July 9, 2019.*

(continued on next page)

Regulatory / Legislative Actions – continued

Amendments to Chapter 30 (nurse practitioners) for consistency with provisions of HB2119 of the 2017 General Assembly, laser hair removal must be performed by a “properly trained person” who is a licensee or by a “properly trained person under the direction and supervision” of a doctor, physician assistant, or nurse practitioner. This action provided a regulatory framework for “direction and supervision” so the laser hair technician, the supervising practitioner and the public will understand the scope of responsibility for such direction and supervision. The action became effective on August 7, 2019.*

Chapter 40 (prescriptive authority) was amended to eliminate the requirement for a separate license for a nurse practitioner to have prescriptive authority. The action became final on March 4, 2020.*

Consistent with Chapter 776 of the 2018 Acts of the Assembly, emergency regulations were adopted to set the qualifications for authorization for a nurse practitioner to practice without a practice agreement with a patient care team physician, including the hours required for the equivalent of five years of full-time clinical experience, content of the attestation from the physician and nurse practitioner, submission of an attestation when the nurse practitioner is unable to obtain a physician attestation, requirements for autonomous practice, and the fee for authorization. The final action became effective on July 22, 2020.*

Pursuant to its periodic review of Chapter 60, the Board amended regulations to clarify certain provisions, make some rules less burdensome and add requirements that are necessary for protection of the public or the medication aide. Additional requirements include: 1) more information on the certificate of completion; 2) process for withdrawal of approval of a medication aide training

program; 3) a new section on reinstatement after revocation or suspension; and 4) language clarifying that the Board may take disciplinary action for any violation of the chapter, including the standards of practice. The action became effective on July 15, 2019.

Legislative Actions Affecting the Board:

Chapter 169 of the 2019 General Assembly altered the composition of the Board to require one fewer position for a licensed practical nurse and allow that position to be filled by either a registered nurse or a licensed practical nurse. The bill replaced the requirement that the Board meet each January with the requirement that it meet at least annually. The bill also removes specific officer titles from the requirement that the Board elect officers from its membership. The bill also provides a mechanism for evenly staggering the terms of members of the Board.

Chapter 664 of the 2019 General Assembly required the Boards to promulgate regulations to implement a waiver for nurse practitioners with prescriptive authority to the requirement for electronic prescribing of a Schedule II drug containing an opioid.*

Chapters 41 and 721 of the 2020 General Assembly prohibited any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action.

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Regulatory / Legislative Actions – continued

Chapters 46 and 232 of the 2020 General Assembly added nurse practitioners and physician assistants to the list of health care practitioners who are not required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.*

Chapters 100 and 161 of the 2020 General Assembly authorized certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry.*

Chapter 727 of the 2020 General Assembly provided that an applicant who completed a massage therapy educational program in a foreign country may apply for licensure as a massage therapist upon submission of evidence that the applicant (i) is at least 18 years old, (ii) has successfully completed a massage therapy educational program that is comparable to a massage therapy educational program required for licensure by the Board, (iii) has passed a Board-approved English language proficiency examination, and (iv) has not committed any acts or omissions that would be grounds for disciplinary action or denial of licensure. The Board is authorized to issue a license to an applicant who completed his massage therapy educational program in a foreign country upon submission of evidence of completion of the English-language version of the Licensing

Examination of the Federation of State Massage Therapy Boards or a comparable examination.

Chapter 236 of the 2020 General Assembly provided that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the acts of unprofessional conduct. The Department of Health Professions was required to report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill also required Boards to prioritize applications for licensure by endorsement as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application.*

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

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Challenges and Solutions

In response to the COVID19 pandemic and the declared state of emergency the Board moved swiftly to move staff remotely and to alter processes for remote access. The immediate focus was to ensure an adequate nursing workforce through the licensure of new graduates and those seeking authorization to practice in Virginia who may not be living in one of the 34 jurisdictions covered by the Nurse Licensure Compact. Because of temporary licensure options via the Governor's Executive Orders the Board implemented processes to handle these situations and responded to the high volume of inquiries from nurses, support personnel and nurse practitioners on matters related to COVID19.

Education Program Approval

The Board exercises its authority for the regulatory oversight of approximately 500 Nursing (RN and LPN), Nurse Aide and Medication Aide education programs. The current pandemic has brought about many challenges for these programs particularly in the delivery of clinical education, which is an essential component of graduation for these students. The Board has worked collaboratively with education, practice entities and other state agencies to ensure optimization of clinical experiences and has offered alternatives to face-to-face experiences through the application of regulatory waivers.

Waivers authorized included:

- Simulation for total clinical hours;
- Simulation for clinical hours in a single course;
- Extension of authorization timeframe for a student to practice while waiting to take the licensure examination;
- Site visit alternate modalities;

- Frequency of site visits;
- Instructional personnel qualifications;
- Alternate sites for clinical training.

An expert stakeholder and board member committee was convened to make recommendations for revisions to the nurse aide education curriculum. This new curriculum subsequently approved by the full board in January 2019 resulted in a more relevant product that met with the federal requirements and enhanced areas necessary to improve the quality of the delivery of nurse aide skills.

Disciplinary Cases and Complaints

The Board of Nursing handles a high volume of cases many of which do not necessitate an administrative proceeding. The board has increased alternative resolution of cases and continues to rely on agency subordinates and part time probable cause reviewers to assist the board in its review of cases. An increase in volume and complexity of cases is noted as well an increase in reports related to mental health and substance abuse admissions. Methods for remote review of cases are now in place and board members have participated in the probable cause review processes more fully.

Revenue:
\$572,370

Expenditures:
\$735,515



EXECUTIVE DIRECTOR

Leslie L. Knachel, MPH

Total Licenses as of June 30, 2020:

1,970

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	50%	-	100%	100%	95%	1,933
Q2 2019	-	-	-	100%	95%	1,954
Q3 2019	33%	22%	50%	-	100%	1,895
Q4 2019	67%	40%	100%	-	96%	1,970
Q1 2020	250%	29%	20%	100%	95%	2,008
Q2 2020	100%	24%	33%	14%	86%	2,015
Q3 2020	100%	28%	33%	100%	100%	1,905
Q4 2020	75%	40%	33%	100%	100%	1,970

Innovations and 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.

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 2018 and 2020 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Transitioning to license applications that are submitted via online processes;
- Accepting electronic submission of application documentation;

- Substituting electronic documents for hard copies;
- Continuing to encourage online renewals;
- Transitioning to paperless filing systems to enhance teleworking efforts and reduce paper usage; and
- Utilizing emails to notify licensees of important information.

September 2019, the Board's website was updated to a more user-friendly format for use on multiple types of electronic devices.

The TPA-Formulary Committee, having not met since 2004, convened meetings in 2019 and 2020 to consider the addition of two drugs. The seven member Committee consists of four optometrists appointed by the Board of Optometry, two ophthalmologists appointed by the Board of Medicine and one pharmacist appointed by the Board of Pharmacy. Both convened sessions resulted in moving forward with two drugs being added to the TPA-Formulary.

The scope of practice for optometrists was amended in 2018 to include treatment of chalazia by means of injection of a steroid. An optometrist who opts to provide this treatment must submit documentation of having completed a didactic and clinical training course provided by an accredited school of optometry. An email notification was sent to all TPA-Certified Optometrists regarding the change in scope of practice and the required documentation to provide such treatment.

The expiration date for licenses and registrations issued by the Board, was changed from December 31st of each year to March 31st. To accommodate this change, the renewal cycle in December 2018 resulted in a 15-month license. There was no license renewal activity in calendar year 2019.

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Innovations and Advancements - continued

A petition for rulemaking resulted in the promulgation of regulations for an inactive license. The regulatory action became effective during the 2020 renewal cycle. The Board was able to accommodate licensees' requests to renew in an inactive status.

The Board received a petition for rulemaking to add an entity to the list that can sponsor, accredit or approve a continuing education course or program. The Board decided to take no action on the petition for rulemaking at that time. However, the Board determined that an overall review of continuing education entities found in the regulations was warranted before any additions or subtractions were made to the list. The Board requested that the Continuing Education Committee convene to review the list of entities that can approve, accredit or approve continuing education courses or programs. The Committee's recommendation was to make no changes. The Board accepted the Committee's recommendation and took no further action.

At the request of the Board, the Professional Designation Committee convened to discuss the continued need to regulate professional designations. In its review of law and regulation, the Committee found no statutory requirement for registration of such designations and no necessity in terms of consumer protection for such registration. The repeal of this section eliminates a restriction and regulatory burden on optometrists.

As of July 1, 2020, prescriptions for controlled substances that contain an opioid are required to be electronically transmitted to the patient's pharmacy and must comply with federal requirements. A TPA-Certified Optometrist is authorized to prescribe one opioid, hydrocodone in combination with acetaminophen. If unable to comply with federal requirements for electronically transmitting prescriptions, legislation authorizes the Board of Optometry to grant a one-time

waiver of the electronic prescription requirement, not to exceed one year. The Board of Optometry may only grant a waiver if the requesting TPA-Certified Optometrist demonstrates economic hardship, technological limitations that are not reasonably within his control, or other exceptional circumstances.

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

Regulatory / Legislative Actions

Five regulatory actions were finalized:

Regulations for prescribing of controlled substances containing opioids were promulgated as emergency regulations to address the opioid abuse crisis in Virginia. Regulations for the management of acute pain. 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. Emergency regulations were replaced with permanent regulations that became effective on November 13, 2019.

In addition to editorial changes, the Board adopted changes for deletion of unnecessary or unenforceable rules, inclusion of a definition for active practice, more specificity about evidence of continued competency required for licensure by endorsement and reinstatement, clarification about the expiration date that may be included on an eyeglass prescription, and a waiver of graduation from an accredited school if an applicant was educated in a foreign country but has been actively practicing in another state. The final action was effective on December 11, 2019.

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Regulatory / Legislative Actions - continued

House bill 2557 (2019) placed the drug gabapentin as a controlled substance in Schedule V; in accordance, the Board amended its regulations to add gabapentin to the therapeutic pharmaceutical agents (TPA) formulary. The fast-track action became effective on January 22, 2020.

In response to a petition for rulemaking, the Board promulgated regulations to issue inactive licenses to allow licensees who are no longer practicing, either because they have located to another state or have retired, to place their Virginia licenses in an inactive status and to allow them to reactivate should they decide to resume practice. The action became effective on March 4, 2020.

The regulation was amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50 for handling a returned check or dishonored credit card or debit card payment. The amendment became effective on March 5, 2020.

Two regulatory actions were promulgated during the biennium but finalized after July 1, 2020:

Emergency regulations were promulgated to provide for a one-year waiver from the requirement if the practitioner can demonstrate economic hardship technological limitations or other exceptional circumstances beyond the practitioner's control. The emergency regulation became effective on August 12, 2020, and the Board was in the process of replacing it with a permanent regulation.

The Board repealed all of section 50, which established the requirements for issuance and usage of a professional designation, and amended the fees in section

20, relating to professional designations, and section 40, relating to unprofessional conduct for practicing in a location with an unregistered professional designation. The fast-track action became effective on October 29, 2020.

Legislative action affecting the Board:

Chapter 340 of the 2019 General Assembly added to the requirements for the five licensed optometrist members of the Board of Optometry that they be individuals who at the time of appointment (i) have met all requirements for practice as an optometrist and are qualified to engage in the full scope of the practice of optometry and (ii) are actively engaged in the delivery of clinical care to patients.

Challenges and Solutions

One of the Board's biggest challenges is the regulation of telepractice as new technology is introduced. The Board continues to monitor the evolution of products and services delivered online and assessing whether regulation is necessary to protect the public.

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Revenue:
\$6,965,340

Expenditures:
\$7,842,000



EXECUTIVE DIRECTOR

Caroline D. Juran, R. Ph.

Total Licenses as of June 30, 2020:

37,640

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	121%	6%	86%	93%	100%	38,002
Q2 2019	117%	9%	89%	95%	100%	36,034
Q3 2019	103%	11%	87%	100%	100%	36,034
Q4 2019	128%	7%	90%	98%	100%	37,265
Q1 2020	81%	8%	89%	94%	100%	38,388
Q2 2020	124%	11%	96%	99%	100%	35,564
Q3 2020	75%	11%	89%	89%	100%	36,791
Q4 2020	118%	8%	79%	98%	100%	37,640

Innovations and Advancements

Each year since 2016, the Board of Pharmacy has reacted to legislation that expands the pharmaceutical processor program which it regulates. A pharmaceutical processor is a facility that cultivates cannabis indoors, produces cannabis oil products, and dispenses these oil products under pharmacist supervision to patients recommended by registered practitioners to use the oils for the treatment of a condition for which the practitioner believes the patient may benefit. In December 2018 at the conclusion of a competitive application process, the Board awarded conditional approval of a pharmaceutical processor permit to five applicants. Following facility construction and board inspection, four of these applicants were issued a pharmaceutical processor permit in 2020 and one conditional approval was rescinded in June 2020. One or more processor had begun cultivating plants at the end of this biennial report in hopes of dispensing oils later in 2020. The number of registrations issued by the board to patients, parents, legal guardians, registered agents, and practitioners continued to increase during this biennial period. Additionally, the 5% maximum allowance of tetrahydrocannabinol (THC) in the cannabis oil was removed during the 2020 General Assembly session. The maximum allowance of 10mg THC per dose remained in Code, but the term “dose” was not defined. The 2020 General Assembly also directed workgroups to be convened later in 2020 to consider further expansions to the medical cannabis program and possible allowances for an adult-use program.

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 six new

innovative (pilot) programs that generally allowed for the use of new technology in the repackaging and dispensing of medications, such as automated dispensing devices for use in hospice and behavioral health treatment facilities and carousel technology. At the end of the biennium, there were approximately 24 current active innovative pilot programs.

Board staff provided approximately 30 presentations during the biennium on board-related activities. Some of the audiences included: 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 State Police.

Twelve e-newsletters or email communications en masse were disseminated to licensees during the biennium. Electronic communications were sent to those licensees who provided a current active email address to the board which was approximately 75% of the Board’s licensee population. Communications provided relevant information on board-related activities to further educate the licensees and increase compliance.

During the biennium, the executive director was elected and served as Treasurer of the National Association of Boards of Pharmacy, and was elected President-Elect toward the end of the biennium.

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Regulatory / Legislative Actions

The following regulatory actions were finalized:

Chapter 20 was amended five times to place chemicals into Schedule I, as recommended by the Department of Forensic Sciences. The actions became effective on September 5, 2018, November 28, 2018, April 3, 2019, June 26, 2019 and August 5, 2020.

There were two actions to conform Virginia scheduling of controlled substances to changes in federal schedules by the Drug Enforcement Administration. Those actions became effective on February 6, 2019 and August 5, 2020.

Emergency regulations were replaced to authorize issuance of a controlled substances registration to: 1) persons who have been trained in the administration of naloxone in order to possess and dispense the drug to persons receiving training; and 2) an entity for the purpose of establishing a bona fide practitioner-patient for prescribing when treatment is provided by telemedicine in accordance with federal rules. As applicable, regulations for controlled substances registrants were amended to include record-keeping, security, and storage requirements. The final action became effective on January 23, 2019.

The Board adopted a regulation to require an applicant as a pharmacist, a pharmacy intern, or a pharmacy technician to obtain an e-profile ID number from the National Association of Boards of Pharmacy (NABP) that may be utilized by the applicant and the Board to track discipline, exam scores, and continuing education. The action became effective on June 26, 2019.

Chapter 20 was amended to require a pharmacy to be fully operational within 90 days of issuance of permit. The action became effective on August 22, 2019.

Chapter 20 was amended to conform the definition of “cold” to include revised temperature range for drug storage in a freezer in accordance with recent guidance from the United States Pharmacopeia. The action became effective on July 25, 2019.

The Board conducted a periodic review of Chapters 20 and 50 determined that provisions in Chapter 20 relating to the licensure of pharmacists and registration of pharmacy technicians should be re-promulgated into a separate chapter, Chapter 21, to reduce the size and complexity of this chapter. Additionally, section 15, Criteria for delegation of informal fact-finding proceedings to an agency subordinate, was moved into a separate chapter, Chapter 15, because it applies to all types of licensees, registrants, and permit holders regulated by the board. Amendments were also adopted for Chapters 20 and 50 to address current issues with practice, to clarify certain requirements, and to incorporate provisions currently found in guidance documents. The final action became effective on December 11, 2019.

Pursuant to Chapter 96 of the 2018 Acts of the Assembly (HB520), the Board adopted amendments to 18VAC110-50-10 et seq., relating to a requirement for registration of nonresident warehousemen and third-party logistics providers. The action became effective on March 22, 2019.

Chapter 60, new Regulations Governing Pharmaceutical Processors, finally became effective on August 7, 2019, replacing emergency regulations that were enacted pursuant to Chapter 577 of the 2016 Acts of the Assembly which required the Board to promulgate regulations governing issuance of a permit for a pharmaceutical processor to manufacture and provide cannabidiol oil and THC-A oil. Part I established definitions and fees to be charged to applicants, registrants, and permitted processors. As specified in the legislation, Part II of the regulations established requirements for issuance or denial of registration for certifying physicians, patients, parents or legal guardians. Part III set out the application and approval process for issuing a permit to a pharmaceutical processor, including the information that must be submitted, the requirements for issuing conditional and then final approval, the rules for notification to the Board of any changes or of closure of the processor, and the causes for action against a processor.

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Regulatory / Legislative Actions - continued

Chapter 60 continued - Part IV set out the provisions for personnel at the pharmaceutical processor, including a requirement that a pharmacist with a current, unrestricted Virginia license provide personal supervision on the premises at all times during hours of operation or whenever the processor is accessed. It included requirements for employee training, supervision of pharmacy technicians, and the responsibilities of the pharmacist-in-charge. Part V set out provisions for the operation of a pharmaceutical processor, including requirements for inventory, security, storage and handling, record-keeping, and reportable events. Part VI established requirements for the cultivation, production, and dispensing of cannabidiol oil, including labeling, laboratory and testing standards, dispensing errors and quality assurance, and proper disposal.

Legislative actions affecting the Board:

Chapter 85 of 2019 and Chapters 101 and 229 of the 2020 Sessions of the General Assembly passed legislation adding chemicals scheduled by the Board in Schedule I of the Drug Control Act.

Chapter 169 of the 2019 Session of the General Assembly provided a mechanism for evenly staggering the terms of members of the board, without affecting the terms of current members.

Chapter 94 of the 2019 Session of the General Assembly established a process by which the Board, an authorized agent of the Board, or law enforcement can seize and place under seal controlled substances and prescription devices that are owned or possessed by a person or entity when the registration, license, permit, or certificate authorizing such ownership or possession is suspended or revoked.

The bill also provided procedures and requirements for the transfer and disposal of sealed controlled substances and prescription devices if subject to forfeiture. The bill provided that the period in which the Director of the Department of Health Professions, his authorized agent, or a law-enforcement officer may properly dispose of the seized drugs and devices in the event the owner has not claimed and provided for the proper disposition of the property is 60 days from notice of seizure.

Chapters 135 and 96 of the 2019 Session of the General Assembly allowed a pharmacist to include information regarding the proper disposal of medicine when giving counsel to a person who presents a new prescription for filling.

Chapter 417 of the 2019 Session of the General Assembly allowed pharmaceutical processors to employ or permit to act as an agent of such pharmaceutical processor persons who have been convicted of certain drug and drug paraphernalia misdemeanors, except in cases where such conviction occurred within the last five years. The bill also required that pharmaceutical processors adopt policies for pre-employment drug screening and regular, ongoing, random drug screening of employees.

Chapter 221 of the 2019 Session of the General Assembly expanded the list of individuals who may dispense naloxone pursuant to a standing order to include health care providers providing services in hospital emergency departments and emergency medical services personnel and eliminates certain requirements. The bill established requirements for the dispensing of naloxone in an injectable formulation with a hypodermic needle or syringe. The bill also allowed a person who dispenses naloxone on behalf of an organization to charge a fee for the dispensing of naloxone, provided that the fee is no greater than the cost to the organization of obtaining the naloxone dispensed.

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Regulatory / Legislative Actions - continued

Chapter 214 of the 2019 Session of the General Assembly classified gabapentin as a Schedule V controlled substance. The bill also removed the list of drugs of concern from the Code of Virginia and provided that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within six months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

Chapter 96 of the 2019 Session of the General Assembly authorized licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill required the Board to promulgate regulations establishing dosage limitations, which required that each dispensed dose of cannabidiol oil or THC-A oil not exceed 10 milligrams of tetrahydrocannabinol.

Chapter 690 of the 2019 Session of the General Assembly authorized a patient or, if such patient is a minor or an incapacitated adult, such patient's parent or legal guardian to designate an individual to act as his registered agent for the purposes of receiving cannabidiol oil or THC-A oil pursuant to a valid written certification. Such designated individual was required register with the Board of Pharmacy (Board). The bill authorized the Board to set a limit on the number of patients for whom any individual is authorized to act as a registered agent. The bill authorized a pharmaceutical processor to dispense cannabidiol oil or THC-A oil to such registered agent and provided such registered agent an affirmative defense for possession of cannabidiol oil or THC-A oil. The bill authorized a pharmaceutical processor, in addition to other employees authorized by the

Board, to employ individuals (i) to perform cultivation-related duties under the supervision of an individual who has received a degree in horticulture or a certification recognized by the Board or who has at least two years of experience cultivating plants and (ii) to perform extraction-related duties under the supervision of an individual who has a degree in chemistry or pharmacology or at least two years of experience extracting chemicals from plants. The bill directed the Board to promulgate regulations regarding the wholesale distribution of and transfer of cannabidiol oil or THC-A oil between pharmaceutical processors and removes a requirement that a pharmaceutical processor only dispense cannabidiol oil or THC-A oil cultivated and produced on-site. The bill provided that a pharmaceutical processor may begin cultivation upon being issued a permit by the Board. The bill provided that the concentration of tetrahydrocannabinol in any THC-A oil on site at a pharmaceutical processor may be up to 10 percent greater than or less than the level of tetrahydrocannabinol measured for labeling. Finally, the bill required the Board of Pharmacy to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

Chapters 46 and 232 of the 2020 Session of the General Assembly added nurse practitioners and physician assistants to the list of health care practitioners who cannot be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

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Regulatory / Legislative Actions - continued

Chapter 924 of the 2020 Session of the General Assembly authorized an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board in consultation with the Board of Medicine and the Department of Health. The bill also provided that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provided immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct.

Chapters 102 and 237 of the 2020 Session of the General Assembly amended eligibility criteria for registration as a pharmacy technician to include a requirement that the individual has (i) successfully completed or was enrolled in a Board of Pharmacy-approved pharmacy technician training program or (ii) passed a national certification examination required by the Board but did not complete a Board-approved pharmacy technician training program. The bill also directed the Board to establish requirements for the issuance of a registration as a pharmacy technician to a person who (a) has previously practiced as a pharmacy technician in another U.S. jurisdiction and (b) has passed a national certification examination required by the Board. The bill defined "pharmacy

technician trainee" and sets out requirements for registration as a pharmacy technician trainee. The bill also directed the Board to convene a workgroup composed of stakeholders deemed appropriate by the Board to develop recommendations related to the addition of duties that a pharmacy technician registered by the Board may perform.

Chapter 730 of the 2020 Session of the General Assembly provided that in addition to a patient or a patient's legal guardian who is a Virginia resident, a pharmaceutical processor may dispense in person to a patient or a patient's legal guardian who temporarily resides in Virginia as made evident to the Board of Medicine with a certification for cannabidiol oil and THC-A oil from a Virginia practitioner. The bill also made clear that a practitioner who issues a written certification for cannabidiol oil must use his professional judgment to determine the manner and frequency of patient care and evaluation and authorizes such practitioner to utilize telemedicine, consistent with federal requirements for the prescribing of Schedule II through V controlled substances.

Chapter 731 of the 2020 Session of the General Assembly allowed a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board in collaboration with the Board of Medicine and the Department of Health.

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Regulatory / Legislative Actions - continued

Chapter 731 continued - The bill directed the Board to establish such protocols by November 1, 2020, to promulgate emergency regulations to implement the provisions of the bill, and to convene a work group to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarified that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

Chapter 614 of the 2020 Session of the General Assembly directed the Board to enhance public awareness of proper drug disposal methods by assembling a group of stakeholders to develop strategies to increase the number of permissible drug disposal sites and options for the legal disposal of drugs, including requirements that pharmacies, or in-house pharmacies of hospitals or clinics, provide such information to customers. The bill directed the Board to report its findings and recommendations to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than November 15, 2020.

Chapters 609 and 610 of the 2020 Session of the General Assembly allowed the Board to issue a limited-use license for the purpose of dispensing Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances to a doctor of medicine, osteopathic medicine,

or podiatry, a nurse practitioner, or a physician assistant, provided that such limited-use licensee is practicing at a nonprofit facility. The bill requires such nonprofit facilities to obtain a limited-use permit from the Board and comply with regulations for such a permit. This bill directed the Board of Pharmacy to adopt emergency regulations to implement the provisions of the bill.

Chapter 928 of the 2020 Session of the General Assembly allowed pharmaceutical processors to acquire industrial hemp grown and processed in Virginia from a registered industrial hemp dealer or processor and allows a pharmaceutical processor to process and formulate industrial hemp with cannabis plant extract into an allowable dosage.

Chapter 1166 of the 2020 Session of the General Assembly provided that compounding of drugs provided to the Department of Corrections for the purpose of carrying out an execution by lethal injection constitutes the practice of pharmacy and is subject to the requirements of the Drug Control Act and the jurisdiction of the Board of Pharmacy. The bill provided that only outsourcing facilities may compound such drugs. The bill required the Board to report annually by December 1 to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions on (i) the number of outsourcing facilities permitted or registered by the Board that have entered into a contract with the Department of Corrections for the compounding of drugs necessary to carry out an execution by lethal injection and (ii) the name of any such outsourcing facility that received disciplinary action for a violation of law or regulation related to compounding.

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Regulatory / Legislative Actions - continued

Chapter 941 of the 2020 Session of the General Assembly provided that no person employed by an analytical laboratory to retrieve, deliver, or possess cannabidiol oil, THC-A oil, or industrial hemp samples from a permitted pharmaceutical processor, a licensed industrial hemp grower, or a licensed industrial hemp processor for the purpose of performing required testing shall be prosecuted for the possession or distribution of cannabidiol oil, THC-A oil, or industrial hemp, or for storing cannabidiol oil, THC-A oil, or industrial hemp for testing purposes in accordance with regulations promulgated by the Board and the Board of Agriculture and Consumer Services.

Chapter 1278 of the 2020 Session of the General Assembly defined "cannabis dispensing facilities" and allowed the Board to issue up to five permits for cannabis dispensing facilities per health service area. The bill required the Board to establish a ratio of one pharmacist for every six pharmacy interns, technicians, and technician trainees for pharmaceutical processors and cannabis dispensing facilities. The bill directed the Board of Pharmacy to require that, after processing and before dispensing cannabis oil, a pharmaceutical processor make a sample available from each homogenized batch of product for testing at an independent laboratory located in Virginia that meets Board requirements. The bill required that the Board promulgate regulations that include an allowance for the sale of devices for administration of dispensed products and an allowance for the use and distribution of inert product samples containing no cannabinoids for patient demonstration exclusively at the pharmaceutical processor or cannabis dispensing facility, and not for further distribution or sale, without the need for a written certification. The bill also required the Board to adopt regulations for pharmaceutical processors that include requirements for (i) processes for safely and securely cultivating cannabis plants intended for producing cannabis oil; (ii) a maximum number of marijuana plants a pharmaceutical processor may possess at

any one time; (iii) the secure disposal of plant remains; (iv) dosage limitations, which shall provide that each dispensed dose of cannabis oil not exceed 10 milligrams of tetrahydrocannabinol; and (v) a process for registering cannabis oil products. The bill required the Board to promulgate required regulations within 280 days of the bill's enactment.

Challenges and Solutions

Challenge: Implementation of pharmaceutical processor program.

Solution: The Board hired an additional staff member to directly work with operationalizing the pharmaceutical processor program. Many processes were developed and implemented, including a process for inspecting and permitting facilities, issuing registrations to registered agents, oil products, cannabis dispensing facilities, and patients temporarily residing in Virginia; contracts were implemented for developing a confidential patient registration verification system and for reporting dispensed oils to the Prescription Monitoring Program. The Board adopted several regulatory packets in response to legislation and continued to respond, as necessary, to this very fluid subject.

Challenge: Responding to COVID19.

Solution: In addition taking actions similar to other boards within DHP in response to COVID19, the Board was involved with the following responses:

- Collaborating with VDH and DEA to identify and implement processes for potentially permitting make-shift pharmacy locations to treat COVID19 patients if hospitals surged capacity;
- Collaborating with VDH to identify and implement processes for pharmacists to order and administer COVID19 tests; and,
- Adopting emergency waivers of certain laws and regulations pursuant to 54.1-3307.3 of the Code of Virginia to address the public health emergency.

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Challenges and Solutions - continued

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 regulatory actions that assisted law enforcement's ability to prosecute unlawful acts.
- Working with the Board of Medicine, the Department of Health, and the Department of Behavioral Health and Developmental Services, the Board expanded the naloxone protocol as required in 54.1-3408 for additionally recognized persons to possess, administer, and dispense naloxone, a drug used to counteract opioid overdoses.
- Board staff assisted a workgroup and legislators on legislation to mandate the e-prescribing of opioid prescriptions and educated its licensees through presentations, e-newsletters, and emails throughout the biennium on the opioid crisis, addiction, the importance of dispensing naloxone, and identifying patients at-risk of overdose.
- The Board adopted guidance on the importance of proper disposal of unwanted dispensed prescription drugs and encourage participate in the DEA take-back events.

Additional Issues

To monitor continuing competency of Board licensees during 2018 and 2019, the Board conducted a random continuing education audit of a statistically significant percentage of licensees each year.

Revenue:
\$1,580,271

Expenditures:
\$1,185,312



EXECUTIVE DIRECTOR

Corie E. Tillman Wolf, JD

Total Licenses as of June 30, 2020:

14,143

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	88%	23%	17%	97%	100%	13,797
Q2 2019	63%	33%	80%	94%	100%	14,038
Q3 2019	167%	26%	33%	-	100%	12,611
Q4 2019	138%	19%	45%	100%	100%	13,022
Q1 2020	79%	29%	82%	100%	100%	13,447
Q2 2020	75%	35%	33%	98%	100%	13,666
Q3 2020	136%	24%	50%	97%	100%	13,815
Q4 2020	133%	36%	100%	90%	100%	14,143

Innovations and 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 worked in furtherance of this mission—through implementing the Physical Therapy Licensure Compact, conducting a periodic review of the Board’s regulations, collecting workforce data, communicating with licensees and applicants, participating in the national regulatory dialogue, and promoting the use of technology to reduce the Board’s carbon footprint. As a result of the Board’s efforts to promote efficient and effective regulation, the Board was selected by the Federation of State Boards of Physical Therapy (FSBPT) as one of two states to receive the 2018 Excellence in Regulation Award, which was presented to the Board in October 2018.

The Physical Therapy Licensure Compact (Compact) was enacted in April 2017 as a means of facilitating the interstate practice of physical therapy to improve public access to physical therapy services and to enhance practitioner mobility. 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.

After initially taking a “wait and see” approach to joining the Compact, the Board voted on May 1, 2018, to pursue legislation to enact the Compact in Virginia. The legislation, SB 1106 (Peake), was introduced and passed during the 2019

General Assembly Session, making Virginia the 22nd member state of the Compact.

During the remainder of 2019, the Board and Board staff laid the foundation for implementation of the Compact in Virginia. In August 2019, the Board adopted emergency regulations and updated bylaws to effectuate provisions of the Compact legislation. Board staff established policies and procedures for data sharing, investigations, and implementing a new requirement for licensure applicants: the criminal background check.

The Compact went “live” in the Commonwealth on January 1, 2020, allowing licensees from other Compact member states to obtain privileges to practice in Virginia. As of the end of September 2020, a total of 145 licensees from other states, including both physical therapists and physical therapist assistants, had obtained a privilege to practice in Virginia.

In December 2018, the Board initiated the periodic review process to ensure that its regulations remain clear, accurate, and necessary to protect public safety. The Board adopted final regulations from the periodic review in August 2020. As of the submission of this report, these final regulations were still undergoing review.

In addition to the periodic review process, the Board has continued its efforts to finalize regulations related to the practice of dry needling. After initiating the regulatory process in November 2015, the final regulations are set to become effective on October 29, 2020.

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Innovations and Advancements - continued

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 four biennial renewal cycles (2012, 2014, 2016, 2018). The Board will continue to review its data collection to ensure that data on the physical therapy workforce in Virginia is captured accurately.

The Board continued to make 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 made presentations to students in physical therapy programs about the licensure process and the role of the Board.

Engagement at the national level continues to enhance 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. During the 2018-2020 biennium, the Board’s Executive Director, Corie Tillman Wolf, served on FSBPT’s Re-Entry to Practice Task Force, as well as the Rules and Bylaws Committee of the PT Compact. Board member Arkena L. Dailey, PT, DPT, served on a number of committees, including the Education Committee, the Ethics and Legislation Committee, and the Boundary Violations Task Force. Also in 2019, Board member Elizabeth Locke, PT, PhD, participated in a national presentation at the FSBPT Annual Meeting, “The Adversity to Diversity,” a presentation that Dr. Locke shared with members of the Board and DHP staff in February 2020.

Over the past two years, the Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Working with the national board organization and other state boards to streamline and promote electronic information sharing between states;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing online renewals;
- Transitioning to paperless filing systems to enhance teleworking efforts and reduce paper usage; and
- Utilizing emails to notify licensees of important information.

Regulatory / Legislative Actions

Three regulatory actions were finalized:

The Board adopted a regulation to allow physical therapists and physical therapist assistants to count up to two hours of the Type 2 hours allowed for renewal to be satisfied by attending a board meeting, an informal conference, or a formal hearing. The fast-track action became effective February 10, 2019.

Chapter 20 was amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50 for handling a returned check or dishonored credit card or debit card payment. The amendment became effective on March 5, 2020.

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Regulatory / Legislative Actions - continued

Pursuant to Chapter 300 (SB1106) of the 2019 Acts of the Assembly, emergency regulations were adopted as necessary for participation by Virginia in the Physical Therapy Compact which allows a physical therapist or physical therapist assistant who has obtained a compact privilege to practice in the Commonwealth without a Virginia license. To comply with Compact rules, all applicants for licensure are required to have criminal background checks, and holders of a compact privilege are required to adhere to the laws and regulations governing practice in the compact state in which they practice. The emergency regulations became effective on January 1, 2020 and remain in effect until June 30, 2021. The Board is in the process of replacing the emergency regulations with permanent regulations.

Regulatory actions in process but not yet finalized:

With the publication of a NOIRA on May 13, 2019, the Board began promulgation of amendments pursuant to a periodic review. The amendments ensure more clarity in supervision of students and trainees, facilitate renewal or return to practice for some physical therapists with inactive or lapsed licenses, coordinate rules for foreign-trained applicants with requirements of the Federation of State Boards of Physical Therapy for approval to sit for the licensing examination, recognize licensure in Canada as qualification for endorsement, and expand the approval of entities that may offer or accredit continuing education. The action was in the final stage at the end of the biennium.

In 2015, the Board published a Notice of Intended Regulatory Action with the intent of incorporating into regulation the guidance on dry needling previously found in a guidance document, including the additional hours of training and the

requirement for a medical referral. The final action was approved with an effective date of October 29, 2020.

Legislative action affecting the Board:

Chapter 300 of the 2019 General Assembly authorized Virginia to become a signatory to the Physical Therapy Licensure Compact. The Compact permits eligible licensed physical therapists and physical therapist assistants to practice in Compact member states, provided they are licensed in at least one member state. In addition, the bill required each applicant for licensure in the Commonwealth as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information in order for the Board to receive a state and federal criminal history record report for each applicant. The bill had a delayed effective date of January 1, 2020, and directed the Board of Physical Therapy to adopt emergency regulations to implement the provisions of the bill.

Chapter 885 of the 2020 General Assembly amended §54.1-3480, which establishes grounds for disciplinary action or refusal to issue a license to specify that a "license" also includes a compact privilege, as defined in §54.1-3486.

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Challenges and Solutions

Ensuring that Board processes and procedures are efficient, effective, and forward-looking is a consistent area for overcoming challenges and developing creative solutions.

During the past two years, the Board has taken steps to increase the efficiency of the licensing process. First, the Board has encouraged the use of the License Lookup system as a means of providing primary source verification of licensure status in lieu of hard-copy verifications transmitted to another state Board. Where other states continue to insist upon direct verifications of licensure from the Board, Board staff has cooperated with other state boards to increase the transmission of electronic verification documents in lieu of hard, paper copies. This process has reduced processing time both for individuals seeking licensure in other states and for Board staff. Over time, the goal is to encourage exclusive use of the License Lookup system and steer away from processing verification documents.

Second, the Board has taken action to streamline the eligibility determination process for applicants who register to take the National Physical Therapy Exam (NPTE). The Board first considered the Alternate Approval Pathway (AAP) program offered by FSBPT in May 2018. The AAP allows applicants from accredited physical therapy programs to apply directly to the FSBPT to take the national licensure exam instead of first applying through the state board to be made eligible to sit for the exam. FSBPT then determines eligibility to test based upon verification of the applicant's graduation. Applicants are still required to apply to the Board to obtain licensure to practice as a PT or PTA, however, Board staff no longer is required to provide repeated reminders for the

submission of documentation in order to adhere to strict jurisdiction approval deadlines for testing. Applicants can have their exam scores reported to the Virginia Board, which will issue licensure upon receipt of a complete application. The Board approved the AAP process in August 2020. The AAP is anticipated to go live on November 2, 2020.

Revenue:
\$1,176,707

Expenditures:
\$1,103,743



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Total Licenses as of June 30, 2020:

6,089

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	54%	22%	90%	88%	99%	5,497
Q2 2019	32%	18%	60%	94%	100%	5,583
Q3 2019	123%	17%	82%	89%	100%	5,852
Q4 2019	90%	21%	89%	100%	99%	5,939
Q1 2020	54%	25%	100%	100%	99%	5,787
Q2 2020	91%	25%	75%	95%	99%	5,916
Q3 2020	104%	27%	74%	95%	100%	6,019
Q4 2020	206%	26%	71%	91%	100%	6,089

Innovations and Advancements

Outreach

The Board continues to pursue opportunities to educate and engage licensees about the licensure and discipline activities of the Board. Specifically, the biannual “Conversation with the Board” occurring at the Spring and Fall Conferences of the Virginia Academy for Clinical Psychologists (VACP) affords the Board the ability to communicate with 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. In 2019, the ASPPB elected Board member Dr. Herb Stewart as Director at Large. He previously served on ASPPBs workforce committee. He has also presented at the ASPPB conferences information on the Board’s disciplinary process, the use of sanction reference points, and conversion therapy. In 2019 and 2020, the ASPPB appointed Ms. Hoyle to the Model Act and Regulations Committee; she presented at the 2019 ASPPB Annual

Conference on the importance of consistency in Regulations, especially if the goal is mobility.

Mobility

The Board has in Code the authority to issue a temporary license. The Board looked into this issue, as many states offer out of state licensees the ability to practice in their state with a temporary license. Having this ability encourages mobility and allows for continuity of care. The Board decided that its focus remained on pursuing PSYPACT, which also allows temporary practice, and the use of telepsychology.

Professional Wills

The Board looked at developing a Guidance Document on the need for a professional will to help solo practitioners plan for the protection of their clients’ health records should the psychologist face an unexpected death or disability. The ASPPB created a workgroup to focus on this issue, and the Board will await their report before moving forward on this needed guidance.

Examination for the Professional Practice of Psychology (EPPP)

The Board heard a presentation from Dr. Matt Turner, PhD, Sr. Director of Examination Services, ASPPB to discuss the ASPPBs efforts to develop the EPPP into a two-part examination. Dr. Turner presented information followed by a discussion with the Board of concerns and issues. Dr. Turner stated that the EPPP-Part 1 tests knowledge, while the EPPP-Part 2 gives candidates a more thorough assessment of competency by testing the skills they have acquired through doctoral training. Dr. Turner gave examples of types of questions included and also stated the exam has been developed following standard protocols and he does not anticipate any problems defending the exam. The Board decided not to recommend being an early adopter of the two-part exam, even though they had access to lower fees.

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Innovations and Advancements

Masters Level Practice of Psychology

The American Psychology Associations (APA) consideration of accrediting Master's level psychology programs in areas representing health service psychology is an area of interest for the Board, and they plan to follow the APAs efforts and progress around this issue. The Board determined it would need more information, as well as the titles and scope of practice for Master's level psychology practitioners in other states. The Board agreed there might be advantages in having Master's level psychology practitioners for rural areas where they need to increase access to care. The Board researched master's level programs and found 29 states have some type of master's level license or certification. Of the 29, six allow master's level licensees to call themselves psychologists and engage in independent practice. Two allow independent practice with a modified title and three allow independent practice by adding qualifying stipulations. The Board decided to hold a stakeholders meeting next year with training programs to discuss this issue and the EPPP-Part 2, after the ASPPB rolls out the EPPP-Part 2 for early adopters on November 1, 2020.

Guidance Documents

The Board developed Guidance documents on Assessment Titles and Signatures as well as Electronic Communication and Telepsychology. They also plan to develop guidance on the use of social media; however, the ASPPB and APA are working on this issue as well and they will await their recommendations before committing further time.

Efficiency

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 remotely, 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. When the Governor issued a State of Emergency in response to COVID19, these efforts helped the Board to continue working and to allow staff to work remotely. Likewise these efforts, forced the Board to make these changes on the licensing side. The Board began scanning all mail and applications as received so that all licensure files are online. Now all staff can access these files, update statuses, and respond to email and phone requests and work remotely. These initiatives moved the Board forward as well as protecting the health and safety of the staff during the pandemic.

Beyond the initiatives related to COVID19, the Board had also continued its efforts to decrease its dependence on paper and increase its use of technology. Now the Board,

- Prints a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encourages other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aids applicants by obtaining license verification from other states via online processes;
- Has transitioned to license applications that are submitted via online processes; and,
- Continues with online renewals.

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Innovations and Advancements - continued

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.

Regulatory / Legislative Actions

Two regulatory actions were finalized:

Pursuant to § 2.2-4006 A 6 of the Code of Virginia, the Board adopted amendments for a one-time fee reduction applicable to the 2020 renewal cycle for licensees and certificate holders. The action became effective on January 8, 2020.

Board regulations were amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50. The action became effective on March 5, 2020.

Legislative action affecting the Board:

Chapter 169 of the 2019 General Assembly altered the composition of the Board by replacing the requirement that a member of the Board of Psychology be licensed as an applied psychologist with the requirement that that position be filled by a member who is licensed in any category of psychology. The bill also provides a mechanism for evenly staggering the terms of members of the Board.

Chapters 41 and 721 of the 2020 General Assembly prohibited any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action.

Chapter 1162 of the 2020 General Assembly authorized Virginia to become a signatory to the Psychology Interjurisdictional Compact. The Compact permits eligible licensed psychologists to practice in Compact member states, provided that they are licensed in at least one member state. The bill had a delayed effective date of January 1, 2021, and directed the Board of Psychology to adopt emergency regulations to implement the provisions of the bill.

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Challenges and Solutions

Requests from stakeholders remain with respect to guidance remain high relating to the provision of psychological services by electronic means by Virginia licensees to clients in other countries and other jurisdictions. The Board's Guidance on Electronic Communication and Telepsychology should alleviate many of these concerns, as will the Board's joining PSYPACT. As more jurisdictions adopt PSYPACT, these issues will lessen.

The Board has seen issues with for-profit online educational institutions closing, and students and applicants no longer having access to documentation of their practicum hours. The Board has worked flexibly with students to verify their information. However, this issue again highlights the need for applicants to attend accredited institutions and to take advantage of the ASPBBs free credential bank. Students, applicants, and licensees can bank their information and access it at any time.

In response to COVID19, the Board did the following:

- Pursuant to the authority of the Executive Director, granted all licensees a one-year extension to complete their continuing education requirements;
- Pursuant to Governor Northam's Executive Order #51, the Board of Psychology issued 412 Clinical Psychology temporary licenses from April 2020 through June 2020 that permitted individuals who held a clinical psychology license in good standing from another US jurisdiction and who had no current reports to the National Practitioner Data Bank to practice in Virginia through September 8, 2020. After the expiration of these temporary licenses, the Board noted an uptick in regular applications from this group.

Additional Information

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

- 125-2: Impact of Criminal Convictions, Impairment, and History on Licensure or Certification
- 125-3.1: Submission of Evidence of Completion of Graduate Work
- 125-3.2: Official Beginning of a Residency
- 125-3.9: Policy on the Use of Confidential Consent Agreements in Lieu of Disciplinary Action
- 125-4: Acceptance of CPQ Submitted by Applicants for Licensure by Endorsement
- 125-5.1: Possible Disciplinary or Alternate Actions for Non-Compliance with Continuing Education Requirements

Revenue:
\$1,782,230

Expenditures:
\$1,092,470



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Total Licenses as of June 30, 2020:

11,041

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	27%	11%	67%	82%	71%	9,350
Q2 2019	81%	19%	62%	79%	91%	9,810
Q3 2019	81%	20%	47%	96%	98%	10,113
Q4 2019	152%	28%	65%	90%	100%	10,346
Q1 2020	94%	37%	50%	83%	71%	10,243
Q2 2020	50%	41%	63%	66%	100%	10,616
Q3 2020	139%	42%	38%	88%	100%	10,917
Q4 2020	385%	29%	43%	91%	100%	11,041

Innovations and Advancements

Board Efficiency

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 remotely, 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. When the Governor issued a State of Emergency in response to COVID19, these efforts helped the Board to continue working and to allow staff to work remotely. Likewise these efforts, forced the Board to make these changes on the licensing side. The Board began scanning all mail and applications as received so that all licensure files are online. Now all staff can access these files, update statuses, and respond to email and phone requests and work remotely. These initiatives moved the Board forward as well as protecting the health and safety of the staff during the pandemic.

Beyond the initiatives related to COVID19, the Board had also continued its efforts to decrease its dependence on paper and increase its use of technology. Now the Board,

- Prints a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;

- Encourages other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aids applicants by obtaining license verification from other states via online processes;
- Has transitioned to license applications that are submitted via online processes; and,
- Continues with online renewals.

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.

Outreach

In response the 2017 legislation creating a Licensed Baccalaureate Social Worker (LBSW) and a Licensed Master's Social Worker (LMSW), Board staff worked very hard to educate the public on the changes and issue new licenses and wall certificates to those that previously held a Licensed Social Work (LSW) license. The Board issued the new licenses based on the degree achieved. LSWs with a master's degree in social work received a LMSW and LSWs with a Bachelor's degree in social work received an LBSW. The vast majority of LSWs held a master's degree.

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Innovations and Advancements - continued

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 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.
- George Mason University Internship Program

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 all 50 U.S. states, the District of Columbia, the U.S. Virgin 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 ASWB appointed Ms. Hoyle to the Regulations and Standards Committee for 2018 and 2019. The purpose of the Committee is to develop and consider additions or changes to the ASWB Model Practice Act and to monitor emerging issues regarding the practice of social work.

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 ASWBs Mobility strategy.

Focus on Workforce

Mr. John Salay, Board Chair, wanted the Board to focus on workforce issues and view any changes to regulations by determining if those changes would enhance access to social work services while also ensuring the safety of the public. To that end, the Board had Dr. Sandy Chung give a presentation informing the Board about the Virginia Mental Health Access Program, which is a statewide mental health access program designed to help health care providers take better care of children and adolescents with mental health conditions by increasing access to child psychiatrists, psychologists, social workers, and care navigators.

LMSW Examination Issues

The Board discussed concerns that the ASWB required exam for the LMSW might not be the appropriate exam. As such, the Board invited Dwight Hymans, LCSW, Chief Operating Officer, and Lavina Harless, LCSW Director of Exam Development, to discuss the ASWBs examination policies, differences in the examinations, the make-up of the examinations, and answered questions. The Board determined that the ASWB Master's level exam is the appropriate examination for the LMSW whether they pursue a clinical license in the future or choose to work in a non-clinical setting.

Portability

The Board also discussed the portability of the Virginia LMSW license, its scope of practice, and the need for the LMSW license to be in line with ASWB Model Law to ensure the Board is not increasing barriers to practice but creating licensure paths that allow for easier portability.

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Regulatory / Legislative Actions

Four regulatory actions were finalized:

Pursuant to Chapter 451 of the 2018 Acts of the Assembly (HB614), the Board adopted amendments to 18VAC140-20-10 et seq., relating to the division of the category of “licensed social worker” into two licensure categories of “baccalaureate social worker” and “master’s social worker.” The action became effective on August 8, 2018.

The Board amended the requirements for continuing education 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 action became effective on November 13, 2019.

The Board adopted amendments to reduce the fee for initial licensure and for annual renewal of licensure for licensed baccalaureate social workers. The application fee was reduced from \$115 to \$100, and the renewal fee was reduced from \$65 to \$55. The most significant reduction in regulatory burden was the elimination of the current requirement for an applicant with a baccalaureate degree to have 3,000 hours of supervised experience in order to qualify for licensure as a LBSW.

Board regulations were also amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50. The action became effective on February 6, 2020.

Legislative action affecting the Board:

Chapters 41 and 721 of the 2020 General Assembly prohibited any health care provider or person who performs counseling as part of his training for any

profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action.

Chapters 103 and 233 of the 2020 General Assembly required the Board to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and established an advisory board to assist the Board in this process. Under the bill, no person can engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

Chapter 945 of the 2020 General Assembly added clinical social workers to the list of eligible providers that includes treating physicians and clinical psychologists who can disclose or recommend the withholding of patient records, face a malpractice review panel, and provide recommendations on involuntary temporary detention orders.

Chapter 617 of the 2020 General Assembly directed the Board to pursue the establishment of reciprocal agreements with jurisdictions that are contiguous with the Commonwealth for the licensure of baccalaureate social workers, master's social workers, and clinical social workers. The bill provided that reciprocal agreements require that a person hold a comparable, current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the Code of Virginia and regulations of the Board.

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Challenges and Solutions

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. The Board continues to wrestle with the current scope of practice for the LMSW and whether the LMSW should encompass the Supervisee in Social Work and be a prerequisite to licensure as a clinical social worker.

Expired Supervision

Now that Supervisees in Social Work appear on License Look-up, the Board has seen an increase in expired supervision and applicants who have a gap in their supervision from the time when an applicant completes supervision and when the applicant passes the exam. The Board determined that a regulator remedy was unnecessary and added language to approval letters informing applicants that they must remain under approved supervision until they have passed the exam.

In response to COVID19, the Board did the following:

- Pursuant to the authority of the Executive Director, granted a one-year extension to complete their continuing education requirements.
- Pursuant to Governor Northam's Executive Order #51, the Board of Social Work issued 300 Clinical Social Work temporary licenses from April 2020 through June 2020 that permitted individuals who held a clinical social work license in good standing from another US jurisdiction and who had no current reports to the National Practitioner Data Bank to practice in Virginia through September 8, 2020. After the expiration of these temporary licenses, the Board noted an uptick in regular applications from this group.

Additional Issues

The Board has issued or revised the following guidance documents:

140.1: Board guidance on use of confidential consent agreements

140.3: Guidance on Technology-Assisted Therapy and the Use of Social Media

140.4.2: Possible disciplinary or alternative actions for non-compliance with continuing education

140.7: Virginia Board of Social Work Bylaws

140-2: Impact of Criminal Convictions, Impairment, and History on Social Work Licensure in Virginia

140-11: Disposition of disciplinary cases involving practicing on an expired license.

Revenue:
\$2,401,330

Expenditures:
\$2,038,089



EXECUTIVE DIRECTOR

Leslie L. Knachel, MPH

Total Licenses as of June 30, 2020:

8,234

	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications	Total Licensees
Q1 2019	60%	26%	83%	85%	100%	7,994
Q2 2019	51%	21%	75%	100%	100%	8,097
Q3 2019	51%	27%	67%	100%	100%	7,789
Q4 2019	84%	28%	47%	-	100%	8,073
Q1 2020	90%	35%	70%	100%	98%	8,210
Q2 2020	64%	41%	70%	100%	97%	7,729
Q3 2020	97%	50%	50%	91%	99%	7,998
Q4 2020	103%	47%	41%	98%	100%	8,234

Innovations and 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. The Board's Executive Director served four years on the AAVSB's Board of Directors. The AAVSB continues to review 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 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. The first survey of the veterinary profession was deployed during the 2019 renewal period. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license with no expiration date that can be verified through the agency's online License Lookup feature that serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online

- processes;
- Transitioning to license applications that are submitted via online processes;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing to encourage online renewals;
- Conducting virtual inspections of veterinary establishments when appropriate;
- Transitioning to paperless filing systems to enhance teleworking efforts and reduce paper usage; and
- Utilizing emails to notify licensees of important information.

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

- Ad Hoc United States Pharmacopeia (USP) Committee – Representatives from the Board and the Virginia Veterinary Medical Association received a presentation from the Chair of the USP Compounding Expert Committee. The Committee discussed information about compounding requirements and developed a frequently asked questions document as an educational tool related to USP. The Board agreed with the educational tool and posted it to its website.
- Veterinary Establishment Inspections Committee – Representatives from the Board, Virginia Veterinary Medical Association and an owner of a veterinary establishment convened to review inspection-related guidance documents and regulations and make recommendations for changes to the Board. The work of the Committee is ongoing.

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Innovations and Advancements - continued

- Regulatory Advisory Panel (RAP) on Telehealth – Representatives from the Board and the Virginia Veterinary Medical Association convened to discuss telehealth in veterinary practice. The Board did not take any regulatory action at that time based on the information provided by the RAP. Subsequently, the Board adopted a guidance document that addresses telehealth in veterinary medicine.

On July 1, 2018, the Board began issuing faculty and intern/resident licenses to veterinarians engaged in the practice of veterinary medicine as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education and located in the Commonwealth. The Board was asked to consider and voted in the affirmative that an accredited veterinary medical education program located in another state operating a satellite education program in Virginia is considered located in the Commonwealth for the purposes of issuing a Virginia faculty or intern/resident license.

September 2019, the Board's website was updated to a more user-friendly format for use on multiple types of electronic devices.

As of July 1, 2020, prescriptions for controlled substances that contain an opioid are required to be electronically transmitted to the patient's pharmacy and must comply with federal requirements. Veterinarians are exempted in the statute from this requirement.

The Board has continued with its outreach efforts to the licensees. Mass emails sent included the following: updates on regulatory actions/information and

legislative actions, video link to information on mandatory Prescription Monitoring Requirements, and re-categorization of veterinary establishments. The Board worked collaboratively with other state agencies to include the Department of Health to notify licensees via email of webinar opportunities related to COVID19 information for the veterinary community and the Departments of Wildlife Resources and Agriculture and Consumer Services to notify licensees of an emerging animal disease outbreak. In addition, the Executive Director provided presentations on regulatory and legislative updates at the Virginia Veterinary Medical Association's annual meetings.

Regulatory / Legislative Actions

Two regulatory actions were finalized:

Section 190 was amended to include the requirement specified in the second enactment of SB1653 (2019), which required: "That every veterinary establishment licensed by the Board of Veterinary Medicine shall maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request." This exempt action became effective on September 18, 2019.

The regulation was amended to delete the returned check fee of \$35 and replace it with a handling fee of \$50 for handling a returned check or dishonored credit card or debit card payment. The amendment became effective on March 5, 2020.

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Regulatory / Legislative Actions - continued

Legislative action affecting the Board:

Chapter 686 of the 2019 General Assembly exempted the dispensing of feline buprenorphine or canine butorphanol from the requirement that the dispensing veterinarian report certain information about the animal and the owner of the animal to the Prescription Monitoring Program. The bill also required that every veterinary establishment licensed by the Board of Veterinary Medicine maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

Chapter 169 of the 2019 General Assembly provided a mechanism for evenly staggering the terms of members of the Board.

Chapter 885 of the 2020 General Assembly authorized the Board to take disciplinary action or deny licensure or registration if a person has surrendered such license or registration in lieu of disciplinary action in another jurisdiction.

One of the Board's biggest challenges has been educating licensees on their responsibilities related to possessing, dispensing, and prescribing controlled substances. The Board continues to work collaboratively with other agency divisions and the professional association to provide information and trainings related to controlled substances.

Challenges and Solutions

The number and complexity of complaint cases received by the Board continues to increase. To help with the increase in the caseload, the Board hired a veterinarian to serve as the Veterinary Review Coordinator (VRC). The Board delegated specific case types that the VRC is able to process requiring the expertise of a veterinarian. Additional measures have been implemented to improve the efficiency of case processing.

For more than 20 years, the Health Practitioners' Monitoring Program (HPMP) has provided an alternative to disciplinary action for Department of Health Professions' licensees, registrants, and applicants with a substance use, medical, or behavioral diagnosis that has or could alter the professional's ability to deliver safe care. The HPMP offers comprehensive and effective monitoring services that support treatment, recovery, and ultimately return to safe, productive practice.

DHP consolidated resources in July 2020 with the elimination of the HPMP Program Manager position. The administrative coordinator for the DHP Director's Office has assumed the additional duties of HPMP Program Coordinator. In the wake of this change, HPMP oversight has become more streamlined, efficient, and effective.

The existing Memorandum of Agreement with the Virginia Commonwealth University (VCU) Health System, Department of Psychiatry, Division of Addiction Psychiatry continues through 2020. VCU provides comprehensive and confidential services including intake, referrals for assessments and/or treatment, monitoring records, alcohol and drug toxicology screening, and data collection. Individualized toxicology-screenings for each participant enable HPMP to minimize costs while maintaining quality-monitoring standards. There are currently 27 urine, 14 hair, 14 nail and 3 blood toxicology panels used. HPMP continues to expand treatment partnerships with programs and therapists who provide affordable and high-quality care and who participate in varied insurance products, including Medicaid.

For nearly five years, the HPMP and its VCU vendor have used the electronic monitoring record, RecoveryTrek. RecoveryTrek is a HIPAA-compliant platform which stores all monitoring documents, allows participants and treatment providers to submit reporting forms electronically, and provides a secure system for electronic communication and document transfer between HPMP staff, VCU, and the regulatory boards. 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, screening test results, and costs of toxicology testing.

RecoveryTrek allows a participant to access a list (with a map) of approved collection sites convenient to home, treatment location or place of employment. RecoveryTrek also supports demographic and quality assurance reports that have the potential to increase the efficiency and quality of the monitoring services provided.

Opportunities & Innovations

As many participants are out of work because of their diagnosis, the cost of treatment and toxicology tests can be a burden. With Medicaid expansion in January 2019, case managers, in addition to tracking compliance with the program, now are able to assist participants with applications for Medicaid. The Linda Kleiner HPMP Fund, named in memory of a long time DHP employee and HPMP supporter, has been included in the Combined Virginia Campaign for the past two years. Managed through the VCU Foundation, the fund may be used to defer the costs of treatment for those participants who qualify for financial assistance.

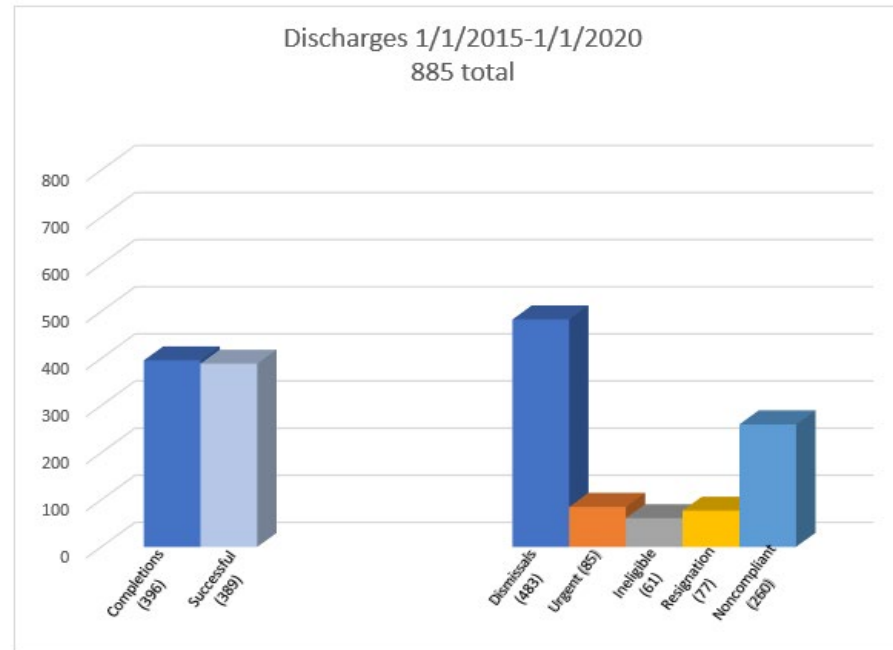
Enrollment in HPMP has been declining slowly and fewer participants are self-referred, referred by their employer, or referred by their treatment provider. In 2019, the HPMP secured the services of the NDP Agency represented by Susan Dubuque to develop marketing strategies aimed at employers and treatment providers. New flyers, a podcast, and targeted letters were sent, but no uptick in enrollment resulted. There is opportunity to increase awareness of the program and its success.

Since the inception of the HPMP, opioid addiction treatment and maintenance of recovery has changed. Medically Assisted Treatment (MAT) is a significant part of best practice in 2020. The HPMP has an opportunity to explore and redefine the use of various MAT modalities for participants in recovery. This is a top priority in the coming months.

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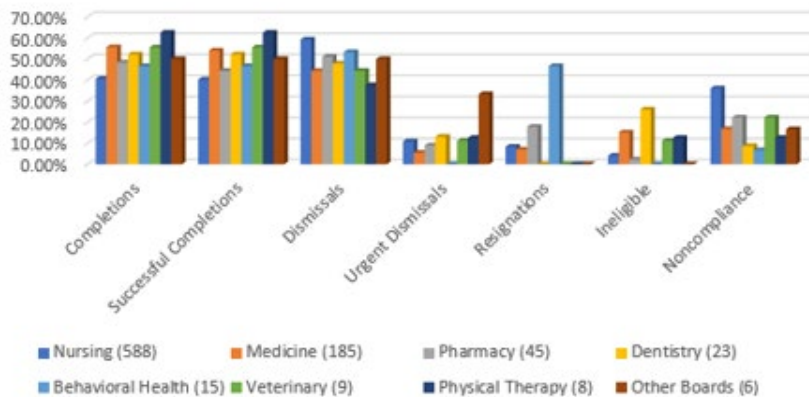
Five Years of Information

With the advent of RecoveryTrek, it is now possible to look at cumulative data from the past five years. Approximately 45% of clients complete the program and complete it successfully. The other 55% lose eligibility for the program, resign, or are dismissed by the HPMP for significant (and generally repeated) noncompliance issues.



Participants licensed by the Board of Medicine have the highest successful completion rate followed closely by the Board of Dentistry. While speculative, the reason may be that these clients have the financial depth and social resources to engage in intensive, often inpatient, treatment. The Board of Nursing successfully completes the fewest percentage of participants. This information provides an opportunity for the HPMP to elucidate further the reasons for these discrepancies and to address ways to ensure that the program is equitable.

Discharges per Board Participants
1/1/2015-1/1/2020



Board of Nursing Participants

- 40.65% go on to complete; with 40.31% of those being successful completions
- 59.35% are dismissed; with 10.88% urgently, 8.33% resign, 4.08% become ineligible, and 36.05% of dismissals are due to 'simple' noncompliance.

Board of Medicine Participants

- 55.68% go on to complete; with 54.05% of those being successful completions
- 44.32% are dismissed; with 5.41% urgently, 7.03% resign, 15.14% become ineligible, and 16.76% of dismissals are due to 'simple' noncompliance

Board of Pharmacy Participants

- 48.89% go on to complete; with 44.44% of those being successful completions
- 51.11% are dismissed; with 8.89% urgently, 17.78% resign, 2.22% become ineligible, and 22.22% of the dismissals are due to 'simple' noncompliance

Board of Dentistry Participants

- 52.71% go on to complete; all of which are successful completions
- 47.83% are dismissed with 13.04% urgently, 0% resign, 26.09% become ineligible, and 8.70% of the dismissals are due to 'simple' noncompliance

Behavioral Health Boards (Counseling, Psychology and Social Work)

- 46.67% go on to complete; all of which are successful completions
- 53.33% are dismissed; with 0% urgently, 46.67% resign, 0% become ineligible, and 6.67% of the dismissals are due to 'simple' noncompliance

Board of Veterinary Medicine

- 55.56% go on to complete; all of which are successful completions
- 44.44% are dismissed; with 11.11% urgently, 0% resign, 11.11% become ineligible, and 22.22% of the dismissals are due to 'simple' noncompliance

Board of Physical Therapy

- 62.5% go on to complete; all of which are successful completions
- 37.50% are dismissed; with 12.50% urgently, 0% resign, 12.50% become ineligible, and 12.50% of the dismissals are due to 'simple' noncompliance

Of the Other Boards

- Audiology & Speech-Language Pathology – 3
- Funeral Directors and Embalmers – 1
- Health Professions – 0
- Long-Term Care Administrators – 2
- Optometry – 0

- 50% go on to complete; all of which are successful completions
- 50% are dismissed; with 33.33% urgently, 0% resign, 0% become ineligible, and 16.67% of the dismissals are due to 'simple' noncompliance

Regulatory / Legislative Actions

Two regulatory actions were finalized during the biennium:

The Director of the Department adopted amendments pursuant to a periodic review relating to elimination of an unnecessary definition and clarification of the process whereby boards are notified that a participant in the Program is noncompliant and may no longer be eligible for a stay of disciplinary action. The action became final on May 15, 2019.

Legislative actions affecting the Program included:

There were no legislative actions in the 2019 and 2020 Sessions of the General Assembly that directly affected the Program.

Revenue:

\$ 3,503,647

Expenditures:

\$ 5,160,666



PROGRAM DIRECTOR

Ralph Orr

Innovations & Advancements

The Virginia Prescription Monitoring Program (PMP) is a database of schedule II-V drugs, naloxone, and cannabis oils reported by dispensers within 24 hours of dispensing. The PMP receives, on average, records for one million prescriptions each month. Available 24/7, healthcare providers use the program to determine a patient's prescription history enabling them to make informed treatment and dispensing decisions. Virginia's PMP also helps authorized law enforcement agents to conduct investigations regarding multiple prescriber use, drug diversion, and illegal prescribing and dispensing; supports health profession licensing boards in investigations; and allows analysis of data that can help identify trends with specific drugs, geographic regions, patient demographics, and provider demographics.

Virginia's PMP is interoperable with 39 states, including all bordering states, DC, PR, and the Department of Defense Military Health System and provides access to PMP data within a healthcare provider's clinical workflow for over 5,000 facilities across the Commonwealth. These facilities include

hospitals, clinics, medical and dental practices, and pharmacies.

The PMP procured NarxCare Enterprise during this biennium. This enhancement to the existing PMP functionality automatically analyzes a patient's prescription data over two years and provides an interactive visualization of usage patterns and risk scores developed using machine learning techniques to help identify potential risk factors for substance misuse. The NarxCare report is accessible via the web-based application or integrated into the clinical workflow of both electronic health records (EHR) and pharmacy management systems (PMS).

The graphs at the conclusion of the PMP section reflect positively on both the impacts of our investments in the PMP and recent legislative and regulatory initiatives aimed to reduce excessive prescribing of controlled substances.

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Regulatory / Legislative Actions

One regulatory action was finalized:

To conform to changes in the Code of Virginia, the following covered substances were included in drugs that must be reported to the Prescription Monitoring Program: 1) Schedule V drugs for which a prescription is required; 2) the drug naloxone; and 3) cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia. The action became effective on October 3, 2018.

Legislative actions affecting the Program included:

Chapter 679 of the 2019 General Assembly required the Director of the Department of Health Professions, upon receiving a request for information, to disclose to an investigator for the Department of Corrections who has completed the Virginia State Police Drug Diversion School and who has been designated by the Director of the Department of Corrections information relevant to a specific investigation of a specific individual into a possible unlawful delivery of a controlled substance.

Chapter 686 of the 2019 General Assembly exempted the dispensing of feline buprenorphine or canine butorphanol from the requirement that the dispensing veterinarian report certain information about the animal and the owner of the animal to the Prescription Monitoring Program.

Chapters 1066 and 1067 of the 2020 General Assembly provided for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Care Coordination Program and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Care Coordination Program to a prescriber in an electronic report

generated by the Emergency Department Care Coordination Program so long as the electronic report complies with relevant federal law and regulations governing privacy of health information.

Challenges & Solutions

User Account Management: Licensed practitioners prescribing controlled substances and pharmacists are required to have an account to access the PMP database (Code of Virginia § 54.1-2522.1). A software conversion in late 2016 of legacy users in tandem with enhancements to the PMP in recent years necessitated considerable efforts to ensure each practitioner's account contains the critical data elements (professional license, NPI, and DEA numbers and healthcare specialty) to fully leverage all of the PMP's capabilities. Over a nine month period PMP staff worked collaboratively to determine each user's identifying credentials, insert if missing, correct erroneous or expired numbers, and disable duplicative user accounts. In addition to practitioners' ability to access enhanced functionalities, this work enabled staff to more effectively and efficiently manage the nearly 60,000 user accounts such that only those who remain authorized have continued access. Legacy accounts without any valid identifiers were reduced by 77%.

Prescriber Reports: In response to prescribers' interest in receiving information from the PMP on their own prescribing history and behavior, the PMP began providing this information directly to all opioid prescribers in April 2017. In October 2019 the report was expanded to include sedatives, buprenorphine, and stimulant prescribing patterns.

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Challenges & Solutions (continued)

Each individualized Prescriber Report is created and electronically delivered on a quarterly basis. The report provides information regarding current prescribing volumes, behaviors, PMP use, and a comparison to peers within the same specialty. Prescribers must have an active PMP account with a DEA number and healthcare specialty selected to be eligible to receive a report. As a result of staff efforts to resolve missing or erroneous account information, eligibility for receiving a report increased by 37%.

Funding: Many of the enhancements to the PMP were made possible through CDC grant funding administered by the Virginia Department of Health. This grant funds supports EHR/PMS integration expenses for all prescribers and pharmacies in the Commonwealth. These federal funds also enable the quarterly distribution of Prescriber Reports and access to an advanced analytics package for program staff. This enhanced, user-friendly analytics package facilitates nuanced review of prescription data to evaluate effectiveness of policies and assist with law enforcement/regulatory investigations.

Impact of COVID-19: The disruption to the healthcare system due to COVID-19 also impacted observed trends in PMP use and dispensations during 2020Q2 compared to 2020Q1. Though it appears to be temporary, there was a 12% reduction in PMP requests and a 13% decrease in opioid prescriptions (figures below and next page). Trends in PMP utilization and opioid prescribing recovered to prior levels subsequently.

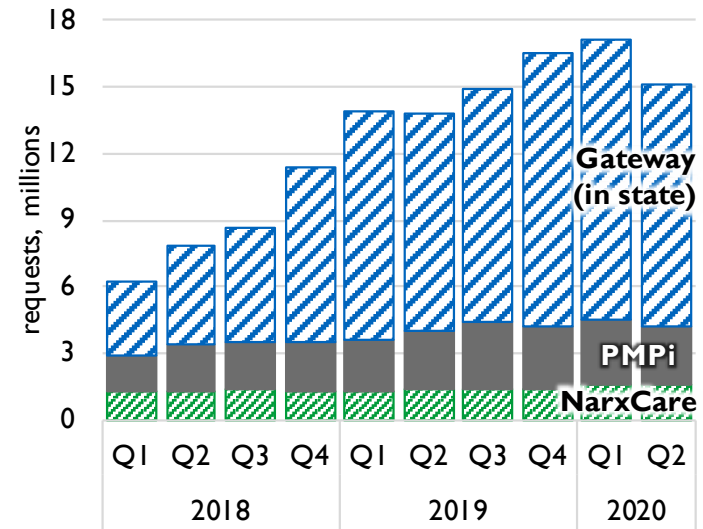
Resources for Researchers & Other Stakeholders

The PMP continues to develop data resources to disseminate publicly. For the first time, Virginia city/county-level opioid prescribing data (2015-2019) was made available online this year. It was provided in two formats: a printer-friendly version and a machine readable format readily usable by epidemiologists and other researchers.

Included in the data file are opioid prescription totals, days' supply, and morphine milligram equivalency by patient's city/county of residence (map next page).

Additionally, the quarterly report was reformatted as a PowerPoint slide deck for ease of use. Among the analyses included in the slides are an evaluation of policy changes, trends in prescribing by drug class, naloxone dispensed with the State Health Commissioner's standing order, and detailed data on opioids.

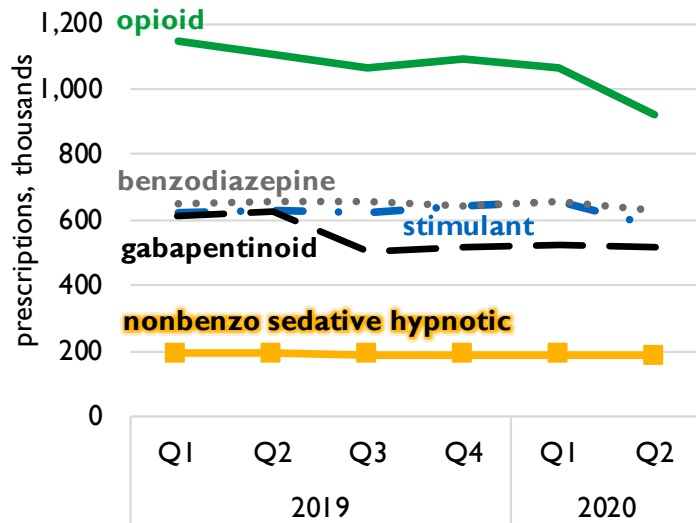
Prescription history requests by type, January 2018-June 2020



Volume increase in prescription history requests by type: Gateway integrates PMP data within clinical workflow, in state requests rose by 3x; PMPi (interoperability among states' PMPs) out of state requests via the web-based application, 54% increase; NarxCare web-based application, 32% increase.

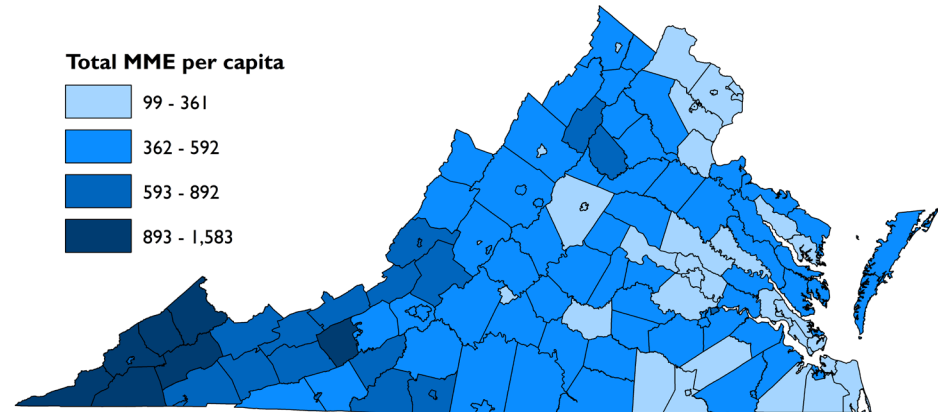
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Prescriptions Dispensed by Drug Class January 2019 - June 2020



Percent change by drug class: opioid, -19% (solid green); benzodiazepine, -4% (dotted gray); stimulant, -6% (dash-dot blue); gabapentinoid, -15% (dashed black); nonbenzodiazepine sedative hypnotic, -5% (square marker yellow)

Opioid Dispensing by County - 2019



Opioid dispensing varies geographically across Virginia. Per capita, opioids are dispensed at greater strengths in southwest and more rural areas. Morphine milligram equivalent (MME) standardizes the relative potency of opioid to account for differences in drug type and strength. As MME increases, overdose risk increases.



EXECUTIVE DIRECTOR

Elizabeth A. Carter, PhD

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-seven professions participate in electronic 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.

To assist with tracking the potential impact of legislation which expanded Nurse Practitioner practice authority, DHP HWDC started publishing a special report

that breaks out the results of the Nurse Practitioner survey by specialty areas in 2017. The latest of this report, is accessible at <http://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/nurse/2019NPCComparison.pdf>. DHP HWDC also responded to recent concerns about healthcare professions future shortage due to retirement by starting a series examining the retirement intentions and behaviors of healthcare professionals. An example of the report is available at <https://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/RetirementIntentionsPhysicians.pdf>.

DHP HWDC also tracked overall health workforce demand through statewide and regional labor market analyses published through its Virginia Health Workforce Briefs. According to the briefs, Virginia's healthcare and social assistance sector job growth rate and its overall earning growth rate were both negative in this biennium because of the Coronavirus pandemic; although overall earnings had grown by 4% in 2019 but declined by nearly 6% in 2020. The briefs are accessible at <http://www.dhp.virginia.gov/hwdc/briefs.htm>. A visualization of the same data is available at https://vahwdc.tumblr.com/HCSA_Employment.

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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 the understanding of dentists participation in Medicaid, as a few examples. During the biennium, the Center continued to expand its 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.

DHP HWDC's participation in the Virginia Longitudinal Data System (VLDS) also made it possible to start investigating pipeline issues regarding the healthcare workforce. The first of such research examined the demographic, educational, and socio-economic background of Virginia's registered nurses and licensed practical nurses using VLDS data from the Virginia Department of Education and the State Council of Higher Education for Virginia data linked with DHP HWDC nurses survey data.

Professions that Participate in Online Surveys				
Audiologists	Assisted Living Facility Administrators	Certified Nurse Aides	Dentists	Dental Hygienists
Funeral Service Providers	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.		

DHP HWDC also served as a resource on a national level through presentations for:

- Council on Licensure, Enforcement and Regulation (CLEAR) - 2018, 2019 and 2020
- American Association of Medical College (AAMC) Annual Workforce Research Conferences - 2016, 2017, 2018, 2019 and 2020
- Southern Demographic Society - 2017, 2018 and 2019
- National Forum of State Nursing Workforce Center - 2020

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change 19-20
ALL LICENSE COUNTS ARE FROM JUNE 30 TH OF THE CORRESPONDING YEAR								
Audiology & Speech-Language Pathology	Audiologist	434	451	486	507	512	578	13%
	Continuing Education Provider	2	1	12	15	15	15	-
	Provisional Speech-Language Pathologist†	-	-	-	-	141	-	-
	School Speech Pathologist	105	110	130	484	436	476	9%
	Speech Pathologist	2,705	3,022	3,476	3,796	4,122	4,711	14%
Audiology & Speech-Language Pathology Total		3,246	3,584	4,104	4,802	5,226	5,780	11%
Counseling	Certified Substance Abuse Counselor	1,719	1,714	1,473	1,734	1,911	1,972	3%
	Licensed Marriage and Family Therapist	852	790	775	870	889	938	6%
	Licensed Professional Counselor	3,398	3,538	3,700	4,567	5,394	6,562	22%
	Marriage and Family Therapist Resident	-	-	-	131	239	224	-6%
	Qualified Mental Health Prof - Adult †	-	-	-	-	2,220	7,924	257%
	Qualified Mental Health Prof - Child †	-	-	-	-	1,897	7,042	271%
	Registered Peer Recovery Specialist †	-	-	-	-	86	313	264%
	Registration of Supervision	-	-	-	5,438	7,445	-	-
	Rehabilitation Provider	346	334	311	266	237	192	-19%
	Substance Abuse Counseling Assistant	83	115	117	192	252	280	11%
	Substance Abuse Trainee †	-	-	-	-	1,748	4,181	139%
	Substance Abuse Treatment Practitioner	191	183	169	179	223	307	38%

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change 19-20
ALL LICENSE COUNTS ARE FROM JUNE 30 TH OF THE CORRESPONDING YEAR								
Counseling	Substance Abuse Treatment Resident	-	-	-	1	5	9	80%
	Trainee for Qualified Mental Health Prof †	-	-	-	-	185	3,845	1,978%
Counseling Total		6,589	6,674	6,545	13,378	22,731	33,789	49%
Dentistry	Conscious/Moderate Sedation	-	-	182	212	227	-	-
	Cosmetic Procedure Certification	25	29	30	36	39	40	3%
	Deep Sedation/General Anesthesia	-	-	41	51	51	61	20%
	Dental Assistant II	-	-	3	11	22	35	59%
	Dental Full Time Faculty	8	9	9	16	14	10	-29%
	Dental Hygienist	4,842	5,021	5,465	5,719	5,894	5,805	-2%
	Dental Hygienist Faculty	1	1	-	1	2	-	-
	Dental Hygienist Restricted Volunteer	-	-	1	1	2	3	50%
	Dental Hygienist Temporary Permit	12	13	-	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	1	-	-	-
	Dental Restricted Volunteer	-	-	13	20	19	16	-16%
	Dental Teacher	5	3	-	-	-	-	-
	Dental Temporary Permit	-	3	-	-	-	-	-
	Dentist	6,207	6,293	6,911	7,147	7,252	7,288	-
	Dentist-Volunteer Registration	-	-	2	7	3	-	-
	Enteral Conscious/Moderate Sedation	-	-	157	166	165	134	-19%
Mobile Dental Facility	-	-	9	14	15	11	-27%	

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change 19-20
ALL LICENSE COUNTS ARE FROM JUNE 30 TH OF THE CORRESPONDING YEAR								
Dentistry	Moderate Sedation	-	-	-	-	-	238	-
	Oral/Maxillofacial Surgeon Registration	219	236	255	256	257	259	1%
	Sedation Permit Holder Location	-	-	-	444	501	514	3%
	Temporary Conscious/Moderate Sedation	-	-	15	-	-	-	-
	Temporary Resident	44	54	47	82	81	77	-5%
Dentistry Total		11,363	11,662	13,140	14,184	14,544	14,491	-
Funeral Directors & Embalmers	Branch Establishment	14	59	64	67	78	85	9%
	Continuing Education Provider	33	26	20	26	19	12	-37%
	Courtesy Card	80	67	72	82	104	102	-2%
	Crematories	88	94	104	108	116	112	-3%
	Embalmer	5	5	4	2	2	2	-
	Funeral Director	80	60	51	42	35	33	-6%
	Funeral Establishment	486	447	439	436	431	411	-5%
	Funeral Service Intern	128	158	176	176	191	192	1%
	Funeral Service Licensee	1,447	1,403	1,495	1,516	1,517	1,502	-1%
	Funeral Supervisor	-	-	-	-	-	591	-
Surface Transport & Removal Service	50	48	46	42	39	48	23%	
Funeral Directors & Embalmers Total		2,411	2,367	2,471	2,497	2,532	3,090	22%

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change 19-20
ALL LICENSE COUNTS ARE FROM JUNE 30 TH OF THE CORRESPONDING YEAR								
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	-	-	-	-	4	7	75%
	Administrator-In-Training	-	-	-	-	78	84	8%
	ALF-Administrator-In-Training	73	80	95	115	96	94	-2%
	Assisted Living Facility Administrator	559	593	617	602	628	641	2%
	Assisted Living Facility Preceptor	133	161	187	198	202	192	-5%
	Nursing Home Administrator	769	787	845	864	878	912	4%
	Nursing Home Preceptor	221	223	234	227	228	211	-7%
Long-Term Care Administrators Total		1,825	1,912	2,054	2,087	2,114	2,141	1%
Medicine	Assistant Behavior Analyst	-	-	72	129	147	170	16%
	Athletic Trainer	973	1,106	1,264	1,445	1,589	1,673	5%
	Behavior Analyst	-	-	431	706	997	1,434	44%
	Chiropractor	1,635	1,559	1,707	1,721	1,729	1,777	3%
	Genetic Counselor †	-	-	-	-	166	341	105%
	Genetic Counselor - Temporary	-	-	-	-	-	9	-
	Interns & Residents	3,608	3,708	2,838	4,070	4,095	4,239	4%
	Licensed Acupuncturist	412	427	470	497	529	567	7%
	Licensed Midwife	48	64	75	85	84	90	7%
	Limited Radiologic Technologist	778	668	678	627	581	501	-14%
	Medicine & Surgery	32,707	32,696	35,887	37,115	38,014	39,643	4%
	Occupational Therapist	2,779	3,038	3,491	3,822	4,176	4,618	11%
Occupational Therapy Assistant	743	931	1,123	1,312	1,551	1,712	10%	

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change 19-20
ALL LICENSE COUNTS ARE FROM JUNE 30 TH OF THE CORRESPONDING YEAR								
Medicine	Osteopathy & Surgery	1,738	2,019	2,570	3,016	3,473	4,001	15%
	Physician Assistant	2,020	2,408	2,875	3,291	3,841	4,517	18%
	Podiatry	475	439	494	521	541	559	3%
	Polysomnographic Technician	-	-	-	394	486	484	-
	Radiologic Technologist	3,304	3,539	3,856	4,084	4,279	4,431	4%
	Radiologist Assistant	-	9	8	12	12	14	17%
	Respiratory Therapist	3,553	3,655	3,866	3,846	3,961	4,026	2%
	Restricted Volunteer – Doctor of	45	58	66	19	97	83	-14%
	Surgical Assistant	-	-	-	237	254	255	-
	Surgical Technologist	-	-	-	421	334	255	-24%
	University Limited License	34	31	16	16	23	17	-26%
	Volunteer Registration	2	1	1	1	0	1	-
Medicine Total		54,854	56,356	61,788	67,447	70,959	75,417	6%
Nursing	Advanced Certified Nurse Aide	96	97	92	70	55	32	-42%
	Authorization to Prescribe	3,549	4,109	4,930	5,891	7,417	-	-
	Certified Nurse Aide	48,963	55,063	52,860	54,266	53,055	52,118	-2%
	Clinical Nurse Specialist	444	438	427	438	425	406	-4%
	Licensed Massage Therapist**	5,556	6,215	7,104	7,978	8,727	8,597	-1%
	Licensed Nurse Practitioner	6,053	6,825	7,813	8,860	10,563	12,863	22%
	Licensed Practical Nurse	30,264	30,877	30,884	29,763	29,076	28,445	-2%
	Medication Aide	4,020	4,901	5,570	6,009	6,525	6,701	3%
	Medication Aide Training Program	-	-	-	248	284	314	11%

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change
		ALL LICENSE COUNTS ARE FROM JUNE 30				TH OF THE CORRESPONDING YEAR		19-20
Nursing	Registered Nurse	92,853	97,444	103,186	104,873	108,809	111,710	3%
	Restricted Volunteer - LPN	-	-	-	-	-	1	-
	Restricted Nurse - NP	-	-	-	-	-	7	-
	Restricted Nurse - PA	-	-	-	-	-	5	-
	Restricted Volunteer – RN	-	-	-	-	-	23	-
	V.A. Nurse Aide Education Programs	-	-	-	141	166	191	15%
	V.A. Practical School of Nursing	-	-	-	59	60	56	-7%
	V.A. Professional School of Nursing	-	-	-	80	77	76	-1%
Nursing Total		191,798	205,969	212,866	218,676	225,239	221,545	-2%
Optometry	Optometrist	204	163	143	124	104	87	-16%
	Optometrist – Volunteer Registration	-	-	-	-	-	-	-
	Professional Designation	217	230	251	256	257	260	1%
	TPA Certified Optometrist	1,322	1,434	1,512	1,534	1,552	1,623	5%
Optometry Total		1,743	1,827	1,906	1,914	1,913	1,970	3%
Pharmacy	Business CSR	650	835	998	1,125	1,352	1,430	6%
	CE Courses	-	3	18	9	10	9	-10%
	Humane Society	-	-	-	-	-	-	-
	Limited Use Pharmacy Technician	37	31	24	20	17	11	-35%
	Medical Equipment Supplier	437	578	597	618	231	228	-1%
	Non-resident Manufacturer †	-	-	-	-	124	196	58%
	Non-resident Medical Equipment †	-	-	-	-	320	345	8%
	Non-resident Outsourcing Facility	-	-	-	10	33	31	-6%

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change
		ALL LICENSE COUNTS ARE FROM JUNE 30				TH OF THE CORRESPONDING YEAR		19-20
Pharmacy	Non-resident Pharmacy	379	469	524	690	770	808	5%
	Non-resident Wholesale Distributor	627	739	779	759	660	625	-5%
	Non-restricted Manufacturer	17	22	24	31	28	31	11%
	Non-resident Third Party Logistics Provider	-	-	-	-	-	140	-
	Non-resident Warehouser	-	-	-	-	-	58	-
	Outsourcing Facility	-	-	-	1	-	-	-
	Permitted Physician	11	10	5	3	1	-	-
	Pharmaceutical Processor Permit†	-	-	-	-	1	3	200%
	Pharmacist	10,770	11,193	12,661	13,813	14,715	15,561	6%
	Pharmacist – Volunteer Registration	1	1	2	-	1	-	-
	Pharmacy	1,701	1,754	1,796	1,854	1,822	1,771	-3%
	Pharmacy Intern	1,668	1,797	2,092	2,058	1,865	1,649	-12%
	Pharmacy Technician	11,290	12,413	13,610	13,719	13,773	13,162	-4%
	Pharmacy Technician Training Program	-	86	103	120	143	130	-9%
	Physician Selling Controlled Substances	322	500	664	666	708	626	-12%
	Physician Selling Drugs Location	-	-	255	222	157	174	11%
	Pilot Programs	-	-	6	18	10	22	120%
	Registered Physician for CBD/THC Oil	-	-	-	-	-	401	-
	Repackaging Training Program	-	-	1	-	2	2	-
Restricted Manufacturer	68	77	75	69	55	44	-20%	
Third Party Logistics Provider †	-	-	-	-	5	6	20%	

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change
		ALL LICENSE COUNTS ARE FROM JUNE 30 TH OF THE CORRESPONDING YEAR						19-20
Pharmacy	Warehouser	44	46	42	47	86	112	30%
	Wholesale Distributor	116	112	122	120	79	65	-18%
Pharmacy Total		28,138	30,666	34,392	35,972	36,968	37,640	2%
Physical Therapy	Direct Access Certification	419	650	918	567	1,206	1,298	8%
	Physical Therapist	5,781	6,117	7,141	7,957	8,609	9,094	6%
	Physical Therapist Assistant	2,229	2,411	2,842	3,178	3,526	3,751	6%
Physical Therapy Total		8,429	9,178	10,901	11,702	13,341	14,143	6%
Psychology	Applied Psychologist	40	34	26	32	32	28	-13%
	Clinical Psychologist	2,609	2,644	2,831	3,281	3,617	3,885	7%
	Resident in School Psychology	-	-	-	-	-	10	-
	Resident In Training	-	-	-	743	890	859	-3%
	School Psychologist	112	101	92	102	105	96	-9%
	School Psychologist – Limited	240	308	310	520	606	634	5%
	Sex Offender Treatment Provider	398	426	365	425	440	437	-1%
SOTP Trainee	-	-	-	-	-	140	-	
Psychology Total		3,399	3,513	3,624	5,103	5,690	6,089	7%
Social Work	Associate Social Worker	2	2	1	1	2	1	-50%
	Licensed Baccalaureate Social Worker	-	-	-	-	-	21	-
	Licensed Clinical Social Worker	5,139	5,233	5,814	6,358	6,985	7,589	9%
	Licensed Master's Social Worker	-	-	-	-	-	877	-
	Licensed Social Worker	367	393	518	686	795	-	-
	Licensed Social Worker Supervision †	-	-	-	-	4	8	100%
	Registered Social Worker*	27	21	17	12	12	9	-25%
Registration of Supervision	-	-	-	1,710	1,873	2,536	35%	
Social Work Total		5,535	5,649	6,350	8,767	9,671	11,041	14%

Appendix A – Licenses¹

Board	Occupation	2010	2012	2014	2016	2018	2020	Percent Change
		ALL LICENSE COUNTS ARE FROM JUNE 30 TH OF THE CORRESPONDING YEAR						19-20
Veterinary Medicine	Equine Dental Technician	21	24	23	23	25	24	-4%
	Veterinarian	3,610	3,530	4,038	4,217	4,369	4,532	4%
	Veterinary Clinics ***	948	1,005	1,048	1,104	1,134	1,170	3%
	Veterinary Faculty†	-	-	-	-	7	85	1,114%
	Veterinary Intern/Resident†	-	-	-	-	24	81	238%
	Veterinary Technician	1,397	1,579	1,788	2,032	2,239	2,342	5%
Veterinary Medicine Total		5,976	6,138	6,897	7,376	7,798	8,234	6%
Agency Total		325,454	345,616	367,475	393,905	418,726	435,370	4%

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

* This is no longer a valid category of 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		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees		
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	
Audiology & Speech-Language Pathology	Audiologist	508	578	5	-	2	-	6	-	9.84	-	
	Continuing Education Provider	-	15	-	-	-	-	-	-	-	-	
	Provisional Speech-Language Pathologist†	-	-	-	1	-	-	-	1	-	-	
	School Speech Pathologist	406	476	5	4	4	3	5	4	12.32	8.4	
	Speech Pathologist	4,177	4,711	34	8	17	6	34	8	8.14	1.7	
Audiology & Speech-Language Pathology Total		5,091	5,780	44	13	23	9	45	13	8.64	2.25	
Counseling	Certified Substance Abuse Counselor	1,965	1,972	17	19	15	19	18	19	8.65	9.63	
	Licensed Marriage and Family Therapist	930	938	6	22	5	21	6	22	6.45	23.45	
	Licensed Professional Counselor	5,970	6,562	132	141	117	133	137	141	22.11	21.49	
	Marriage and Family Therapist Resident	320	224	2	4	-	3	2	4	6.25	17.86	
	Qualified Mental Health Prof - Adult †	7,586	7,924	52	60	45	59	52	60	6.85	7.57	
	Qualified Mental Health Prof - Child †	6,895	7,042	34	27	26	26	35	27	4.93	3.83	
	Registered Peer Recovery Specialist †	246	313	2	4	2	4	2	4	8.13	12.78	
	Registration of Supervision	-	-	-	-	-	-	-	-	-	-	-
	Rehabilitation Provider	226	192	-	1	-	1	-	1	-	5.21	
	Resident in Counseling	-	-	46	43	31	31	46	43	-	-	
	Substance Abuse Counseling Assistant	250	280	2	4	2	4	2	4	8	14.29	
	Substance Abuse Trainee †	1,841	4,181	4	6	3	6	4	6	2.17	1.44	
	Substance Abuse Treatment Practitioner	258	307	1	1	-	1	1	1	3.88	3.26	
	Substance Abuse Treatment Resident	5	9	-	-	-	-	-	-	-	-	
Trainee for Qualified Mental Health Prof †	2,193	3,845	2	13	1	12	2	13	0.91	3.38		
Counseling Total		28,685	33,789	300	345	247	320	307	345	10.46	10.21	

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Dentistry	Conscious/Moderate Sedation	-	-	-	-	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	40	-	-	-	-	-	-	-	-
	Deep Sedation/General Anesthesia	58	61	-	-	-	-	-	-	-	-
	Dental Assistant II	29	35	1	-	1	-	1	-	34.48	-
	Dental Full Time Faculty	11	10	-	-	-	-	-	-	-	-
	Dental Hygienist	5,941	5,805	128	14	12	14	128	14	21.55	2.41
	Dental Hygienist Faculty	1	-	-	-	-	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	15	3	-	-	-	-	-	-	-	-
	Dental Hygienist Temporary Permit	7	-	-	-	-	-	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Dental Restricted Volunteer	-	16	-	-	-	-	-	-	-	-
	Dental Teacher	-	-	-	-	-	-	-	-	-	-
	Dental Temporary Permit	-	-	-	-	-	-	-	-	-	-
	Dentist	7,338	7,288	565	470	472	410	571	470	77	64.49
	Dentist-Volunteer Registration	248	-	1	-	1	-	1	-	4.03	-
	Enteral Conscious/Moderate Sedation	150	134	-	-	-	-	1	1	-	-
	Mobile Dental Facility	11	11	1	-	1	-	1	-	90.91	-
	Moderate Sedation	-	238	1	1	1	1	-	-	-	-
	Oral/Maxillofacial Surgeon Registration	263	259	-	3	-	3	-	3	-	11.58

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Dentistry	Sedation Permit Holder Location	464	514	-	-	-	-	-	-	-	-
	Temporary Conscious/Moderate Sedation	-	-	-	-	-	-	-	-	-	-
	Temporary Resident	77	77	-	1	-	-	-	1	-	12.99
Dentistry Total		14,654	14,491	697	489	488	428	703	489	228	33.75
Funeral Directors & Embalmers	Branch Establishment	79	85	3	2	3	2	3	2	37.97	23.53
	Continuing Education Provider	14	12	-	-	-	-	-	-	-	-
	Courtesy Card	109	102	-	-	-	-	-	-	-	-
	Crematories	115	112	1	5	1	5	1	5	8.70	44.64
	Embalmer	2	2	-	-	-	-	-	-	-	-
	Funeral Director	36	33	-	-	-	-	-	-	-	-
	Funeral Establishment	419	411	26	21	26	20	25	21	62.05	51.09
	Funeral Service Intern	186	192	5	6	5	6	5	6	26.88	31.25
	Funeral Service Licensee	1,516	1,502	48	60	47	49	48	60	31.66	39.95
	Funeral Supervisor	567	591	-	-	-	-	-	-	-	-
Surface Transport & Removal Service	44	48	-	1	-	1	-	1	-	20.83	
Funeral Directors & Embalmers Total		3,087	3,090	83	95	82	83	82	95	26.89	30.74
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	3	7	1	-	1	-	1	-	333.33	-
	Administrator-In-Training	72	84	2	3	2	3	2	3	27.78	35.71
	ALF-Administrator-In-Training	99	94	6	3	6	3	6	3	60.61	31.91
	Assisted Living Facility Administrator	634	641	37	35	37	35	37	35	58.36	54.6

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Long-Term Care Administrators	Assisted Living Facility Preceptor	198	192	-	-	-	-	-	-	-	-
	Nursing Home Administrator	912	912	47	49	44	49	47	49	51.54	53.73
	Nursing Home Preceptor	222	211	-	-	-	-	-	-	-	-
Long-Term Care Administrators Total		2,140	2,141	93	90	90	90	93	90	43.46	42.04
Medicine	Assistant Behavior Analyst	169	170	2	1	2	1	2	1	11.83	5.88
	Athletic Trainer	1,692	1,673	8	5	6	2	8	5	4.73	2.99
	Behavior Analyst	1,220	1,434	10	8	10	6	11	8	8.20	5.58
	Chiropractor	1,763	1,777	61	59	61	59	62	59	34.6	33.2
	Genetic Counselor †	258	341	-	1	-	-	-	1	-	2.93
	Genetic Counselor-Temporary	4	9	-	-	-	-	-	-	-	-
	Interns & Residents	4,277	4,239	21	25	20	24	22	25	4.91	5.90
	Licensed Acupuncturist	548	567	6	7	6	4	7	7	10.95	12.35
	Licensed Midwife	87	90	2	3	2	3	2	3	22.99	33.33
	Limited Radiologic Technologist	562	501	4	1	4	1	4	1	7.12	2.00
	Medicine & Surgery	38,227	39,643	1,640	1,629	1,628	1,620	1,687	1,628	42.90	41.09
	Occupational Therapist	4,422	4,618	10	12	10	12	10	12	2.26	2.60
	Occupational Therapy Assistant	1,633	1,712	5	4	5	3	5	4	3.06	2.34
	Osteopathy & Surgery	3,681	4,001	126	114	126	114	126	114	34.23	28.49
	Physician Assistant	4,202	4,517	75	76	75	76	80	76	17.85	16.83
Podiatry	545	559	37	50	37	50	39	50	67.89	89.45	
Polysomnographic Technician	486	484	8	3	3	-	8	3	16.46	6.2	

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Medicine	Radiologic Technologist	4,413	4,431	36	12	17	8	36	12	8.16	2.71
	Radiologist Assistant	12	14	-	-	-	-	-	-	-	-
	Respiratory Therapist	3,961	4,026	16	23	15	22	17	23	4.04	5.71
	Restricted Volunteer – Doctor of	91	83	1	-	-	-	1	-	10.99	-
	Surgical Assistant	256	255	-	-	-	-	-	-	-	-
	Surgical Technologist	289	255	1	-	1	-	1	-	3.46	-
	University Limited License	21	17	-	1	-	1	-	1	-	58.82
	Volunteer Registration	-	1	1	-	1	-	1	-	-	-
Medicine Total		72,819	75,417	2,070	2,034	2,029	2,006	2,129	2,033	28.43	26.97
Nursing	Advanced Certified Nurse Aide	45	32	-	-	-	-	-	-	-	-
	Authorization to Prescribe	8,245	-	7	7	7	7	7	7	0.85	-
	Certified Nurse Aide	53,519	52,118	721	754	645	708	741	754	13.47	14.47
	Clinical Nurse Specialist	418	406	2	-	2	-	2	-	4.78	-
	Licensed Massage Therapist**	8,654	8,597	87	71	68	52	87	71	10.05	8.26
	Licensed Nurse Practitioner	11,569	12,863	241	220	236	218	246	220	20.83	17.10
	Licensed Practical Nurse	28,547	28,445	543	507	520	480	550	507	19.02	17.82
	LPN by Privilege-Discipline	-	-	10	19	10	19	10	19	-	-
	Medication Aide	6,614	6,701	133	150	119	136	130	150	20.11	22.38
	Medication Aide Training Program	307	314	1	4	1	4	1	4	3.26	12.74
Registered Nurse	109,998	111,710	809	817	774	784	812	817	7.35	7.31	

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Nursing	Restricted Volunteer-LPN	2	1	-	-	-	-	-	-	-	-
	Restricted Nurse-NP	7	7	-	-	-	-	-	-	-	-
	Restricted Nurse-PA	5	5	-	-	-	-	-	-	-	-
	Restricted Nurse-RN	18	23	-	-	-	-	-	-	-	-
	RN by Privilege-Discipline	-	-	53	38	52	38	56	38	-	-
	V.A. Nurse Aide Education Programs	194	191	6	3	6	3	6	3	30.93	15.71
	V.A. Practical School of Nursing	58	56	18	12	14	10	18	12	310.34	214.29
	V.A. Professional School of Nursing	76	76	9	11	7	8	10	11	118.42	144.74
Nursing Total		228,276	221,545	2,640	2,613	2,461	2,467	2,682	2,613	11.56	11.79
Optometry	Optometrist	96	87	2	2	-	-	2	2	20.83	22.99
	Optometrist – Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Professional Designation	263	260	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,611	1,623	38	34	32	32	41	34	23.59	20.95
Optometry Total		1,970	1,970	40	36	32	32	43	36	20.30	18.27
Pharmacy	Business CSR	1,363	1,430	2	3	2	3	2	3	1.47	2.10
	CE Courses	9	9	-	-	-	-	-	-	-	-
	Humane Society	-	-	-	-	-	-	-	-	-	-
	Limited Use Pharmacy Technician	11	11	-	-	-	-	-	-	-	-
	Medical Equipment Supplier	223	228	2	2	2	2	2	2	8.97	8.77
	Non-resident Manufacturer †	165	196	-	-	-	-	-	-	-	-

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Pharmacy	Non-resident Medical Equipment †	334	345	-	-	-	-	-	-	-	-
	Non-resident Outsourcing Facility	30	31	8	4	8	4	8	4	266.67	129.03
	Non-resident Pharmacy	778	808	33	31	32	31	33	31	42.42	38.37
	Non-resident Third Party Logistics Provider	54	140	-	-	-	-	-	-	-	-
	Non-resident Wholesale Distributor	648	625	1	6	1	6	1	6	1.54	9.60
	Non-restricted Manufacturer	29	31	-	-	-	-	-	-	-	-
	Non-resident Warehouser	12	58	-	-	-	-	-	-	-	-
	Outsourcing Facility	-	-	-	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-
	Pharmaceutical Processor Permit†	-	3	1	1	1	1	1	1	-	333.33
	Pharmacist	15,177	15,561	155	131	144	124	158	130	10.21	8.42
	Pharmacist – Volunteer Registration	2	-	-	-	-	-	-	-	-	-
	Pharmacy	1,801	1,771	354	322	105	114	355	322	196.56	181.82
	Pharmacy Intern	1,769	1,649	1	2	1	2	1	2	0.57	1.21
	Pharmacy Technician	13,377	13,162	87	96	43	55	89	96	6.50	7.29
	Pharmacy Technician Training Program	141	130	-	-	-	-	-	-	-	-
	Physician Selling Controlled Substances	642	626	1	2	1	1	1	2	1.56	3.19
	Physician Selling Drugs Location	173	174	1	3	-	1	1	3	5.78	17.42
Pilot Programs	20	22	-	34	-	29	-	34	-	1,545.45	
Registered Practitioner for CBD/THCA Oil	-	-	-	2	-	1	-	2	-	-	

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Pharmacy	Registered Physician for CBD/THC OIL	280	401	-	-	-	-	-	-	-	-
	Repackaging Training Program	2	2	-	-	-	-	-	-	-	-
	Restricted Manufacturer	48	44	-	-	-	-	-	-	-	-
	Third Party Logistics Provider †	5	6	-	-	-	-	-	-	-	-
	Warehouser	107	112	-	-	-	-	-	-	-	-
	Wholesale Distributor	65	65	-	-	-	-	-	-	-	-
Pharmacy Total		37,265	37,640	646	639	340	374	652	638	17.34	16.98
Physical Therapy	Direct Access Certification	1,257	1,298	-	-	-	-	-	-	-	-
	Physical Therapist	8,240	9,094	35	34	35	28	35	34	4.25	3.74
	Physical Therapist Assistant	3,525	3,751	5	24	5	19	5	24	1.42	6.4
Physical Therapy		13,022	14,143	40	58	40	47	40	58	3.07	4.1
Psychology	Applied Psychologist	29	28	1	-	-	-	1	-	34.48	-
	Clinical Psychologist	3,739	3,885	94	111	86	105	97	111	25.14	28.57
	Resident in School Psychologist	8	10	-	-	-	-	-	-	-	-
	Resident In Training	865	859	4	6	4	6	4	6	4.62	6.98
	School Psychologist	100	96	2	5	1	5	2	5	20	52.08
	School Psychologist – Limited	603	634	5	6	4	6	5	6	8.29	9.46
	Sex Offender Treatment Provider	438	437	9	23	9	23	9	23	20.55	52.63
	SOTP Trainee	157	140	2	6	2	6	2	6	-	-
Psychology Total		5,939	6,089	117	157	106	150	120	157	19.7	25.78

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Reviewed by Board ⁴		Complaints Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Social Work	Associate Social Worker	1	1	-	-	-	-	-	-	-	-
	Licensed Baccalaureate Social Worker †	-	21	-	-	-	-	-	-	-	-
	Licensed Clinical Social Worker	7,285	7,589	120	99	110	96	122	99	16.47	13.05
	Licensed Master's Social Worker	-	877	4	2	4	2	-	2	-	2.28
	Licensed Social Worker	869	-	-	-	-	-	-	-	-	-
	Licensed Social Worker Supervision †	6	8	-	-	-	-	-	-	-	-
	Registered Social Worker*	10	9	-	-	-	-	-	-	-	-
	Registration of Supervision	2,175	2,536	12	11	12	11	12	11	5.52	4.34
Social Work Total		10,346	11,041	136	112	126	109	138	112	13.15	10.14
Veterinary Medicine	Equine Dental Technician	24	24	-	1	-	1	-	1	-	41.67
	Veterinarian	4,430	4,532	184	297	159	154	188	297	41.53	65.53
	Veterinary Clinics ***	1,157	1,170	32	127	24	16	32	127	27.66	108.55
	Veterinary Faculty†	77	85	-	-	-	-	-	-	-	-
	Veterinary Intern/Resident†	58	81	1	-	1	-	1	-	17.24	-
	Veterinary Technician	2,327	2	342	27	37	11	13	27	37	11.60
Veterinary Medicine Total		8,073	8,234	244	462	195	184	248	462	30.22	56.11
Agency Total		431,367	435,370	7,150	7,143	6,259	6,299	7,282	7,141	16.58	16.41

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

² All allegations assigned a case number

³ Cases that entered the *Investigation* Stage during the designated fiscal year. A case may be counted twice if in the Investigation stage during both fiscal years

⁴ Cases that entered the *Probable Cause* stage during the designated fiscal year. A case may be counted twice if in the *Probable Cause* stage during both fiscal years. A case that enters the *Probable Cause* stage may not be investigated.

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

* This is no longer a valid category of licensure

† 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		
		FY2019	FY202	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	
Audiology & Speech-Language Pathology	Audiologist	508	578	1	-	3	-	4	-	6	-	
	Continuing Education Provider	15	15	-	-	-	-	-	-	-	-	
	Provisional Speech-Language Pathologist†	-	-	-	-	-	-	-	-	-	-	
	School Speech Pathologist	406	476	4	2	-	-	4	2	-	-	
	Speech Pathologist	4,177	4,711	11	5	9	6	20	11	2	1	
Audiology & Speech-Language Pathology Total		5,106	5,780	16	7	12	6	28	13	2.35	1.04	
Counseling	Certified Substance Abuse Counselor	1,965	1,972	8	19	3	2	11	21	2	1	
	Licensed Marriage and Family Therapist	930	938	5	16	1	-	6	16	1	-	
	Licensed Professional Counselor	5,970	6,562	87	114	6	8	93	122	1	1	
	Marriage and Family Therapist Resident	320	224	2	2	-	-	2	2	-	-	
	Post Graduate Trainee (ROS)	8,749	-	-	-	-	1	-	1	-	-	
	Qualified Mental Health Prof - Adult †	7,586	7,924	15	35	2	4	17	39	-	1	
	Qualified Mental Health Prof - Child †	6,895	7,042	6	16	2	3	8	19	-	-	
	Registered Peer Recovery Specialist †	246	313	-	3	-	-	-	3	-	-	
	Registration of Supervision	-	-	-	-	-	-	-	-	-	-	-
	Rehabilitation Provider	226	192	-	1	-	-	-	1	-	-	
	Resident in Counseling	-	4181	14	24	4	3	18	27	-	1	
	Substance Abuse Counseling Assistant	265	280	1	2	-	-	1	2	-	-	
	Substance Abuse Trainee †	1,841	2,034	5	4	1	-	6	4	1	-	
Substance Abuse Treatment Practitioner	258	307	-	-	-	-	-	-	-	-		

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Counseling	Substance Abuse Treatment Resident	5	9	-	-	-	-	-	-	-	-
	Trainee for Qualified Mental Health Prof †	2,193	3,845	1	6	-	-	1	6	-	-
Counseling Total		37,449	35,823	144	242	19	20	163	262	0.51	0.56
Dentistry	Conscious/Moderate Sedation	-	238	-	-	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	40	-	-	-	-	-	-	-	-
	Deep Sedation/General Anesthesia	58	61	-	-	-	-	-	-	-	-
	Dental Assistant II	29	35	-	-	-	-	-	-	-	-
	Dental Full Time Faculty	11	10	1	-	-	-	1	-	-	-
	Dental Hygienist	5,941	5,805	8	9	4	2	12	11	1	-
	Dental Hygienist Faculty	1	-	-	-	-	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	15	3	-	-	-	-	-	-	-	-
	Dental Hygienist Temporary Permit	7	-	-	-	-	-	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Dental Restricted Volunteer	-	16	-	-	-	-	-	-	-	-
	Dental Teacher	-	-	-	-	-	-	-	-	-	-
	Dental Temporary Permit	-	-	-	-	-	-	-	-	-	-
	Dentist	7,338	7,288	271	255	32	33	303	288	4	5
	Dentist-Volunteer Registration	248	-	-	-	-	1	-	1	-	-
Enteral Conscious/Moderate Sedation	150	134	-	1	-	-	-	1	-	-	

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Dentistry	Mobile Dental Facility	11	11	1	-	-	-	1	-	-	-
	Oral/Maxillofacial Surgeon Registration	263	259	-	3	-	-	-	3	-	-
	Sedation Permit Holder Location	464	514	-	-	-	-	-	-	-	-
	Temporary Conscious/Moderate Sedation	-	-	-	-	-	-	-	-	-	-
	Temporary Resident	77	77	-	-	-	-	-	-	-	-
Dentistry Total		14,654	14,491	281	268	36	36	317	304	2.46	2.48
Funeral Directors & Embalmers	Branch Establishment	79	85	1	-	-	-	1	-	-	-
	Continuing Education Provider	14	12	-	-	-	-	-	-	-	-
	Courtesy Card	109	102	-	-	-	-	-	-	-	-
	Crematories	115	112	-	2	-	-	-	2	-	-
	Embalmer	2	2	-	-	-	-	-	-	-	-
	Funeral Director	36	33	-	-	-	-	-	-	-	-
	Funeral Establishment	419	411	7	5	3	2	10	7	7	5
	Funeral Service Intern	186	192	1	-	-	1	1	1	-	5
	Funeral Service Licensee	1,516	1,502	6	30	8	10	14	40	5	7
	Funeral Supervisor	567	591	-	-	-	-	-	-	-	-
Surface Transport & Removal Service	44	48	-	-	-	-	-	-	-	-	
Funeral Directors & Embalmers Total		3,087	3,090	15	37	11	13	26	50	3.56	4.21
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	3	7	-	-	-	-	-	-	-	-
	Administrator-In-Training	72	84	-	-	-	-	-	-	-	-

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Long-Term Care Administrators	ALF-Administrator-In-Training	99	94	1	-	2	-	3	-	20	-
	Assisted Living Facility Administrator	634	641	5	17	7	5	12	22	11	8
	Assisted Living Facility Preceptor	198	192	-	-	1	-	1	-	5	-
	Nursing Home Administrator	912	912	12	36	5	5	17	41	5	5
	Nursing Home Preceptor	222	211	-	-	-	-	-	-	-	-
Long-Term Care Administrators Total		2,140	2,141	18	53	15	10	33	63	7.01	4.67
Medicine	Assistant Behavior Analyst	169	170	-	-	-	-	-	-	-	-
	Athletic Trainer	1,692	1,673	-	2	-	3	2	5	1	2
	Behavior Analyst	1,220	1,434	3	1	-	1	3	2	-	1
	Chiropractor	1,763	1,777	8	15	5	3	13	18	3	2
	Genetic Counselor †	258	341	-	-	-	-	-	-	-	-
	Genetic Counselor-Temporary	4	9	-	-	-	1	-	2	-	111
	Interns & Residents	4,277	4,239	7	9	1	2	8	11	-	-
	Licensed Acupuncturist	548	567	1	1	-	2	1	3	-	4
	Licensed Midwife	87	90	1	1	-	2	1	3	-	22
	Limited Radiologic Technologist	562	501	-	-	-	-	-	-	-	-
	Medicine & Surgery	38,227	39,643	418	622	121	104	539	726	3	3
	Occupational Therapist	4,422	4,618	-	2	2	3	2	5	-	1
Occupational Therapy Assistant	1,633	1,712	-	-	2	1	2	1	1	1	

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵		
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	
Medicine	Osteopathy & Surgery	3,681	4,001	38	57	7	10	45	67	2	2	
	Physician Assistant	4,202	4,517	23	22	4	5	27	27	1	1	
	Podiatry	545	559	18	24	3	1	21	25	6	2	
	Polysomnographic Technician	486	484	1	-	4	3	5	3	8	6	
	Radiologic Technologist	4,413	4,431	4	2	18	7	22	9	4	2	
	Radiologist Assistant	12	14	-	-	-	-	-	-	-	-	-
	Respiratory Therapist	3,961	4,026	-	3	3	2	3	5	1	-	
	Restricted Volunteer – Doctor of	91	83	-	-	-	1	-	1	-	-	12
	Surgical Assistant	256	255	-	-	-	-	-	-	-	-	-
	Surgical Technologist	289	255	-	-	-	-	-	-	-	-	-
	University Limited License	21	17	-	-	-	-	-	-	-	-	-
	Volunteer Registration	-	1	-	-	-	-	-	-	-	-	-
Medicine Total		72,819	75,417	522	761	172	151	694	912	2.36	2.00	
Nursing	Advanced Certified Nurse Aide	45	32	-	-	-	-	-	-	-	-	
	Authorization to Prescribe	8,245	-	3	5	3	1	6	6	-	-	
	Certified Nurse Aide	53,519	52,118	332	444	152	86	484	530	3	2	
	Clinical Nurse Specialist	418	406	1	-	-	-	1	-	-	-	
	Licensed Massage Therapist**	8,654	8,597	18	28	22	31	40	59	3	4	
	Licensed Nurse Practitioner	11,569	12,863	201	157	13	11	214	168	1	1	
	Licensed Practical Nurse	28,547	28,445	242	177	111	96	353	273	4	3	
	Medication Aide	6,614	6,701	62	55	50	29	112	84	8	4	
	Medication Aide Training Program	307	314	1	1	-	-	1	1	-	-	

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Nursing	Registered Nurse	109,998	111,710	427	379	218	158	645	537	2	1
	RN by Privilege-Discipline	-	-	22	20	9	6	31	26	-	-
	LPN by Privilege-Discipline	-	-	3	4	-	4	3	8	-	-
	Restricted Volunteer-LPN	2	1	-	-	-	-	-	-	-	-
	Restricted Nurse-NP	7	7	-	-	-	-	-	-	-	-
	Restricted Nurse-PA	5	5	-	-	-	-	-	-	-	-
	Restricted Volunteer-RN	18	23	-	-	-	-	-	-	-	-
	V.A. Nurse Aide Education	194	191	5	2	-	-	5	2	-	-
	V.A. Practical School of Nursing	58	56	12	12	1	2	13	14	17	36
V.A. Professional School of	76	76	6	11	1	1	7	12	13	13	
Nursing Total		228,276	221,545	1,335	1,295	580	425	1,915	1,720	2.54	1.92
Optometry	Optometrist	96	87	-	-	-	-	-	-	-	-
	Optometrist – Volunteer	-	-	-	-	-	-	-	-	-	-
	Professional Designation	263	260	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,611	1,623	21	17	5	3	26	20	3	2
Optometry Total		1,970	1,970	21	17	5	3	26	20	2.54	1.52
Pharmacy	Business CSR	1,363	1,430	7	1	-	-	7	1	-	-
	CE Courses	9	9	-	-	-	-	-	-	-	-
	Humane Society	-	-	-	-	-	-	-	-	-	-
	Limited Use Pharmacy	11	11	-	-	-	-	-	-	-	-
	Medical Equipment Supplier	223	228	3	1	1	-	4	1	4	-
	Non-resident Manufacturer †	165	196	-	-	-	-	-	-	-	-

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Pharmacy	Non-resident Medical Equipment †	344	345	-	-	-	-	-	-	-	-
	Non-resident Outsourcing Facility	30	31	2	2	6	-	8	2	200	-
	Non-resident Third Party Logistics Prov	54	140	-	-	-	-	-	-	-	-
	Non-resident Pharmacy	778	808	9	12	13	7	22	19	17	9
	Non-resident Wholesale Distributor	648	625	-	-	2	-	2	-	3	-
	Non-resident Warehouser	-	58	-	-	-	-	-	-	-	-
	Non-restricted Manufacturer	29	31	-	-	-	-	-	-	-	-
	Outsourcing Facility	-	-	-	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-
	Pharmaceutical Processor Permit†	-	3	1	1	-	-	1	1	-	-
	Pharmacist	15,177	15,561	66	63	64	36	130	99	4	2
	Pharmacist-Volunteer Registration	2	-	-	-	-	-	-	-	-	-
	Pharmacy	1,801	1,771	71	71	259	249	330	320	144	141
	Pharmacy Intern	1,769	1,649	-	-	-	-	-	-	-	-
	Pharmacy Technician	13,377	13,162	13	15	75	27	88	42	6	2
	Pharmacy Technician Training Program	141	130	-	-	1	-	1	-	7	-
	Physician Selling Controlled Substances	642	626	-	-	2	1	2	1	3	2
	Physician Selling Drugs Location	173	174	-	1	2	2	2	3	12	11
	Pilot Programs	20	22	20	7	-	-	20	7	-	-
	Repackaging Training Program	2	2	-	-	-	-	-	-	-	-
Registered Physician for CBD/THCA Oil**	280	401	-	-	-	-	-	-	-	-	

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Pharmacy	Restricted Manufacturer	48	44	-	-	-	-	-	-	-	-
	Third Party Logistics Provider †	5	6	-	-	-	-	-	-	-	-
	Warehouser	107	112	-	-	-	-	-	-	-	-
	Wholesale Distributor	65	65	-	-	-	-	-	-	-	-
Pharmacy Total		37,253	37,640	192	174	425	322	617	496	11.41	8.55
Physical Therapy	Direct Access Certification	1,257	1,298	-	-	-	-	-	-	-	-
	Physical Therapist	8,240	9,094	11	18	10	3	21	21	1	-
	Physical Therapist Assistant	3,525	3,751	2	7	12	2	14	9	3	1
Physical Therapy Total		13,022	14,143	13	25	22	5	35	30	1.69	0.35
Psychology	Applied Psychologist	29	28	-	-	-	-	-	-	-	-
	Clinical Psychologist	3,739	3,885	48	72	2	9	50	81	1	2
	Resident in School Psychology	8	10	-	-	-	-	-	-	-	-
	Resident In Training	865	859	3	5	-	-	3	5	-	-
	School Psychologist	100	96	-	1	-	3	-	4	-	31
	School Psychologist – Limited	603	634	1	6	-	-	1	6	-	-
	Sex Offender Treatment Provider	438	437	3	17	-	2	3	19	-	5
	SOTP Trainee	157	140	1	5	-	1	1	6	-	-
Psychology Total		5,939	6,089	56	106	2	15	58	121	0.34	2.46

Appendix C – Violations

Board	Occupation	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Social Work	Associate Social Worker	1	1	-	-	-	-	-	-	-	-
	Licensed Baccalaureate Social Worker	-	21	-	-	-	-	-	-	-	-
	Licensed Clinical Social Worker	7,285	7,589	73	110	7	7	80	117	1	1
	Licensed Master's Social Worker	-	877	2	3	-	-	2	3	-	-
	Licensed Social Worker	869	-	-	-	-	-	-	-	-	-
	Licensed Social Worker Supervision †	6	8	-	-	-	-	-	-	-	-
	Registered Social Worker*	10	9	-	-	-	-	-	-	-	-
Registration of Supervision	2,175	2,536	11	10	1	-	12	10	-	-	
Social Work Total		10,346	11,041	86	123	8	7	94	130	0.77	0.63
Veterinary Medicine	Equine Dental Technician	24	24	-	-	-	-	-	-	-	-
	Veterinarian	4,430	4,532	61	87	22	21	83	108	5	5
	Veterinary Clinics ***	1,157	1,170	14	14	11	7	25	21	10	6
	Veterinary Faculty †	77	85	-	-	-	-	-	-	-	-
	Veterinary Intern/Resident †	58	81	-	-	-	-	-	-	-	-
	Veterinary Technician	2,327	2,342	2	15	11	5	13	20	5	2
Veterinary Medicine Total		8,073	8,234	77	116	44	33	121	149	5.45	4.01
Agency Total		440,134	437,404	2,776	3,224	1,351	1,046	4,127	4,270	3.07	2.39

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

²Case in which allegations were not substantiated

³Cases in which allegations were substantiated

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

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

*This is no longer a valid category of licensure

†This license is newly counted/regulated

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Audiology & Speech-Language Pathology	Audiologist	508	578	11	-	22	-
	Continuing Education Provider	-	15	-	-	-	-
	Provisional Speech-Language Pathologist†	-	-	-	-	-	-
	School Speech Pathologist	406	476	-	-	-	-
	Speech Pathologist	4,177	4,711	36	19	9	4
Audiology & Speech-Language Pathology Total		5,091	5,780	47	19	9	3
Counseling	Certified Substance Abuse Counselor	1,965	1,972	-	14	-	7
	Licensed Marriage and Family Therapist	930	938	5	-	5	-
	Licensed Professional Counselor	5,970	6,562	44	43	7	7
	Marriage and Family Therapist Resident	320	224	-	1	-	4
	Pre Education Review – Substance Abuse	-	-	12	-	-	-
	Qualified Mental Health Prof - Adult †	7,586	7,924	9	23	1	3
	Qualified Mental Health Prof - Child †	6,895	7,042	10	15	1	2
	Registered Peer Recovery Specialist †	246	313	-	-	-	-
	Registration of Supervision	-	-	-	-	-	-
	Rehabilitation Provider	226	192	-	-	-	-
	Resident in Counseling	-	-	-	23	-	-
	Substance Abuse Counseling Assistant	250	280	-	-	-	-
	Substance Abuse Trainee †	1,841	4,181	-	-	-	-
	Substance Abuse Treatment Practitioner	258	307	-	-	-	-
	Substance Abuse Treatment Resident	5	9	-	-	-	-
Trainee for Qualified Mental Health Prof †	2,193	3,845	-	1	-	0	
Counseling Total		28,685	33,789	80	120	3	4

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Dentistry	Conscious/Moderate Sedation	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	40	-	-	-	-
	Deep Sedation/General Anesthesia	58	61	-	-	-	-
	Dental Assistant II	29	35	-	-	-	-
	Dental Full Time Faculty	11	10	-	-	-	-
	Dental Hygienist	5,941	5,805	16	9	3	2
	Dental Hygienist Faculty	1	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	15	3	-	-	-	-
	Dental Hygienist Temporary Permit	7	-	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-
	Dental Restricted Volunteer	-	16	-	-	-	-
	Dental Teacher	-	-	-	-	-	-
	Dental Temporary Permit	-	-	-	-	-	-
	Dentist	7,338	7,288	204	160	28	22
	Dentist-Volunteer Registration	248	-	-	2	-	-
	Enteral Conscious/Moderate Sedation	150	134	-	-	-	-
	Mobile Dental Facility	11	11	-	-	-	-
	Moderate Sedation	-	238	-	-	-	-
	Oral/Maxillofacial Surgeon Registration	263	259	-	-	-	-
	Sedation Permit Holder Location	464	514	-	-	-	-
Temporary Conscious/Moderate Sedation	-	-	-	-	-	-	
Temporary Resident	77	77	-	-	-	-	
Dentistry Total		14,654	14,491	220	171	15	12

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Funeral Directors & Embalmers	Branch Establishment	79	82	-	-	-	-
	Continuing Education Provider	14	12	-	-	-	-
	Courtesy Card	109	102	-	-	-	-
	Crematories	115	112	-	-	-	-
	Embalmer	2	2	-	-	-	-
	Funeral Director	36	33	-	-	-	-
	Funeral Establishment	419	411	7	9	17	22
	Funeral Service Intern	186	192	-	1	-	5
	Funeral Service Licensee	1,516	1,502	34	16	22	11
	Funeral Supervisor	567	591	-	-	-	-
	Surface Transport & Removal Service	44	48	-	-	-	-
Funeral Directors & Embalmers Total		3,087	3,090	41	26	13	8
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	3	7	-	-	-	-
	Administrator-In-Training	72	84	-	-	-	-
	ALF-Administrator-In-Training	99	94	4	-	40	-
	Assisted Living Facility Administrator	634	641	56	24	88	37
	Assisted Living Facility Preceptor	198	192	4	-	20	-
	Nursing Home Administrator	912	912	17	25	19	27
	Nursing Home Preceptor	222	211	-	-	-	-
Long-Term Care Administrators Total		2,140	2,141	81	49	38	23
Medicine	Assistant Behavior Analyst	169	170	-	-	-	-
	Athletic Trainer	1,692	1,673	9	12	5	7

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Medicine	Behavior Analyst	1,220	1,434	-	4	-	3
	Chiropractor	1,763	1,777	30	20	17	11
	Genetic Counselor †	258	341	-	4	-	12
	Genetic Counselor - Temporary	4	9	-	-	-	-
	Interns & Residents	4,277	4,239	4	8	1	2
	Licensed Acupuncturist	548	567	-	8	-	14
	Licensed Midwife	87	90	-	4	-	44
	Limited Radiologic Technologist	562	501	-	-	-	-
	Medicine & Surgery	38,227	39,643	517	437	14	11
	Occupational Therapist	4,422	4,618	12	11	3	2
	Occupational Therapy Assistant	1,633	1,712	10	4	6	2
	Osteopathy & Surgery	3,681	4,001	36	52	10	13
	Physician Assistant	4,202	4,517	14	18	3	4
	Podiatry	545	559	10	4	18	7
	Polysomnographic Technician	486	484	16	12	33	25
	Radiologic Technologist	4,413	4,431	76	32	17	7
	Radiologist Assistant	12	14	-	-	-	-
	Respiratory Therapist	3,961	4,026	12	10	3	2
	Restricted Volunteer – Doctor of	91	83	-	4	-	48
	Surgical Assistant	256	255	-	-	-	-
Surgical Technologist	289	255	-	-	-	-	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Medicine	University Limited License	21	17	-	-	-	-
	Volunteer Registration	-	1	-	-	-	-
Medicine Total		72,819	75,417	746	644	10	9
Nursing	Advanced Certified Nurse Aide	45	32	-	-	-	-
	Authorization to Prescribe	8,245	-	11	8	1	-
	Certified Nurse Aide	53,519	52,118	641	338	12	6
	Clinical Nurse Specialist	418	406	-	-	-	-
	Licensed Massage Therapist**	8,654	8,597	139	150	16	17
	Licensed Nurse Practitioner	11,569	12,863	116	79	10	6
	Licensed Practical Nurse	28,547	28,445	652	513	23	18
	LPN by Privilege-Discipline	-	-	2	16	-	-
	Medication Aide	6,614	6,701	198	117	30	17
	Medication Aide Training Program	307	314	-	-	-	-
	Registered Nurse	109,998	111,710	1,286	819	12	7
	RN by Privilege-Discipline	-	-	35	25	-	-
	Restricted Volunteer-LPN	2	1	-	-	-	-
	Restricted Nurse-NP	7	7	-	-	-	-
	Restricted Nurse-PA	5	5	-	-	-	-
	Restricted Volunteer-RN	18	23	-	-	-	-
	V.A. Nurse Aide Education Programs	194	191	-	-	-	-
	V.A. Practical School of Nursing	58	56	1	-	17	-
V.A. Professional School of Nursing	76	76	1	-	13	-	
Nursing Total		228,276	221,545	3,082	2,065	14	9

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Optometry	Optometrist	96	87	-	-	-	163
	Optometrist – Volunteer Registration	-	-	-	-	-	-
	Professional Designation	263	260	-	-	-	-
	TPA Certified Optometrist	1,611	1,623	30	12	5	72
Optometry Total		1,970	1,970	30	12	15	6
Pharmacy	Business CSR	1,363	1,430	-	-	-	-
	CE Courses	9	9	-	-	-	-
	Humane Society	-	-	-	-	-	-
	Limited Use Pharmacy Technician	11	11	-	-	-	-
	Medical Equipment Supplier	223	228	-	-	-	-
	Non-resident Manufacturer †	165	196	-	-	-	-
	Non-resident Medical Equipment †	334	345	-	-	-	-
	Non-resident Outsourcing Facility	30	31	13	-	433	-
	Non-resident Pharmacy	778	808	-	21	-	26
	Non-resident Wholesale Distributor	648	625	-	-	-	-
	Non-restricted Manufacturer	29	31	-	-	-	-
	Non-resident Third Party Logistics Provider	54	140	-	-	-	-
	Non-resident Warehouser	12	58	3	-	-	-
	Outsourcing Facility	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-
	Pharmaceutical Processor Permit†	-	3	-	-	-	-
Pharmacist	15,177	15,561	284	172	19	11	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Pharmacy	Pharmacist – Volunteer Registration	2	-	-	-	-	-
	Pharmacy	1,801	1,771	1,507	1,440	837	813
	Pharmacy Intern	1,769	1,649	-	-	-	-
	Pharmacy Technician	13,377	13,162	342	127	26	10
	Pharmacy Technician Training Program	141	130	2	-	14	-
	Physician Selling Controlled Substances	642	626	-	4	-	6
	Physician Selling Drugs Location	173	174	5	4	29	23
	Pilot Programs	20	22	-	-	-	-
	Registered Physician for CBD/THC Oil	280	401	-	-	-	-
	Repackaging Training Program	2	2	-	-	-	-
	Restricted Manufacturer	48	44	-	-	-	-
	Third Party Logistics Provider †	5	6	-	-	-	-
	Warehouser	107	112	-	-	-	-
	Wholesale Distributor	65	65	-	-	-	-
Pharmacy Total		37,265	37,640	2,156	1,768	58	47
Physical Therapy	Direct Access Certification	1,257	1,298	-	-	-	-
	Physical Therapist	8,240	9,094	64	12	8	1
	Physical Therapist Assistant	3,525	3,751	55	14	16	4
Physical Therapy Total		13,022	14,143	119	26	9	2

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Psychology	Applied Psychologist	29	28	-	-	-	-
	Clinical Psychologist	3,739	3,885	11	58	3	15
	Resident In Training	865	859	-	-	-	-
	Resident in School Psychology	8	10	-	-	-	-
	School Psychologist	100	96	-	36	-	375
	School Psychologist – Limited	603	634	-	-	-	-
	Sex Offender Treatment Provider	438	437	-	8	-	18
	SOTP Trainee	157	140	-	2	-	-
Psychology Total		5,939	6,089	11	104	2	17
Social Work	Associate Social Worker	1	1	-	-	-	-
	Licensed Baccalaureate Social Worker	-	21	-	-	-	-
	Licensed Clinical Social Worker	7,285	7,589	31	47	4	6
	Licensed Master's Social Worker	-	877	-	-	-	-
	Licensed Social Worker	869	-	-	-	-	-
	Licensed Social Worker Supervision †	6	8	-	-	-	-
	Registered Social Worker*	10	9	-	-	-	-
	Registration of Supervision	2,175	2,536	8	-	4	-
Social Work Total		10,346	11,041	39	47	4	4
Veterinary Medicine	Equine Dental Technician	24	24	-	-	-	-
	Veterinarian	4,430	4,532	38	39	9	9
	Veterinary Clinics ***	1,157	1,170	16	10	14	9

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions Received ²		Sanctions Per 1000 Licensees	
		FY2019	FY2020	FY2019	FY2020	FY2019	FY2020
Veterinary Medicine	Veterinary Faculty†	77	85	-	-	-	-
	Veterinary Intern/Resident†	58	81	-	-	-	-
	Veterinary Technician	2,327	2,342	20	16	9	7
Veterinary Medicine Total		8,073	8,234	74	65	9	8
Agency Total		431,367	435,370	6,726	5,116	16	12

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

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

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

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

† This is no longer a valid category of licensure

Appendix E - Categories

Occupation	FY2019		FY2020		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	3	1	3	2	6	3
	Abuse/Abandonment/Neglect	-	-	2	2	2	2
	Std of Care, Diagnosis/Treatment	5	1	2	-	7	1
	Unlicensed Activity	6	6	1	-	7	6
	Fraud, Patient Care	-	-	2	1	2	1
	Criminal Activity	-	-	-	-	-	-
	HPMP	-	-	1	1	1	1
	Business Practice Issues	2	-	1	-	3	-
	Compliance	-	-	-	-	-	-
	Confidentiality Breach	2	-	-	-	2	-
	Continuing Competency Req Not Met	28	15	5	2	33	17
	Dishonored Check	-	-	2	2	2	2
Audiology & Speech Language Pathology Total	46	23	19	10	65	33	
Counseling	Inability to Safely Practice	20	6	36	2	56	8
	Drug Related, Patient Care	1	-	1	-	2	-
	Abuse/Abandonment/Neglect	18	2	22	7	40	9
	Std of Care, Diagnosis/Treatment	71	2	107	10	178	12
	Std of Care, Malpractice Reports	-	-	1	-	1	-
	Std of Care, Exceeding Scope	6	-	9	-	15	-
	Inappropriate Relationship	31	6	54	22	85	28
	Unlicensed Activity	14	-	2	-	16	-

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Counseling	Misappropriation of Patient Property	-	-	1	-	1	-
	Fraud, Patient Care	9	2	24	3	33	5
	Criminal Activity	5	-	1	-	6	-
	Fraud, Non-Patient Care	19	-	22	6	41	6
	Business Practice Issues	54	-	69	-	123	-
	Compliance	1	-	-	-	1	-
	Confidentiality Breach	21	4	25	2	46	6
	Continuing Competency Req Not Met	5	3	-	-	5	3
	Dishonored Check	12	12	7	-	19	12
	Records Release	7	-	4	6	11	6
	Reinstatement	5	5	-	-	5	5
	No Jurisdiction	1	-	-	-	1	-
Counseling Total		300	42	385	58	685	100
Dentistry	Inability to Safely Practice	21	8	17	6	38	14
	Drug Related, Patient Care	5	4	5	3	10	7
	Abuse/Abandonment/Neglect	26	1	21	3	47	4
	Std of Care, Surgery	20	10	6	-	26	10
	Std of Care, Diagnosis/Treatment	266	54	224	35	490	89
	Std of Care, Medication/Prescription	13	6	2	-	15	6
	Std of Care, Malpractice Reports	22	11	13	3	35	14
	Std of Care, Exceeding Scope	2	-	2	-	4	-
Std Of Care, Other	1	-	2	-	3	-	

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Dentistry	Inappropriate Relationship	1	-	1	-	2	-
	Unlicensed Activity	27	3	30	11	57	14
	Misappropriation of Patient Property	-	-	2	-	2	-
	Fraud, Patient Care	10	3	22	2	32	5
	Action by Another Board, Patient Care	1	1	-	-	1	1
	Criminal Activity	2	1	2	2	4	3
	HPMP	3	3	1	1	4	4
	Drug Related, Non-Patient Care	1	-	-	-	1	-
	Fraud, Non-Patient Care	29	-	45	-	74	-
	Business Practice Issues	382	12	180	18	562	30
	Drug Related, Security	-	-	-	-	-	-
	Compliance	8	5	2	-	10	5
	Misappropriation of Property, NPC	-	-	1	-	1	-
	Confidentiality Breach	5	-	2	-	7	-
	Continuing Competency Req Not Met	-	-	-	-	-	-
	Dishonored Check	-	-	1	-	1	-
	Records Release	6	-	17	4	23	4
	Action by Another Board, NPC	-	-	-	-	-	-
	Reinstatement	3	3	8	7	11	10
No Jurisdiction	2	-	2	-	4	-	
Dentistry Total		856	125	608	95	1,464	220

Appendix E - Categories

Board	Occupation	FY2019		FY2020		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	2	-	3	2	5	2
	Abuse/Abandonment/Neglect	-	-	10	-	10	-
	Std of Care, Exceeding Scope	1	-	66	-	67	-
	Std of Care, Other	-	-	-	-	-	-
	Unlicensed Activity	11	7	18	29	7	
	Fraud, Patient Care	6	5	1	3	7	8
	Criminal Activity	2	1	-	13	2	14
	HPMP	1	-	-	-	1	-
	Fraud, Non-Patient Care	18	8	9	-	27	8
	Business Practice Issues	52	17	-	-	52	17
	Drug Related, Security	1	-	-	-	1	-
	Compliance	1	-	2	2	3	2
	Misappropriation of Property, NPC	-	-	2	-	2	-
	Confidentiality Breach	-	-	1	-	1	-
	Continuing Competency Req Not Met	-	-	10	3	10	3
	Dishonored Check	-	-	2	2	2	2
	Reinstatement	3	3	1	-	4	3
Funeral Directors & Embalmers Total		98	41	125	25	223	66

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Long Term Care Administrators	Inability to Safely Practice	2	1	5	4	7	5
	Drug Related, Patient Care	1	1	1	1	2	2
	Abuse/Abandonment/Neglect	30	11	44	2	74	13
	Std of Care, Diagnosis/Treatment	23	11	12	1	35	12
	Std of Care, Medication/Prescription	1	-	3	1	4	1
	Std of Care, Exceeding Scope	1	-	2	-	3	-
	Std Of Care, Other	4	4	-	-	4	4
	Inappropriate Relationship	1	-	2	-	3	-
	Unlicensed Activity	3	2	6	4	9	6
	Misappropriation of Patient Property	1	-	1	-	2	-
	Fraud, Patient Care	2	-	3	-	5	-
	Criminal Activity	1	1	1	1	2	2
	Drug Related, Non-Patient Care	-	-	-	-	-	-
	Fraud, Non-Patient Care	2	2	3	1	5	3
	Business Practice Issues	55	19	53	7	108	26
	Drug Related, Security	-	-	1	-	1	-
	Compliance	2	2	-	-	2	2
	Dishonored Check	1	1	-	-	1	1
	Misappropriation of Property, NPC	-	-	2	-	2	-
	Confidentiality Breach	-	-	-	-	-	-
Continuing Competency Req Not Met	-	-	-	-	-	-	
Reinstatement	1	-	6	6	7	6	
Long Term Care Administrators Total		131	55	145	28	276	83

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Medicine	Inability to Safely Practice	105	47	101	34	206	81
	Drug Related, Patient Care	206	70	142	48	348	118
	Abuse/Abandonment/Neglect	121	18	223	9	344	27
	Std of Care, Surgery	144	15	156	6	300	21
	Std of Care, Diagnosis/Treatment	918	40	1,082	63	2,000	103
	Std of Care, Medication/Prescription	315	19	281	29	596	48
	Std of Care, Malpractice Reports	88	12	153	11	241	23
	Std of Care, Exceeding Scope	18	4	20	7	38	11
	Std of Care, Other	5	2	7	-	12	2
	Inappropriate Relationship	38	19	37	12	75	31
	Unlicensed Activity	99	39	102	45	201	84
	Misappropriation of Patient Property	1	1	-	-	1	1
	Fraud, Patient Care	26	11	47	11	73	22
	Action by Another Board, Patient Care	34	28	37	21	71	49
	Criminal Activity	25	10	30	11	55	21
	HPMP	6	3	3	1	9	4
	Drug Related, Non-Patient Care	-	-	-	-	-	-
	Fraud, Non-Patient Care	43	18	36	12	79	30
	Business Practice Issues	549	16	626	19	1,175	35
	Drug Related, Security	2	-	3	3	5	3
Compliance	5	2	4	-	9	2	

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Medicine	Misappropriation of Property, NPC	-	-	-	-	-	-
	Confidentiality Breach	40	7	71	6	111	13
	Continuing Competency Req Not Met	-	-	3	-	3	-
	Dishonored Check	4	4	1	-	5	4
	Records Release	67	1	47	5	114	6
	Action by Another Board, NPC	23	10	15	6	38	16
	Reinstatement	33	27	21	16	54	43
	No Jurisdiction	-	-	-	-	-	-
Medicine Total		2,915	423	3,248	375	6,163	798
Nursing	Inability to Safely Practice	644	308	526	139	1,170	447
	Drug Related, Patient Care	418	228	298	172	716	400
	Abuse/Abandonment/Neglect	837	253	815	175	1,652	428
	Std of Care, Surgery	1	-	-	-	1	-
	Std of Care, Diagnosis/Treatment	436	101	262	82	698	183
	Std of Care, Medication/Prescription	197	57	143	45	340	102
	Std of Care, Malpractice Reports	16	2	14	-	30	2
	Std of Care, Exceeding Scope	97	42	88	30	185	72
	Std of Care, Other	1	1	2	-	3	1
	Inappropriate Relationship	76	47	83	55	159	102
	Unlicensed Activity	109	27	65	21	174	48
	Misappropriation of Patient Property	247	139	173	105	420	244
Fraud, Patient Care	209	136	179	100	388	236	

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Nursing	Action by Another Board, Patient Care	63	40	57	21	120	61
	Criminal Activity	203	110	131	54	334	164
	HPMP	76	72	19	12	95	84
	Drug Related, Non-Patient Care	24	10	17	10	41	20
	Fraud, Non-Patient Care	85	40	72	25	157	65
	Business Practice Issues	371	18	244	5	615	23
	Drug Related, Security	11	2	6	-	17	2
	Compliance	121	102	54	35	175	137
	Misappropriation of Property, NPC	16	7	10	5	26	12
	Confidentiality Breach	55	8	48	12	103	20
	Continuing Competency Req Not Met	4	2	3	2	7	4
	Dishonored Check	14	14	16	14	30	28
	Records Release	3	-	2	-	5	-
	Action by Another Board, NPC	19	5	19	8	38	13
	Reinstatement	135	132	89	82	224	214
No Jurisdiction	-	-	2	-	2	-	
Nursing Total		4,488	1,903	3,437	1,209	7,925	3,112
Optometry	Inability to Safely Practice	4	4	1	-	5	4
	Abuse/Abandonment/Neglect	-	-	2	1	2	1
	Std of Care, Diagnosis/Treatment	6	-	8	-	14	-
	Std of Care, Medication/Prescription	-	-	1	-	1	-
	Std of Care, Malpractice Reports	-	-	-	-	-	-

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Optometry	Std of Care, Exceeding Scope	-	-	-	-	-	-
	Unlicensed Activity	-	-	1	-	1	-
	Fraud, Patient Care	2	-	2	1	4	1
	Action by Another Board, Patient Care	-	-	1	-	1	-
	Criminal Activity	6	4	-	-	6	4
	HPMP	-	-	-	-	-	-
	Fraud, Non-Patient Care	6	3	6	-	12	3
	Business Practice Issues	15	2	7	-	22	2
	Compliance	2	-	2	-	4	-
	Confidentiality Breach	1	-	2	-	3	-
	Continuing Competency Req Not Met	3	-	5	4	8	4
	Records Release	4	2	3	-	7	2
Action by Another Board NPC	-	-	-	1	-	1	
Optometry Total		49	15	41	7	90	22
Pharmacy	Inability to Safely Practice	29	14	27	10	56	24
	Drug Related, Patient Care	75	51	56	30	131	81
	Abuse/Abandonment/Neglect	3	1	7	-	10	1
	Std of Care, Diagnosis/Treatment	1	-	-	-	1	-
	Std of Care, Medication/Prescription	151	67	151	40	302	107
	Std of Care, Malpractice Reports	2	2	5	5	7	7
	Std of Care, Exceeding Scope	1	1	1	-	2	1
	Inappropriate Relationship	1	-	-	-	1	-

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Pharmacy	Unlicensed Activity	23	10	14	3	37	13
	Misappropriation of Patient Property	4	3	1	-	5	3
	Fraud, Patient Care	11	3	10	6	21	9
	Action by Another Board, Patient Care	38	27	10	9	48	36
	Criminal Activity	11	4	6	2	17	6
	HPMP	7	7	3	3	10	10
	Drug Related, Non-Patient Care	27	22	24	15	51	37
	Fraud, Non-Patient Care	11	7	9	5	20	12
	Business Practice Issues	797	707	791	716	1,588	1,423
	Drug Related, Security	19	13	12	6	31	19
	Compliance	37	9	24	7	61	16
	Misappropriation of Property, NPC	1	-	1	-	2	-
	Confidentiality Breach	9	-	11	5	20	5
	Continuing Competency Req Not Met	163	161	33	32	196	193
	Dishonored Check	-	-	1	1	1	1
	Records Release	-	-	-	-	-	-
	Action by Another Board, NPC	20	17	2	2	22	19
	Reinstatement	9	7	24	15	33	22
Pharmacy Total		1,450	1,133	1,223	912	2,673	2,045
Physical Therapy	Inability to Safely Practice	8	4	9	-	17	4
	Drug Related, Patient Care	1	1	-	-	1	1
	Abuse/ Abandonment/ Neglect	19	10	9	-	28	10

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Physical Therapy	Std of Care, Diagnosis/Treatment	17	8	17	4	34	12
	Std of Care, Malpractice Reports	-	-	-	-	-	-
	Std of Care, Exceeding Scope	-	-	-	-	-	-
	Inappropriate Relationship	6	4	4	3	10	7
	Unlicensed Activity	8	5	2	-	10	5
	Misappropriation of Patient Property	-	-	-	-	-	-
	Fraud, Patient Care	20	18	6	6	26	24
	Action by Another Board, Patient Care	2	-	1	-	3	-
	Criminal Activity	4	3	2	1	6	4
	HPMP	-	-	-	-	-	-
	Fraud, Non-Patient Care	7	2	-	-	7	2
	Business Practice Issues	11	5	5	-	16	5
	Compliance	2	2	-	-	2	2
	Confidentiality Breach	1	-	2	-	3	-
	Continuing Competency Req Not Met	6	5	12	1	18	6
	Records Release	1	-	1	-	2	-
	Action by Another Board, NPC	-	-	2	-	2	-
Reinstatement	1	-	-	-	1	-	
Physical Therapy Total		114	67	72	15	186	82
Psychology	Inability to Safely Practice	6	-	6	2	12	2
	Abuse/Abandonment/Neglect	5	-	13	10	18	10
	Std of Care, Diagnosis/Treatment	51	3	85	16	136	19

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Psychology	Std of Care, Medication/Prescription	-	-	2	2	2	2
	Std of Care, Malpractice Reports	-	-	-	-	-	-
	Std of Care, Exceeding Scope	-	-	6	4	6	4
	Inappropriate Relationship	5	2	14	7	19	9
	Unlicensed Activity	4	-	5	-	9	-
	Fraud, Patient Care	6	-	9	4	15	4
	Action by Another Board, Patient Care	1	--	-	-	1	-
	Criminal Activity	3	-	-	-	3	-
	Fraud, Non-Patient Care	4	-	9	6	13	6
	Business Practice Issues	26	-	37	6	63	6
	Compliance	2	2	-	-	2	2
	Confidentiality Breach	8	-	14	4	22	4
	Continuing Competency Req Not Met	6	1	-	-	6	1
	Dishonored Check	-	-	2	2	2	2
	Records Release	9	-	4	-	13	-
	Reinstatement	-	-	1	1	1	1
	No Jurisdiction	-	-	-	-	-	-
Psychology Total		136	8	207	64	343	72
Social Work	Inability to Safely Practice	15	1	10	-	25	1
	Drug Related, Patient Care	-	-	-	-	-	-
	Abuse/Abandonment/Neglect	4	-	8	-	12	-

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Social Work	Std of Care, Diagnosis/Treatment	37	3	66	11	103	14
	Std of Care, Medication/Prescription	37	-	-	-	-	-
	Std of Care, Malpractice Reports	-	-	1	-	1	-
	Std of Care, Exceeding Scope	5	3	5	3	10	6
	Std of Care, Other	1	-	1	-	2	-
	Inappropriate Relationship	10	3	26	9	36	12
	Unlicensed Activity	7	-	7	3	14	3
	Misappropriation of Patient Property	-	-	-	-	-	-
	Fraud, Patient Care	13	-	9	-	22	-
	Action by Another Board, Patient Care	-	-	1	-	1	-
	Criminal Activity	1	-	2	-	3	-
	Fraud, Non-Patient Care	5	-	1	-	6	-
	Business Practice Issues	39	-	51	3	90	3
	Compliance	2	1	1	-	3	1
	Confidentiality Breach	12	4	15	-	27	4
	Continuing Competency Req Not Met	10	7	-	-	10	7
	Records Release	2	-	6	2	8	2
	Action by Another Board	-	-	1	-	1	-
	Reinstatement	1	-	-	-	1	-
Social Work Total		164	22	211	31	375	53

Appendix E - Categories

Board	Occupation	FY2019		FY2020		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	10	4	12	6	22	10
	Drug Related, Patient Care	1	-	1	-	2	-
	Abuse/Abandonment/Neglect	1	-	1	-	2	-
	Std of Care, Surgery	4	2	19	8	23	10
	Std of Care, Diagnosis/Treatment	53	13	72	12	125	25
	Std of Care, Medication/Prescription	12	1	12	4	24	5
	Std of Care, Exceeding Scope	-	-	1	-	1	-
	Unlicensed Activity	28	5	26	8	54	13
	Fraud, Patient Care	3	-	3	-	6	-
	Action by Another Board, Patient Care	-	-	-	-	-	-
	Criminal Activity	-	-	-	-	-	-
	Drug Related, Non-Patient Care	2	2	4	2	6	4
	Fraud, Non-Patient Care	-	-	4	3	4	3
	Business Practice Issues	90	22	232	12	322	32
	Drug Related, Security	8	4	3	-	11	4
	Compliance	10	4	6	5	16	9
	Misappropriation of Property, NPC	-	-	-	-	-	-
	Confidentiality Breach	2	-	-	-	2	-
	Continuing Competency Req Not Met	25	14	27	4	52	18
	Dishonored Check	2	2	-	-	2	2
Records Release	1	-	3	-	4	-	

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Veterinary Medicine	Action by Another Board, NPC	1	1	-	-	1	1
	Reinstatement	-	-	1	-	1	-
	No Jurisdiction	-	-	-	-	-	-
Veterinary Medicine Total		253	72	427	64	680	136
Agency	Inability to Safely Practice	869	398	756	207	1,625	605
	Drug Related, Patient Care	708	355	504	254	1,212	609
	Abuse/Abandonment/Neglect	1,064	296	1,177	209	2,241	505
	Std of Care, Surgery	169	27	181	14	350	41
	Std of Care, Diagnosis/Treatment	1,884	236	1,937	234	3,821	470
	Std of Care, Medication/Prescription	698	150	595	121	1,284	271
	Std of Care, Malpractice Reports	128	27	187	19	315	46
	Std of Care, Exceeding Scope	131	50	200	44	331	94
	Std of Care, Other	12	7	12	-	24	7
	Inappropriate Relationship	169	81	221	108	390	189
	Unlicensed Activity	339	104	279	95	618	199
	Misappropriation of Patient Property	253	143	178	105	431	248
	Fraud, Patient Care	317	178	317	137	634	315
	Action by Another Board, Patient Care	139	96	107	51	246	147
	Criminal Activity	263	134	175	84	438	218
	HPMP	93	85	27	18	120	103
	Drug Related, Non-Patient Care	54	34	45	27	99	61
Fraud, Non-Patient Care	229	80	216	58	445	138	

Appendix E - Categories

Board	Occupation	FY2019		FY2020		Total	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Agency	Business Practice Issues	2,443	816	2,296	786	4,739	1,602
	Drug Related, Security	41	19	25	9	66	28
	Compliance	193	129	95	49	288	178
	Misappropriation of Property, NPC	17	7	16	5	33	12
	Confidentiality Breach	156	23	191	29	347	52
	Continuing Competency Req Not Met	250	208	98	48	348	256
	Dishonored Check	33	33	32	21	65	54
	Records Release	100	3	87	17	187	20
	Action by Another Board, NPC	63	33	39	16	102	49
	Reinstatement	191	177	151	127	342	304
	No Jurisdiction	3	-	4	-	7	-
Agency Total		11,000	3,929	10,148	2,893	21,148	6,822

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

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

Appendix F – Confidential Consent Agreements

Board	Number of CCAs Accepted	More than two CCAs Accepted for Standard of Care Violations in 10 Years
Audiology & Speech Language Pathology	53	No cases fit the criteria for the biennium
Counseling	25	
Dentistry	268	
Funeral Directors & Embalmers	30	
Long-Term Care Administrators	21	
Medicine	95	
Nursing	187	
Optometry	60	
Pharmacy	245	
Physical Therapy	21	
Psychology	22	
Social Work	11	
Veterinary Medicine	300	
Agency Total	1,338	0

Appendix G – Disciplinary Staff

Board	Complaints Closed			FTEs *			Complaints Closed per FTE		
	FY 18-19	FY 19-20	Change	FY 18-19	FY 19-20	Change	FY 18-19	FY 19-20	Change
Audiology & Speech Language Pathology	44	13	-70%	3	2	-33.00%	14.67	6.5	-56%
Counseling	300	345	15%	3	3	0%	100	115	-15%
Dentistry	697	489	-30%	5	5	0%	139.4	97.8	-30%
Funeral Directors & Embalmers	83	95	14%	3	3	0%	27.67	31.67	14%
Long-Term Care Administrators	93	90	-3%	3	3	0%	31	30	-3%
Medicine	2,070	2,034	-2%	9	9	0%	230	226	-2%
Nursing	2,640	2,613	-1%	16	14	-13%	165	186.64	-13%
Optometry	40	36	-10%	3	2	-33%	13.33	18	35%
Pharmacy	646	639	-1%	5	6	20%	129.2	106.5	-18%
Physical Therapy	40	58	45%	3	3	0%	13.33	19.33	45%
Psychology	117	157	34%	3	3	0%	39	52.33	34%
Social Work	136	112	-18%	3	3	0%	45.33	37.33	-18%
Veterinary Medicine	244	462	89%	3	2	-33%	81.33	231	184%
Administrative Proceedings Division				24	22	-8%			
Enforcement Division				77	77	0%			
Agency Total	7,150	7,143	-0.10%	163	157	-3.70%	1,029.27	1,158.11	12.50%

Appendix H – Financial Overview

Board	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Language Pathology	\$762,690	1.07%	\$706,209	0.10%
Certified Nurse Aides	\$3,602,454	5.06%	\$3,371,321	4.70%
Counseling	\$4,231,524	5.95%	\$3,242,039	4.52%
Dentistry	\$5,749,700	8.08%	\$4,907,139	6.84%
Funeral Directors and Embalmers	\$1,406,990	1.98%	\$1,176,413	1.64%
Long Term Care Administrators	\$1,184,480	1.67%	\$1,039,724	1.45%
Medicine	\$15,896,513	22.35%	\$16,783,423	23.39%
Nursing	\$22,102,409	31.07%	\$23,429,852	32.65%
Optometry	\$572,370	0.80%	\$735,515	1.03%
Pharmacy	\$6,695,340	9.79%	\$7,842,000	10.93%
Physical Therapy	\$1,580,271	2.22%	\$1,185,312	1.65%
Prescription Monitoring Program	\$1,718,193	2.42%	\$3,097,143	4.32%
Psychology	\$1,176,707	1.65%	\$1,103,743	1.54%
Social Work	\$1,782,230	2.51%	\$1,092,470	1.52%
Veterinary Medicine	\$2,401,330	3.38%	\$2,038,089	2.84%
Total	\$71,133,200	100.00%	\$71,750,393	100.00%

COVID19 Waiver List Under EO 51

Board	Program	Regulation	Waiver
Counseling	Internship hours governing the Practice of Professional Counseling, the Practice of Marriage and Family Therapy, and the Practice of Licensed Substance Abuse Treatment Practitioners	18VAC115-20-52(A)(2). Residency Requirements.	For students who have successfully completed their required graduate degree and successfully completed the coursework requirements, including satisfactorily passing the internship requirement to graduate from the program, the specific internship hours specified in 18VAC115-20-51 shall be waived if a minimum of 240 hours were completed and the deficient hours occurred during the effective period of Executive Order No. 51.
Counseling	Internship hours governing the Practice of Professional Counseling, the Practice of Marriage and Family Therapy, and the Practice of Licensed Substance Abuse Treatment Practitioners	18VAC115-50-60(A)(2) Residency Requirements.	For students who have successfully completed their required graduate degree and successfully completed the coursework requirements, including satisfactorily passing the internship requirement to graduate from the program, the specific internship hours specified in 18VAC115-50-55 shall be waived if a minimum of 240 hours were completed and the deficient hours occurred during the effective period of Executive Order No. 51.
Counseling	Internship hours governing the Practice of Professional Counseling, the Practice of Marriage and Family Therapy, and the Practice of Licensed Substance Abuse Treatment Practitioners	18VAC115-60-80(A)(2). Residency Requirements.	For students who have successfully completed their graduate degree and satisfactorily passed the internship requirement to successfully graduate from the program, the specific internship hours specified in 18VAC115-60-70 shall be waived if a minimum of 240 hours were completed and the deficient hours occurred during the effective period of Executive Order No. 51.
Medicine	Reinstate or Reactivate License for MDs, DOs, PAs and Respiratory Therapists	18VAC85-20-240. Doctors of Medicine or Osteopathic Medicine	Waive the requirements for submission of a fee and evidence of continuing education to reinstate or reactivate a license for a doctor of medicine or osteopathic medicine, a physician assistant, or a respiratory therapist who held an unrestricted, active license issued by the Board within the past four years.
Medicine	Reinstate or Reactivate License for MDs, DOs, PAs and Respiratory Therapists	18VAC85-50-58 - Physician Assistants	Waive the requirements for submission of a fee and evidence of continuing education to reinstate or reactivate a license for a doctor of medicine or osteopathic medicine, a physician assistant, or a respiratory therapist who held an unrestricted, active license issued by the Board within the past four years.

COVID19 Waiver List Under EO 51 Continued

Board	Program	Regulation	Waiver
Medicine	Reinstate or Reactivate License for MDs, DOs, PAs and Respiratory Therapists	18VAC85-40-65 - Respiratory Therapists	Waive the requirements for submission of a fee and evidence of continuing education to reinstate or reactivate a license for a doctor of medicine or osteopathic medicine, a physician assistant, or a respiratory therapist who held an unrestricted, active license issued by the Board within the past four years.
Nursing	Registered Medication Aide	18VAC90-60-91(B) & (D) Requirements for provisional practice.	Waiving the 120 day limit on provisional practice, allowing provisional practice until such time that the applicant can test.
Nursing	Nurse Practitioner	18VAC90-30-80(B) Initial NP application – provisional license.	Waive the six-month time limit so that an applicant may practice on a provisional license until they are able to take the certification exam but no later than 90 days following the expiration of the Executive Order.
Nursing	Nurse Aide Education Program	18VAC-90-26-30(C) Other Instructional Personnel.	Waive the requirement that other instructional personnel who assist the primary instructor in providing classroom instruction be limited to registered nurses or licensed practical nurses.
Nursing	Nurse Aide Education Program	18VAC90-26-30(D) Qualifications of Nurse Aide Instructors.	Waive the requirement that all instructional personnel must demonstrate competence to teach adults.
Nursing	Nursing Education Program	18VAC90-27-100(D)(1) Simulation for total clinical hours.	Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.
Nursing	Nursing Education Program	18VAC90-27-100(D)(2) Simulation for clinical hours in a single course.	Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.

COVID19 Waiver List Under EO 51 Continued

Board	Program	Regulation	Waiver
Nursing	Nursing Education Program	18VAC90-27-10 Definitions.	Waive the site visit language for the duration of the state of emergency as declared by Executive Order 51 and for 30 days after the state of emergency expires or is rescinded.
Nursing	Nursing Education Program	18VAC90-27-220 (B) & (C) Maintaining an approved nursing education program.	Waived for those programs whose reevaluations are due within the period of the state of emergency, the time period to complete the reevaluation shall be suspended and extended to 30 days after the state of emergency as declared by Executive Order 51 expires or is rescinded.
Nursing	Nursing Licensure Regulations for LPNs and RNs	18VAC90-19-110 (F)(1) Licensure by exam.	Waive the 90-day time limit so that an applicant may practice until they are able to take the NCLEX but no later than 90 days following the expiration of the Executive Order.
Nursing	Nursing Licensure Regulations for LPNs and RNs	18VAC90-19-110 (F)(3) Licensure by exam.	Waive the 90-day time limit regarding usage of the designations “R.N. Applicant” and “LPN Applicant” until they are able to take the NCLEX but no later than 90 days following the expiration of the Executive Order.
Nursing	Reinstate or Reactivate License for LNPs, LPNs and RNs	18VAC90-19-180 Reinstatement and reactivation (LPN&RN).	Waive the requirements for submission of a fee and evidence of continuing education to reinstate or reactivate a license for registered nurses, licensed practical nurses, and licensed nurse practitioners who held an unrestricted, active license issued by the Board within the past four years.
Nursing	Reinstate or Reactivate License for LNPs, LPNs and RNs	18VAC90-19-190 Reinstatement and reactivation (LPN&RN).	Waive the requirements for submission of a fee and evidence of continuing education to reinstate or reactivate a license for registered nurses, licensed practical nurses, and licensed nurse practitioners who held an unrestricted, active license issued by the Board within the past four years.
Nursing	Reinstate or Reactivate License for LNPs, LPNs and RNs	18VAC90-30-110 Reinstatement for licensed nurse practitioner (LPN).	Waive the requirements for submission of a fee and evidence of continuing education to reinstate or reactivate a license for registered nurses, licensed practical nurses, and licensed nurse practitioners who held an unrestricted, active license issued by the Board within the past four years.

COVID19 Waiver List Under EO 51 Continued

Board	Program	Regulation	Waiver
Nursing	Nurse Practitioner	18VAC90-30-85(A)(2) & (B) – Endorsement.	Waive the requirement for submission of evidence of certification & transcript and rely solely on the verification of licensure in another U.S. jurisdiction.
Nursing	Nurse Practitioner	18VAC90-30-100 – Renewal.	Waive 2(D) which triggers an automatic lapse if licensee does not renew by expiration date and directs the boards to impose disciplinary action.
Nursing	Nursing Licensure Regulations for LPNs and RNs	18VAC90-19-110(C)(3)(a) Licensure by exam.	Waive the requirement for a new application and reapplication fee if NCLEX not taken within 12 months.
Nursing	Nursing Licensure Regulations for LPNs and RNs	18VAC90-19-120 (A)(1) Licensure by endorsement.	Waive the requirement regarding sufficient number of clinical hours and allow any student who graduated from an approved nursing education program obtain licensure by endorsement.
Nursing	Nursing Education Program	18VAC90-27-100(A) Minimum hours of direct client care.	Waived for those students who are on schedule to meet the requirements for program completion/graduation.

COVID19 Board of Pharmacy Waiver List

Waivers granted by the Board of Pharmacy pursuant to Executive Order 51 and §54.1-3307.3 in the following categories:

- 1) Facilitating patient's ability to obtain prescription drugs early to ensure sufficient supply (18VAC110-20-320)

Pharmacists may exercise professional judgement regarding the dispensing of early refills of a Schedule VI drug, a one-time early refill of a Schedule III-V drug, or an early prescription dispensing for a Schedule II chronic medication. Relaxed requirements for emergency prescriptions of Schedule II drugs.

- 2) Removing barrier for pharmacists to dispense emergency refills. (§54.1-3410)

Waives requirement for pharmacist to make a reasonable attempt to contact prescriber when exercising professional judgement regarding the dispensing of a Schedule VI prescription with no refills when pharmacist ascertains patient's health would be in imminent danger without the benefits of the drug.

- 3) Facilitating hospital inpatient pharmacy to dispense drugs to discharge patients to obviate patient's need to obtain drugs from community pharmacy after leaving hospital. (§54.1-3410, §54.1-3463, and 18VAC110-20-330)

Waives the required elements of a label for an outpatient prescription if the inpatient hospital pharmacy provides the patient with reasonably adequate information to ensure safe use of the drug.

- 4) Pharmacist compounding of hand sanitizer. (§54.1-3410.2)

Waives the requirement that a pharmacist may only compound pursuant to a prescription and thereby authorizes pharmacists to compound and sell hand sanitizer at a reasonable price without first receiving a prescription.

- 5) Conserving gowns and masks worn in sterile compounding. (§54.1-3410.2)

Authorizes pharmacists to implement a process for safely re-using masks and gowns used in non-hazardous sterile compounding to mitigate possible shortages of garb.

COVID-19 Board of Pharmacy Waiver List Continued

- 6) Easing licensure burden for pharmacists and pharmacy technicians to practice within and remotely into Virginia. (§54.1-3320, §54.1-3321, 18VAC110-20-276, 18VAC110-20-515)

Waives licensure requirements to allow pharmacists and pharmacy technicians not licensed in Virginia, but currently holding an unrestricted license in another state, or national certification as a pharmacy technician, to practice in Virginia or to provide central/remote order processing or order verification services on behalf of an out-of-state pharmacy. Also, waives restriction that only a pharmacist may access the employer pharmacy's database from a remote location for the purpose of performing certain prescription processing functions and thereby authorizes pharmacy technicians to perform similar functions restricted to a pharmacy technician remotely as well.

- 7) Easing registration burden for pharmacy technician trainees. (18VAC110-20-111(C))

Pharmacy technician trainees may only perform duties for 9-months prior to passing national exam and obtaining board registration. Testing sites administering the exam are currently closed. Allows pharmacy technician trainee currently enrolled in board-approved pharmacy technician training program and whose 9-month allowance for performing duties restricted to a pharmacy technician is about to expire or has recently expired, to continue performing pharmacy technician duties for the duration of the declared emergency.

- 8) Reducing exposure and contamination when providing drug kits to facilities with positive or presumptive positive test patients. (18VAC110-20-540, 18VAC110-20-550, 18VAC110-20-555)

Because COVID19 virus can remain on the surface of a plastic drug kit and it can be difficult to adequately clean the kit, the requirement for a pharmacy to exchange a stat box or emergency kit within 72 hours of the box/kit being opened in a long term care or correctional facility that has patients with a positive or presumptive positive test was relaxed to simply allow the pharmacy to send the replacement meds needed for the box/kit to the facility. Also, the requirement that only a pharmacist or pharmacy technician may replace drugs in an automated dispensing device at the facility was relaxed to allow a nurse at the impacted facility to replace the drugs in the device.

- 9) Mitigating potential shortage of compounded drugs in hospitals if staffing resources or distribution model diminished. (§54.1-3410.2)

Waives the prohibition for a pharmacy to distribute compounded drug products to another pharmacy under common ownership or control if a hospital pharmacy is unable to compound sterile drugs to meet the demand of its own patients and 503B (outsourcing facilities) are unable to provide the compounded sterile products (CSP) in a reasonable period of time to meet patient need. The CSPs may be dispensed patient-specifically or may be provided as non-patient specific anticipatory CSPs.

COVID-19 Board of Pharmacy Waiver List Continued

10) Facilitating patients receiving methadone take-home doses (§54.1-3321)

Nurses practicing at an opioid treatment program (OTP) pharmacy may assist pharmacists by performing the duties of a pharmacy technician without holding such registration by preparing take-home doses which will be verified for accuracy by a pharmacist prior to dispensing.

11) Authorized delivery or mailing of dispensed drugs by physicians (§54.1-3401)

To mitigate exposure to the virus, physicians licensed by the Board of Pharmacy to dispensed drugs may delivery or mail dispensed drugs to the patient's residence.

12) Relaxation of 5% Distribution Rule (§ 54.1-3435.02(A))

To mitigate drug shortages, authorizes pharmacies to distribute more than 5% of its allowable drug to other pharmacies without obtaining a wholesale distributor license.

13) Facilitating admission to pharmacist licensure examinations (18 VAC 110-21-80(A))

To overcome backlog in securing testing dates due to reduced testing sites with limited access, requirement for proof of graduation prior to authorizing pharmacy students admission to licensure examinations is waived. Examination score and license will not be awarded until proof of graduation is received and all other licensure requirements have been met.

*Additional information regarding these waivers is found in the document entitled *Emergency Provisions for Pharmacists during the COVID19 Declared Emergency*, which may be accessed on the board's website at <https://www.dhp.virginia.gov/Pharmacy/>.