July 1, 2014 – June 30, 2016

Biennial Report

Virginia Department of Health Professions

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About DHP

Our Mission

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

Our Vision

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

Department of Health Professions

The Virginia Department of Health Professions (DHP) is the umbrella agency for the 13 health regulatory boards and the Board of Health Professions that together license and regulate more than 393,000 healthcare practitioners across 73 professions. Health regulatory boards also regulate facilities and programs such as pharmacies, funeral establishments, veterinary establishments, nursing education and pharmacy technician training programs.

Boards

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

Programs

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

Director's Message

David E. Brown, D.C.
Director

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

The Department of Health Professions consists of 13 licensing boards that regulate 73 separate professions, 648 educational programs, as well as pharmacy, veterinary, funeral, and dental facilities. We issue over 393,000 licenses, investigate complaints against licensees and inspect pharmacies, funeral homes, dental facilities and veterinary establishments. Our Boards and Advisory Boards rely on 197 gubernatorial appointees to adjudicate disciplinary and licensure hearings, set policy, recommend law, and make regulations. In 2014-16, we received over 11,600 complaints against licensees resulting in 11,500 investigations, disciplinary action against more than 6,800 health professionals, and suspension or revocation of 587 licensees.

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

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

The Department of Health Professions continues to collaborate with other agencies and stakeholders on a variety of important healthcare issues, such as telemedicine 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 addition.

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

Executive Office

Lisa R. Hahn

Chief Deputy Director

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

Jason Brown

Deputy Director for Administration

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

Diane Powers

Director of Communication

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

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

Enforcement Division

Pamela Twombly, Interim Director

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

Administrative Proceedings Division

James L. Banning, Director

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

Finance Division

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

Information Systems Division

Robert Jenkins, Director

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

Planning & Research

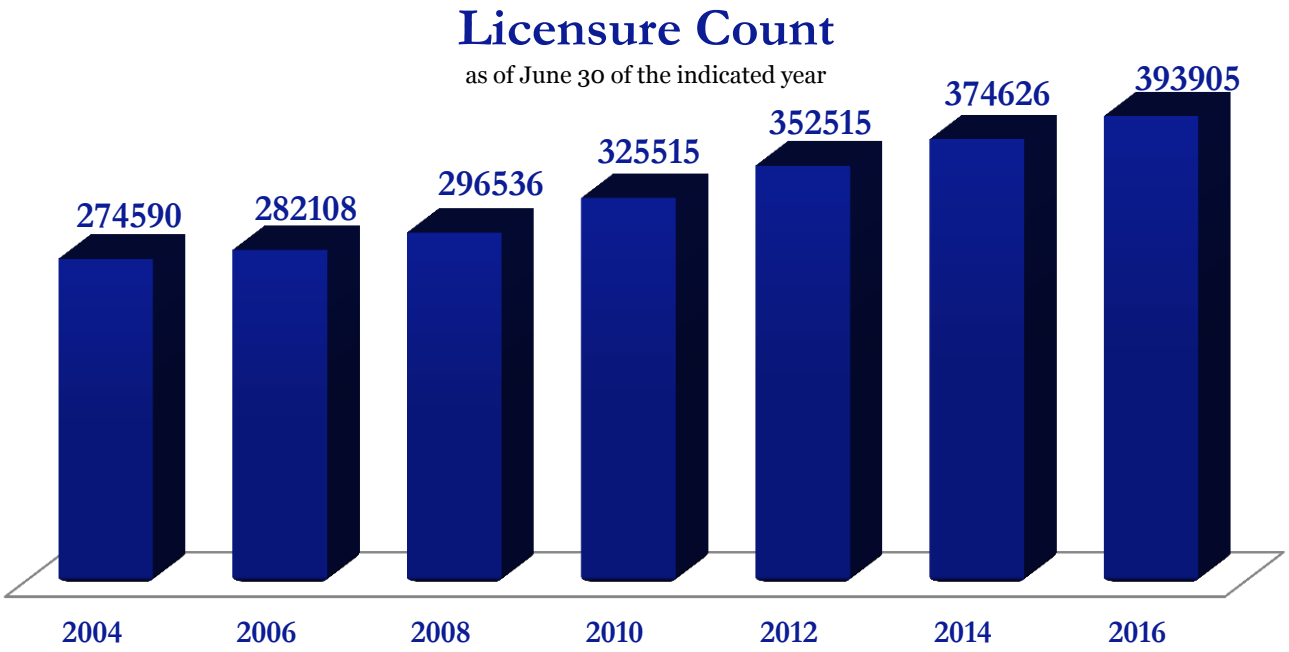
Kathy Siddall, Director

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

Licensure

As evident in the graph below, DHP as a whole continues to experience growth in the number of licensees authorized to render healthcare as measured by the number of individuals holding a license on June 30, 2016, the end of the biennium. The increase over the previous biennium is approximately 6.4%.

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



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.

Explanation of Key Performance Measures

In order to uphold its mission relating to discipline, the Department of Health Professions (DHP) continually assesses and reports on performance. Key Performance Measures (KPMs) offer a concise, balanced, and data-based 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 2016.

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 2016.

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 2016.

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

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

Total Licenses: 4,802

(as of June 30, 2016)

Executive Director

Leslie L. Knachel, M.P.H.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	20%	100%	100%	90%	100%
12/31/2014	100%	0%	100%	83%	100%
03/31/2015	200%	0%	100%	100%	100%
06/30/2015	400%	0%	100%	87%	100%
09/30/2015	300%	0%	100%	77%	100%
12/31/2015	0%	0%	100%	100%	100%
03/31/2016	100%	0%	0%	--	100%
06/30/2016	50%	0%	100%	100%	100%

Biennial Fiscal Summary

Revenue: **$696,260** Expenditures: **$594,764**

Innovations & Advancements

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

Prior to the 2014 legislative session, both the Board of Audiology and Speech-Language Pathology (BASLP) and the Board of Education issued licenses to school speech-language pathologists which limited practice to public school divisions only. In addition, BASLP issued a speech-language pathology license to those who met the requirements, which had no restrictions on practice location. This dual-agency licensure system created confusion and, in some cases, resulted in disciplinary action against a speech-language pathologist for practicing without the appropriate license. Effective July 1, 2014, the Code of Virginia identified the BASLP as the sole licensing entity for the practice of speech-language pathology. This follows a national trend for states to eliminate a dual-agency licensure system.

The number of complaint cases received by the Board remains relatively stable. In June 2015, the Board hired an additional staff member dedicated to handling disciplinary cases. The disciplinary process is being streamlined to improve efficiency with the end goal of reducing the time from receipt to closure.

The Department of Health Professions' Healthcare Workforce Data Center (HWDC) works to improve the data collection and measurement of Virginia's healthcare workforce through regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes and posts the survey results on the agency's website. Surveys of the audiology and speech-language pathology professions were deployed during the November-December 2014 and 2015 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 appointed two ad hoc committees which convened for the following activities:

- Cerumen Management Committee – Effective July 1, 2014, the audiology scope of practice was amended to add "limited cerumen management." The Committee was composed of representatives from the Board, the Speech-Language-Hearing Association of Virginia, and academia. It was tasked with developing recommended emergency and replacement regulations for the Board's approval. The adopted emergency regulations were amended in response to numerous public comments.
- Speech-Language Pathology Assistants – Effective July 1, 2014, an amendment was made to the *Code of Virginia* that authorized a person who has met the qualifications prescribed by the Board to perform duties not restricted to the practice of speech-language pathology under the supervision of a speech-language pathologist. The Committee was composed of representatives from the Board, the Speech-Language-Hearing Association of Virginia, and the Department of Education. It was tasked with developing recommended regulations related to qualifications, allowed and unallowed tasks, and supervision requirements for the Board's consideration. Additional legislation that was passed in the 2016 General Assembly session required the Board to review the need for and impact of licensure or certification of assistant speech-language pathologists and report back to the legislature by November 1, 2016. In order to meet the reporting requirement, the Committee reconvened to begin the data collection for the report during this biennium.

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Innovations & Opportunities (continued)

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

- Mass emails were sent to the Board's licensees regarding regulatory updates and public comment periods.
- Presentations were made to audiology and speech-language pathology students at state universities that highlighted the roles and responsibilities of the Board and the licensing, regulating, and disciplining processes. In an effort to reduce expenditures, videoconferencing was used for these presentations whenever possible.
- A presentation was made to attendees of the Speech-Language-Hearing Association of Virginia's annual meeting regarding the licensure process.

Regulatory Actions

Four regulatory actions were finalized:

- The Board adopted a reduction in renewal fees for December 2015.
- Chapter 781 of the 2014 Acts of the Assembly eliminated the separate license issued by the Department of Education for school speech-language pathologists. Accordingly, the Board amended requirements for the licensure of school speech-language pathologists to conform regulations to changes in the *Code of Virginia*. Amended regulations became effective 8/13/14.
- Chapter 436 of the 2013 Acts of the Assembly amended § 54.1-2604 to authorize the Board to issue a provisional license to an applicant in speech-language pathology in order to allow for the applicant to obtain clinical experience. Amended regulations to establish a provisional license were finalized on 1/15/15.
- Amendments to establish the training, supervision, and practice of speech-language pathologists (SLP) in the performance of fiberoptic endoscopic evaluation of swallowing (FEES) were finalized on 10/17/15.
- Pursuant to Chapter 327 of the 2014 Acts of the Assembly, emergency regulations for the performance of cerumen management by audiologists were effective until 6/28/16 and were replaced by permanent regulations.

Two regulatory actions promulgated but finalized after the biennium were:

- A periodic review of Chapter 20 which resulted in an action to repeal and re-organize regulations into a new Chapter 21.
- Amendments to establish the training, supervision and practice of assistant speech-language pathologists (SLP).

Legislative action affecting the Board:

- Chapter 77 of the 2016 General Assembly required the Board to review the need for, and the impact of, licensure or certification of assistant speech-language pathologists and report its findings to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2016.

Challenges & Solutions

One of the Board's biggest challenges is providing speech-language pathology services to underserved areas of the state. The public school divisions are federally mandated to provide special education services which often include treatment by a speech-language pathologist. Public school divisions across the state, and 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 assistant speech-language pathologists 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 and protecting the public.

Total Licenses: 13,378

(as of June 30, 2016)

Executive Director
Jaime Hoyle, Esq.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	18%	22%	100%	83%	100%
12/31/2014	54%	22%	71%	91%	100%
03/31/2015	56%	21%	78%	84%	100%
06/30/2015	93%	32%	40%	81%	100%
09/30/2015	191%	34%	86%	80%	100%
12/31/2015	43%	40%	79%	83%	100%
03/31/2016	129%	41%	50%	100%	100%
06/30/2016	123%	32%	180%	77%	100%

Biennial Fiscal Summary

Revenue: **$1,605,445** Expenditures: **$1,646,380**

Innovations & Advancements

In an effort to reduce costs and improve efficiencies and security measures related to licensure and discipline activities, the Board of Counseling is "going green". Specifically, the Board has begun scanning all licensure and discipline files, which allows for electronically sharing information with staff and board members. Staff can review information while sitting at their computers and reduce the likelihood of misplaced files. Similarly, the scanning project allows board members to receive case files electronically via a secure format and conduct probable cause reviews on their home computers. As a result, review times have been shortened, and mailing and printing costs reduced. The Board has also purchased laptops for board members to use while attending board meetings and hearings. Information is loaded onto the laptops, simultaneously improving security and further reducing the need to copy and print documents.

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

In accordance with section 54.1-3505(8) of the *Code of Virginia*, which became effective July 1, 2013, the Board of Counseling has implemented a supervisory registry as a tool to assist with an applicant's search for a supervisor. The registry lists the licensees who meet the requirements and are approved by the Board to provide supervision to residents. The approved supervisory registry is now available online at the Board of Counseling website. The registry is in the form of an Excel spreadsheet and is updated every quarter.

The Board continues to pursue opportunities to educate students, residents, licensees and employers regarding licensure requirements and application processes. The Board's website is monitored closely by staff and timely updates are posted on the announcements section. The Board also sends email blasts to licensees and applicants detailing important information, such as regulation changes. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities.

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

- Virginia Tech's graduate Marriage and Family Therapy Program
- Northern Virginia Licensed Professional Counselors
- Virginia Counseling Association Conference
- Virginia Commonwealth University's Counselor Education Program

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

- NBCC State Counseling Board Conference (2016)
- American Association of State Counseling Boards (2015 and 2016)

Regulatory Actions

One regulatory action was finalized:

- A periodic review of Chapter 30 (Certified Substance Abuse Counselors) and Chapter 40 (Certified Rehabilitation Providers) resulted in amendments that became effective on 1/15/16.

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Regulatory Actions (continued)

Three regulatory actions in process:

- A periodic review of Chapters 20, 50 (Marriage and Family Therapy) and Chapter 60 (Licensed Substance Abuse Practitioners) resulted in recommendations for amendments, which became effective after the end of the biennium.
- A proposal to increase fees for all professions was promulgated but not finalized.
- In response to a petition for rulemaking, a proposal to require counseling education programs be accredited by the Council for Accreditation of Counseling and Related Educational Programs was promulgated but not finalized.

Legislative action affecting the Board:

- Chapter 105 of the 2016 General Assembly reduced the total number of members of the Board of Counseling from 14 to 12 by reducing the number of licensed substance abuse treatment practitioners from three to one. Additionally, the bill replaced the requirement that three members of the Board of Counseling be clinical fellows of the American Association of Marriage and Family Therapy with a requirement that three members be licensed marriage and family therapists who have passed the examination for licensure as a marriage and family therapist. The bill also removed the requirement that at least two members representing each specialty on the Board of Counseling shall have been in active practice for at least four years.

Challenges & Solutions

The Board continues to seek innovative means to reduce the timeline from application to initial licensure or certification. Efforts have been made to streamline the application process, as well as the application and forms themselves. Additionally, the Board has focused on more effectively communicating the application requirements on its website and has created a Licensure Process Handbook to assist applicants through the process. These efforts remain a work in progress and will continue to be reviewed for improvements as we seek to meet the necessary turnaround time and applicants' needs in the face of an increasing application volume.

Due to previous staff vacancies, there remains a backlog of discipline cases for board member review. Current staff has streamlined and improved the review process to address this backlog and progress is being made. Additionally, the Board has begun to utilize an agency subordinate to hear credential cases and relieve some of the demand on Board members. However, each recommended decision by the agency subordinate must be reviewed and voted on by the Board before it becomes final.

Additional Issues

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

- 115-1.8 - A list of examinations approved by the Board for Certification as a Rehabilitation Counselor
- 115-1.4 - Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision
- 113-2.2 - Guidance on the Planned Intervention Process
- 115-7 - Guidance on Supervised Experience Requirements for the Delivery of Clinical Services for a Professional Counselor
- 115-1.5 - Sanctioning Reference Points

Total Licenses: 14,184

(as of June 30, 2016)

Executive Director
Sandra K. Reen

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	113%	21%	67%	86%	100%
12/31/2014	128%	23%	84%	92%	100%
03/31/2015	105%	33%	75%	100%	100%
06/30/2015	96%	29%	75%	93%	100%
09/30/2015	182%	24%	66%	96%	100%
12/31/2015	282%	28%	100%	83%	99%
03/31/2016	89%	33%	79%	--	100%
06/30/2016	102%	31%	84%	100%	100%

Biennial Fiscal Summary

Revenue: **$5,133,407** Expenditures: **$4,608,580**

Innovations & Advancements

In November 2014, the Board initiated inspections of the dental practices where conscious/moderate sedation, deep sedation or general anesthesia is administered to facilitate dental treatment. The purpose of instituting periodic unannounced inspections is to foster and verify compliance with the regulatory requirements for patient safety and treatment records, as well as compliance with the laws and regulations governing environmental conditions and drug security.

On May 8, 2015, the Board convened a forum to receive comment on policy strategies that will improve access to dental care. Fourteen individuals, institutions and organizations discussed the Virginia Dental Association's community dental health coordinator program; the dental assistant II (DAII) education and endorsement requirements; a pathway for dental hygienists to perform the reversible intraoral procedures, which are delegable to a DAII; and expansion of the use of remote supervision of dental hygienists.

On August 14, 2015, the Board convened a forum to address the appropriate uses of and requirements for teledentistry. The following policy considerations were noted: the need to reflect the hands-on nature of dentistry; state licensure requirements; cyber security and the use of smart phones; and using teledentistry to address the supervision of dental hygienists in order to meet health care needs.

Regulatory Actions

Regulatory Actions Finalized:

- A comprehensive periodic review of Chapter 20 resulted in the separation of provisions into four new chapters: Chapter 15, Regulations Governing the Disciplinary Process in Dentistry; Chapter 21, Regulations Governing the Practice of Dentistry; Chapter 25, Regulations Governing the Practice of Dental Hygienists; and Chapter 30, Regulations Governing the Practice of Dental Assistants. The final stage for all chapters became effective on 12/2/15.
- On 12/2/15, amendments for the one-time reduction of license renewal fees in 2016 became effective.
- A regulatory action to require licensees to pass a periodic jurisprudence exam was withdrawn following a negative response

Regulatory Actions in Process:

- A requirement for capnography to be used in monitoring patients having conscious/moderate sedation or deep sedation/general anesthesia was promulgated but finalized after the conclusion of the biennium.

Petition for Rulemaking Granted

- In response to a petition, the regulatory requirements for acceptance of dental and dental hygiene education programs were expanded to include programs accredited by the Commission on Dental Accreditation of Canada. Acceptance of accredited Canadian programs went into effect on January 28, 2016.

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Regulatory Actions (continued)

Legislative action affecting the Board:

- Chapter 497 of the 2016 General Assembly authorized dental hygienists to practice, with certain requirements and restrictions, under the remote supervision of a licensed dentist. The bill also directed the Board of Dentistry to promulgate regulations to implement the provisions of the act within 280 days of its enactment.

- Chapter 78 of the 2016 General Assembly added the following to the list of mobile dental clinics exempt from the requirement to register with the Board of Dentistry: mobile dental clinics operated by federally qualified health centers with a dental component that provides dental services via mobile model to adults and children within 30 miles of a federally qualified health center; mobile dental clinics operated by free health clinics or health safety net clinics that have been granted tax-exempt status pursuant to § 501(c)(3) of the Internal Revenue Code, provide dental services via mobile model to adults and children and are within 30 miles of a free health clinic or health safety net clinic; and mobile dental clinics that provide dental services via mobile model to individuals who are not ambulatory and who reside in long-term care facilities, assisted living facilities, adult care homes, or private homes.

Challenges & Solutions

Legislation passed by the 2015 General Assembly (HB1841) authorizes the Virginia Prescription Monitoring Program (PMP) to automatically register all dentists with an active Virginia license. Automated PMP registration occurred during the month of September, 2015, using information already in the Department of Health Profession's (DHP) licensing system. The Board worked with PMP to make the registration process largely transparent.

In maintaining consistency with DHP's other regulatory boards, the Board decided to undertake random audits to address licensees' compliance with its annual CE requirements and to conduct the audits biennially.

Additional Issues

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

Guidance Documents Revised between 7/1/2014 – 6/30/2016

- **60-2** Sanction Reference Point Instruction Manual, revised December 11, 2015
- **60-3** Periodic Office Inspections for Administration of Sedation and Anesthesia, revised December 11, 2015
- **60-4** Questions and Answers on Analgesia, Sedation, and Anesthesia Practice, revised December 11, 2015
- **60-5** Policy on Sanctioning for Failure to Meet Continuing Education Requirements, revised December 11, 2015
- **60-6** Policy on Sanctioning for Practicing with an Expired License, revised December 11, 2015
- **60-8** Educational Requirements for Dental Assistants II, revised December 11, 2015
- **60-10** Policy on Sanctioning for Failure to Comply with Advertising Guidelines, revised December 11, 2015
- **60-14** Board of Dentistry Bylaws, revised December 11, 2015
- **60-15** Standards for Professional Conduct in the Practice of Dentistry, revised March 13, 2015
- **60-17** Policy on Recovery of Disciplinary Costs, revised December 11, 2015
- **60-18** Dental Laboratory Work Order Form, revised December 11, 2015
- **60-20** Guidance on Radiation Certification, revised December 11, 2015
- **60-22** Policy on Sanctioning for Failure to Comply with Insurance and Billing Practices, revised December 11, 2015

Adopted Guidance Documents between 7/1/2014 – 6/30/2016

- **60-21** Policy on Sanctioning for Failure to Report to the Prescription Monitoring Program, adopted June 10, 2016
- **60-23** Policy on Teledentistry, adopted December 11, 2015
- **60-24** Compilation of Provisions in the Code of Virginia Addressing Dental Practice, Practice of Dentistry by Professional Business Entities, and Practice Locations and the Duties Restricted to Dentists in the Code of Virginia and the Regulations Governing the Practice of Dentistry, adopted March 11, 2016

Funeral Directors & Embalmers

Total Licenses: 2,497

(as of June 30, 2016)

Executive Director

Corie E. Tillman Wolf, J.D.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	43%	5%	100%	--	100%
12/31/2014	600%	8%	100%	100%	100%
03/31/2015	100%	14%	75%	100%	100%
06/30/2015	50%	13%	89%	97%	100%
09/30/2015	67%	22%	100%	89%	100%
12/31/2015	80%	11%	75%	100%	100%
03/31/2016	300%	0%	75%	--	100%
06/30/2016	900%	0%	100%	--	100%

Biennial Fiscal Summary

Revenue: **$1,593,000** Expenditures: **$1,107,172**

Innovations & Advancements

Lisa R. Hahn was appointed by the Governor in November 2015 as the Chief Deputy Director for the Department of Health Professions and has continued to serve in her role as Executive Director for the Board. The Department has recently completed the recruitment for the position. Corie Tillman Wolf has been selected and will officially begin as the new Executive Director on August 25, 2016.

The International Conference of Funeral Service Examining Boards (the Conference) adopted a Model Practice Act for Funeral Service. Lisa R. Hahn, as Executive Director, served on the Model Practice Act Committee. The effort was to increase public protection by establishing standards for minimal competence, methods of discipline and means of removing incompetent or unethical practitioners. The result of this effort will standardize terminology and regulation across jurisdictions, promote understanding of funeral service and provide consistency in decisions related to licensure, renewal and discipline. Following on these principles, a committee was formed to design a model application. Lynne Helmick, Deputy Executive Director for Discipline served on the Model Application Committee. The Model Application was also adopted by the Conference.

A new kind of cremation unit was recently developed, but the use of this unit as intended would have been in violation of the Board's regulation because it has two separate chambers allowing for two bodies to be in the unit at the same time. Upon hearing of this innovation, the Board quickly sought a change in regulations to allow for the unit to be used as intended. The regulation took effect January 15, 2016.

Board members, Hahn, and Helmick met with staff of the Department of Health, including the Chief Medical Examiner, and other stakeholders to discuss the handling of dead bodies with Ebola. These meetings helped determine and disseminate best practices and recommended procedures in cases of Ebola and other similar blood borne pathogens.

Hahn and Helmick gave a number of presentations on the Board and its laws and regulations to all three professional organizations in Virginia. Hahn presented the work of the Model Practice Act for Funeral Service to the International Conference of Funeral Service Examining Boards at the annual conference. Helmick participated on a panel at the annual conference of the International Conference of Funeral Service Examining Boards about Systems Automation.

Staff closely monitor the website and ensure timely updates are posted on the announcements section. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities. The site also has a direct link to the Regulatory Town Hall encouraging people to sign up for information. The website also includes useful information for the general public.

The Board continues to streamline the process and reduce the costs related to licensure and discipline. All completed licensure and discipline case files are scanned electronically into our MLO Licensure Software, which has eliminated the arduous process of miffing and preparing paper files to be sent to the Library of Virginia for storage. Probable Cause case information is sent to board members via an encrypted email or on a password protected disc, which has greatly reduced the Board's postal costs. All meeting agendas and attachments are emailed to the board members and posted on the website and Regulatory Town Hall. The agenda is also visible on a large projector screen during board meetings for both the members and the public to view. It is no longer necessary to make multiple hard copies of the information.

The Board purchased laptop computers for use by the board members during meetings and hearings. Board members arrive to meetings and hearings with all information stored on the laptops and ready for business. This has eliminated postage costs, copying costs and security issues when mailing confidential documents.

Regulatory Actions

Four regulatory actions were finalized:

- Amendments to Chapters 20 and 40 were proposed in 2010 to increase fees in order to have sufficient revenue for Board expenditures. In its adoption of final regulations, the Board proposed a two-time debt reduction surcharge on the renewal due in 2015 and 2016. Proposed regulations were initially proposed in November of 2010 and re-proposed on 5/8/12. Final regulations became effective on 1/14/15.
- Pursuant to Chapter 110 of the General Assembly, an amendment became effective on 9/23/15 requiring any applicant for registration as a surface transportation and removal service include the name of a manager of record on its application for registration and notify the Board of Funeral Directors and Embalmers within 30 days of a change in the manager of record.
- Amended regulations provided guidance for cremation regarding the identifiers that may be used for visual identification of the remains and the resources available to achieve positive identification if visual identification is not feasible. This amendment became effective on 12/16/15.
- An amendment, effective 1/15/16, allows a crematory to cremate human remains of more than one person in the same unit provided the remains and ashes are kept in separate chambers.

Legislative actions affecting the Board:

- Chapter 534 of the 2015 General Assembly amended the Funeral Practice Act to delete outdated provisions, update the definition of embalming and add to the grounds for a finding of unprofessional conduct.
- Chapter 670 of the 2015 General Assembly clarified the role of a person other than a decedent's next of kin to be a person designated to make arrangements for the decedent's burial or the disposition of his remains, an agent named in an advance directive, or a court-appointed guardian to make decisions regarding the disposition of a decedent's remains.
- Chapter 138 of the 2015 General Assembly authorized a funeral director to notify a veterans service organization as an alternative to notifying the Department of Veterans Services when cremains remain unclaimed. It authorized a funeral director to transfer the cremains of an eligible veteran or his eligible dependent to a veterans service organization or the Department for the purpose of disposition of such cremains. It provided that, absent bad faith or malicious intent, no funeral director or veterans service organization is liable for civil negligence for actions permitted under the law. It also changed, from 30 days to 45 days, the time in which the Department or veterans service organization is required to notify the funeral director if the cremains are those of a veteran or eligible dependent.

Challenges & Solutions

The timely filing of death certificates continues to be problematic. Funeral directors often have difficulty in getting a healthcare practitioner to sign the death certificate. The Vital Records Office has implemented the Electronic Death Records System (EDRS), which should ease the process for filing death certificates. The Vital Records Office has had a series of stakeholders meetings to identify problems with the new system. Physicians have been slow to register for use of the system, thus requiring most death certificates to be filed by paper.

In Virginia, as well as a number of other states, the Board has experienced an increase of complaints regarding unlicensed funeral businesses that are internet based. The Board staff has been involved with conversations, facilitated by the International Conference of Funeral Service Examining Boards, with other states and the Federal Trade Commission to gauge the scope of the problem, as well as seek solutions. Additionally, the Board adopted Guidance Document 65-4 titled "Aiding and Abetting Unlicensed Practice". The guidance document is a reminder to licensees that they could face disciplinary action if they do business which involves an unlicensed entity providing funeral services that would require a license in Virginia. The Virginia Department of Health (VDH) requested a meeting with the Board and its staff to address the problem of unlicensed people filing death certificates, which is against the law. The Board assisted VDH by disseminating information to the Board's funeral directors and associations and posting information on our website to reiterate that only a licensed funeral director may file a death certificate. Vital Records also disseminated information to their local Vital Records offices of the need to verify that the funeral home filer is either licensed or holds a Courtesy Card.

One of the two mortuary school programs in Virginia had problems with their accreditation and the future of the program was in doubt. Closure of the program would have greatly limited the number of people entering the workforce and put a strain on funeral homes hoping to hire new employees. The program was reaccredited and the community college, in which it is housed, reported that the program would continue.

In light of the recent FTC ruling regarding the NC Board of Dentistry, the VA Funeral Board removed a guidance document related to the sale of caskets. It was determined that the Code definition of the "practice of funeral services" provided sufficient guidance on who can sell caskets.

Former State Senator Kenneth Alexander asked DHP to study bifurcating the funeral service license so that someone could be licensed as a funeral director only, without the embalming requirement to be licensed. The Board of Health Professions held a public hearing regarding the issue. There was a significant amount of public comment. The Department also conducted a survey regarding workforce issues and the research will be presented to the Funeral Board in September.

Innovations & Advancements

Section 54.1-2510 of the *Code of Virginia* authorizes the Board of Health Professions (BHP) to advise on a wide range of issues pertaining to the regulation of healthcare professions and occupations. Topics include the need for an appropriate level of regulation, scope of practice conflicts, and fair disciplinary treatment. Section 54.1-2410 *et seq*. also addresses the Board's role in providing advisory opinions concerning the *Practitioner Self-Referral Act*.

During the 2014-16 Biennium, BHP reviewed the dental hygienist and assistant scopes of practice to examine barriers that they may pose to expanded care delivery. BHP's research was shared with the Joint Commission on Health Care, which was simultaneously studying Virginia's dental safety net capacity and opportunities for improving oral health. 2015 legislation ultimately expanded Dental Assistant II practice under supervision.

The Board also examined the relative efficacy of separately licensing funeral directors and embalmers as opposed to a single funeral service license. BHP concluded that substantive differences in licensure and practice requirements among the states preclude direct comparisons between single or multiple license approaches. The Board also recommended that the DHP Healthcare Workforce Data Center add Funeral Service Licensees to the list of professions surveyed consistently on key workforce-related factors.

To provide a tool to help boards ensure fair treatment when handing down sanctions in disciplinary cases, BHP instituted the Sanction Reference Point (SRP) research program in 2001. It built upon the methods used to derive sentencing guidelines in the criminal justice system. In 2004, the Board of Medicine's SRP was launched, with each of the 13 boards having their own tailored systems by 2011. Periodic updates are made as needed. The latest updates were completed for the Boards of Counseling,

Executive Director

Elizabeth A. Carter, Ph.D.

Psychology and Social Work in 2016. In April 2016, the *Journal of Nursing Regulation* published the Board's peer reviewed article entitled "Implementing a Sanctioning Reference System for the Virginia Board of Nursing." The article details the methodology and findings of establishing Nursing's SRP and ongoing monitoring to ensure its efficacy.

BHP issued two Practitioner Self-Referral advisory opinions in 2015. The first involved the Center for Weight Loss and the second concerned Alliance Xpress Care, LLC. Advisory opinions are accessible on the agency's website under the Board of Health Professions - Practitioner Self-Referral.

Regulatory Actions

Two legislative actions related to BHP during the biennium.

- Chapter 105 of the 2016 General Assembly provided that members appointed by the Governor shall serve on the Board of Health Professions for four-year terms or terms concurrent with their terms as members of health regulatory boards, whichever is less.

- Chapter 91 of the 2016 General Assembly provided that a person who meets certain requirements may hold himself out as a dietitian or nutritionist, provided that he is employed by or under contract to a government agency and practices solely within the scope of such employment. The bill also defined "nutritional genomics" and required a dietician or nutritionist who receives nutritional genomics testing information to maintain such information in accordance with applicable federal and state law. In addition, the bill updated the names of organizations from which dieticians and nutritionists are authorized to receive professional certifications in order to practice in Virginia.

Challenges & Solutions

The chief challenge facing health regulatory boards is remaining abreast of the most significant issues likely to impact healthcare delivery. BHP focused its efforts this biennium on monitoring new and changing healthcare workforce factors, evolving methods designed to bridge veteran to civilian healthcare licensure, and telehealth from the perspective of practitioner regulation.

Long-Term Care Administrators

Total Licenses: 2,087

(as of June 30, 2016)

Executive Director

Corie E. Tillman Wolf, J.D.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	60%	4%	67%	100%	100%
12/31/2014	46%	3%	83%	100%	100%
03/31/2015	50%	3%	80%	100%	100%
06/30/2015	133%	15%	80%	96%	100%
09/30/2015	54%	14%	75%	100%	100%
12/31/2015	40%	13%	71%	100%	100%
03/31/2016	170%	23%	100%	--	98%
06/30/2016	36%	18%	71%	100%	100%

Biennial Fiscal Summary

Revenue: **$1,225,251** Expenditures: **$902,415**

Innovations & Advancements

Lisa R. Hahn was appointed as Chief Deputy Director for the Department during November 2015 and has continued to serve in her role as Executive Director for the Board. The Department has recently completed the recruitment for the position. Corie Tillman Wolf has been selected and will officially begin as the new Executive Director on August 25, 2016.

The National Association of Long Term Care Administrator Boards (NAB) and American College (ACHCA) joined forces to create both a National Model Administrator in Training (AIT) Program and an Online Preceptor Training Program. Lisa R. Hahn, as Executive Director, co-chaired this joint committee, which produced both programs. The National AIT program is an individualized program for the AIT based on his or her experience and knowledge. Several NAB members and administrators have volunteered to pilot the program during the spring and summer of 2016 and they hope to have the program available to the public sometime during the fall of 2016. The programs will be offered free of charge and available to state boards. It will be housed on NAB's and ACHCA's website.

This was created to help prepare administrator licensees to serve as qualified preceptors for the Administrators in Training Online Train the Trainer Program. The Board has a goal of achieving consistent programs across all jurisdictions.

NAB has been developing a nationally recognized and voluntary credential (HSE) that encompasses all lines of service, including home and community based services, and will also support professional mobility across state borders. Legislative changes at the federal level call for state Medicaid programs to fund home and community based services, which is an emerging area within this expanding continuum of care. The Patient Protection and Affordable Care Act requires lines of services to coordinate care and offers provider incentives to keep consumers out of the hospitals, prompting a potential increase in the use of home care or adult day care settings. In response, NAB initiated its Professional Practice Analysis (PPA), a study to meet the needs of all lines of service in long term care administration, including hospice, home, and community based care. The goal is to establish guidelines that will be acceptable to the majority of states to adopt the HSE licensure by equivalency standards. Hahn has been heavily involved in the progress of the HSE. The Board will continue to monitor the progress and respond as more information becomes available.

Board staff attended numerous meetings and conferences throughout this biennium to present current Board information and answer questions. The presentations provided information about board business and encouraged people to attend upcoming board meetings. They also provided ways to participate in the regulatory process. The presentations also provided an opportunity to discuss the Virginia Regulatory Town Hall and the benefits of registering.

Board staff continues to participate in the Assisted Living Facility Stakeholder's Group which meets on a quarterly basis. The Board received feedback during a stakeholders meeting asking that the Board work to increase the membership in the "Voluntary Preceptor" Directory. In response the Board now includes a question on renewals for licensed preceptors to contact us if they agree to have their contact information on a public directory. Board staff also participates in the Nursing Facility Advisory (NFAC) Committee meetings, which are held quarterly.

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Innovations & Advancements (continued)

The Board received the 2015 analysis of the Assisted Living Facility Administrator results compiled during the 2015 March renewal cycle. This report identifies future workforce shortages, as well as geographical statistics by profession. It was interesting to note that 95% of Assisted Living Facility Administrators responded that they were satisfied with their job and that with a 60k-70k average salary; they should be able to recruit effectively.

Staff closely monitor the website and ensure timely updates are posted on the announcements section. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities. The site also has a direct link to the Regulatory Town Hall encouraging people to sign up for information. The website also includes useful information for the general public.

The Board continues to streamline the process and reduce the costs related to licensure and discipline. All completed licensure and discipline case files are scanned electronically into the Board's MLO Licensure Software which has eliminated the arduous process of miffing and preparing paper files to be sent to the Library of Virginia for storage. Probable Cause case information is sent to board members via an encrypted email or on a password protected disc, which has greatly reduced the Board's postal costs. All meeting agendas and attachments are emailed to the board members and posted on the website and Regulatory Town Hall. The agenda is also visible on a large projector screen during board meetings for both the members and the public to view. It is no longer necessary to make multiple hard copies of the information.

The Board purchased laptop computers for use by the board members during meetings and hearings. Board members arrive to meetings and hearings with all information stored on the laptops and ready for business. This has eliminated postage costs, copying costs and security issues when mailing confidential documents.

Regulatory Actions

Two regulatory actions were finalized:

- An increase in fees charged to applicants and licensees was initially submitted on 9/15/10. In the adoption of final rules, the Board proposed a one-time debt reduction surcharge on the renewal due in 2015. Final regulations were effective on 10/24/14.

- Amendments to Chapter 20 (Regulations Governing the Practice of Nursing Home Administrators) and Chapter 30 (Regulations Governing the Practice of Assisted Living Administrators) require applicants for licensure to provide a current report from the U.S. Department of Health and Human Services Data Bank. They were effective on 7/16/15.

Challenges & Solutions

The Board noticed a persistent pattern among new college applicants for administrator licensure that, while satisfying all the academic requirements for licensure, do not necessarily include the required 320 hour internship. When applicants contact the board to become licensed, they then learn they are still required to complete a qualifying internship, which further lengthens the time required to gain licensure. Lisa R. Hahn, as Executive Director, contacted the State Council of Higher Education for Virginia (SCHEV) to discuss the best method of disseminating information to the colleges about the requirement for the Administrator in Training Programs (AIT). The Board arranged a telephonic conference call with the staff from SCHEV and the Board along with participating colleges/universities. The purpose of the call was to discuss regulations relevant to the ability of graduates of Virginia academic programs to gain licensure as Nursing Home Administrator or Assisted Living Facility Administrator. It was decided that SCHEV will send a notification to all colleges and universities advising those who offer a health administration baccalaureate or master's program to either include a 320 hour internship experience or to include a statement on the program's website and marketing materials to clarify that any student planning to seek Long Term Care Administration licensure will need to complete a 320 hour internship and that the student will be responsible for arranging such.

The Board's cases can be quite voluminous and, due to the size of the case, can take a great deal of time to review. Both Hahn and Lynne Helmick, Deputy Director of Discipline worked with the Enforcement Division to ensure that they are focusing and gathering the evidence the Board needs to make case decisions and not obtaining information that is not useful. The Board has also jointly created new investigative guidelines to assist the investigators. It is also imperative to work with the members of the State Corporation Commission (SCC) Committee to make recommendations for the reduction of unnecessary case information.

Total Licenses: 67,447

(as of June 30, 2016)

Executive Director

William L. Harp, M.D.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	98%	22%	93%	92%	100%
12/31/2014	105%	23%	92%	81%	100%
03/31/2015	86%	21%	92%	85%	100%
06/30/2015	142%	17%	96%	90%	100%
09/30/2015	120%	23%	96%	81%	100%
12/31/2015	120%	24%	94%	81%	100%
03/31/2016	100%	29%	94%	89%	100%
06/30/2016	92%	20%	94%	85%	100%

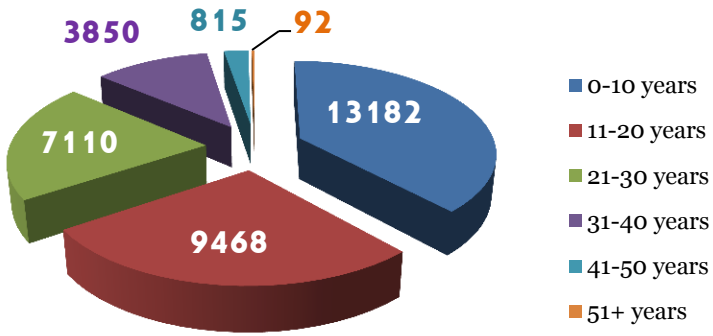
Biennial Fiscal Summary

Revenue: **$14,872,010** Expenditures: **$14,033,317**

Medicine – Physician Profile Data*

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

Years In Practice



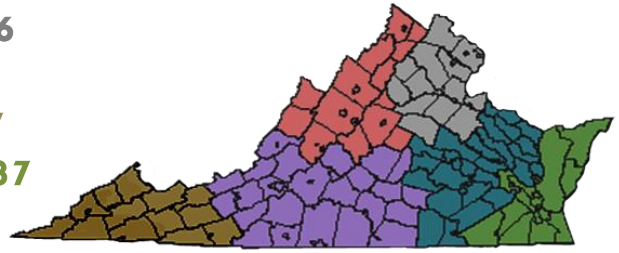
The graph to the left shows the distribution of the number of years of each reporting physician in active, clinical practice as specified by regulations of the Board.

Total Average Years In Practice: 14.73 Years

Geographic Distribution of Reporting Physicians

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

Central: 1,785
Northern: 3,456
Southern: 846
Southwest: 287
Tidewater: 1,787
Valley: 516
Out of State: 3,225



Medicine – Physician Profile Data*

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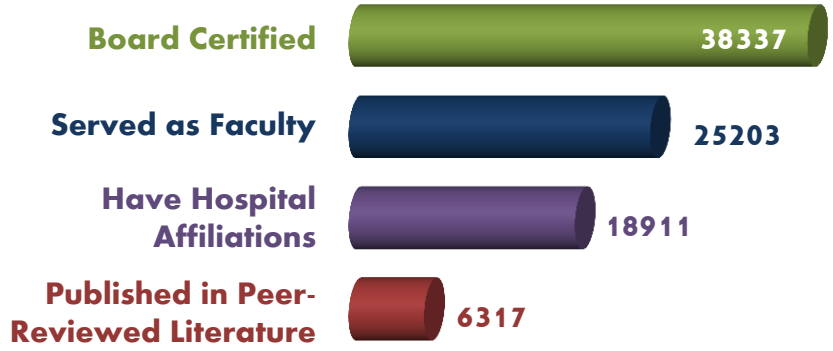
The chart to the right shows the number of physicians reporting:

- 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 (2006-2016)
- *Any* disciplinary action that resulted in a suspension or revocation of privileges, or termination of employment at any point in time.

By Category:	35,653 *Medicine*	2,965 *Osteopathy*	487 *Podiatry*

Translation Service Access	14,712	Felony Convictions	70
Medicaid Participation	17,744	Medical malpractice Settlements >$10,000	4,039
		Disciplinary action resulting in suspension, revocation, or termination	685



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

- Board certifications as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association, the American Board of Multiple Specialties in Podiatry, or the Council on Podiatric Medical Education of the American Podiatric Medical Association
- Serving as faculty to schools of medicine, osteopathy, and pathology
- Any hospital affiliations
- Publications in peer-reviewed literature within the most recent 5 year period (2011-2016)

Innovations & Advancements

In FY2015 & FY2016, the Board of Medicine was led by two family medicine physicians, Wayne Reynolds, DO of Gloucester Point, in 2015 and Kenneth J. Walker, MD of Pearisburg, in 2016. Both have been active with the Federation of State Medical Boards.

Siobhan Dunnavant, MD, who filled the 7th Congressional District MD seat on the Board, was elected to the Virginia Senate in November 2015, prompting her resignation from the Board in order to serve the Commonwealth as a member of the Legislature.

The Board's finances remained strong throughout the biennium. In similar fashion to the previous biennium which provided a 14% cut in renewal fees for all professions, a decrease of approximately 20% was approved for renewals in calendar years 2016 and 2017.

The Board of Medicine worked with the Finance Division to pilot the processing of licensing fees by Finance instead of Board staff. The new process allows the licensing specialists to dedicate more time to working on applications. Finance anticipates that, as the process matures, it will be offered to other boards in DHP as well.

Due to increased communication demands, and in an effort to support the licensing specialists, the Board established a call center to respond to phone, voicemail and e-mail inquiries, chiefly from applicants.

In January of 2015, the regulations for licensure of polysomnographic technologists went into effect. The next month, regulations for the voluntary registration of surgical assistants and surgical technologists went into effect.

In 2015, following a dialogue with the Medical Society of Virginia, the Board altered its process of probable cause review of disciplinary cases. Standard of care cases will only be forwarded to the Administrative Proceedings Division after the recommendation of two Board members or review by an expert.

Since 2013, the Board of Medicine has been aware of the effort to establish an Interstate Medical Licensure Compact. It has been on the agenda of the full Board of Medicine and its Legislative Committee several times. At the close of FY2016, the Legislative Committee recommended, and the Board voted, not to join the Compact at this time, but rather to pursue regulations that will expedite the licensing process.

The Board has addressed a number of issues with special committees this biennium.

- **Ad Hoc Committee on Telemedicine -** This committee was formed to develop the Board's stance on the practice and parameters of telemedicine. It was comprised of experts in telemedicine with representation from various models of delivery of care. The product was Guidance Document 85-12 Telemedicine, which has been lauded as fair and balanced.
- **Ad Hoc Committee to Implement SB1045 -** This committee was formed to identify resources regarding autism spectrum disorder in children and adults, its diagnosis, the role of health care providers and services available for posting on the Board of Medicine's website.
- **Ad Hoc Committee on Mixing, Diluting or Reconstituting Regulations -** This committee was formed to review the Board's regulations in light of the US Pharmacopeia recommendation to adhere to a one-hour timeframe for immediate use medication, e.g., one hour from mixing to administration. The committee did not alter the Board's 10-hour timeframe.
- **Buprenorphine Work Group -** This work group was a recommendation from the Treatment Work Group of the Governor's Task Force on Prescription Drug and Heroin Abuse. Its charge is to review the standards of care in the literature for the use of buprenorphine in opioid abuse and make recommendations to the Board of Medicine for possible promulgation of regulations. Its work is still ongoing.

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Innovations & Advancements (continued)

Board of Medicine staff gave presentations to the DHP Enforcement Division investigators, the Health Section of the Virginia Bar Association, the VCU School of Medicine graduating class, and the graduate medical education directors of Virginia's medical schools.

The Board of Medicine newsletter, "Board Briefs", is now sent to all licensees with e-mail addresses three times a year. In addition to content about the Board's new laws, regulations and actions, the Board sent information from a number of other agencies. Included were:

- Virginia Department of Health (VDH) Division of Vital Records - death certificates
- VDH - anti-human trafficking information and assessment tool
- VDH Office of the Chief Medical Examiner - service opportunity as a local medical examiner
- VDH - Ebola virus
- Virginia Department of Behavioral Health and Developmental Services - naloxone project
- Department of Medical Assistance - Medicaid provider enrollment and screening requirements
- Medical Society of Virginia Foundation - continuing medical education opportunities
- Virginia Prescription Monitoring Program - benefits of use and how to register
- Virginia General Assembly - Lyme Disease reminder
- Federation of State Medical Boards - continuing education opportunities
- Drug Enforcement Administration - take-back day

Regulatory Actions

Thirteen regulatory actions were finalized:

- Mandated by Chapter 838 of the 2010 Acts of the Assembly, initial regulations for licensure of polysomnographic technologists were adopted as necessary to ensure minimal competency for practice, continued competency for renewal of licensure, supervisory responsibilities, and standards of conduct. Final regulations became effective on 12/31/14.
- Chapter 81 of the 2012 Acts of the Assembly required the Board promulgate regulations establishing the criteria for use of fluoroscopy by physician assistants. Emergency regulations were replaced by final regulations that became effective on 2/13/15.
- Regulations Governing the Practice of Licensed Acupuncturists were amended to authorize acceptance of applicants who are graduates of schools in candidacy status with the ACAOM; the action was effective on 2/13/15.
- Amendments to regulations for polysomnographic technologists corrected the name of the national organization that accredit certifying or credentialing bodies; it is named in regulation as the National Organization for Competency Assurance, but that body changed its name to the Institute for Credentialing Excellence; they became effective on 1/15/16.
- To implement Chapter 531 of the 2014 Acts of the Assembly, the Board adopted regulations for registration of surgical assistants and surgical technologists. Regulations establish requirements for registrants to maintain a current name and address, fees for application and renewal and qualifications for registration and became effective on 2/13/15.
- An amendment to the Athletic Trainer regulations defines a "Student athletic trainer" as a person enrolled in an accredited bachelor's or master's level educational program in athletic training to clarify the intent of the term and the applicability of regulations for practice by a "student athletic trainer;" it became effective on 1/15/16.

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Regulatory Actions (continued)

- To conform to changes in the Code of Virginia in Chapter 252 of the 2014 Acts of the Assembly, the Board amended the rule on practice by a graduate of an occupational therapy or occupational therapy assistant program while awaiting examination results to allow an applicant to practice for up to six months or until he has received a failing score on the licensure examination, whichever comes first. It became effective on 8/27/14.
- With the passage of HB1818 in the 2015 Session of the General Assembly, the term “respiratory care practitioner” was changed in the Code of Virginia to “respiratory therapist.” Accordingly, the change is made in regulations for respiratory therapists with an effective date of 10/7/15.
- In response to a petition for rulemaking, the Board has amended the section on pharmacotherapy for weight loss by adding a provision allowing physician assistants and nurse practitioners who have practice agreements with a supervising or collaborating physician to perform the functions and prescribe the controlled substances in accordance with the specified standard of care for weight loss drugs, provided such treatment is authorized in the practice agreement. The action became effective on 7/16/15.
- With the passage of SB1120 in the 2015 Session of the General Assembly, changes were made to requirements for postgraduate training for doctors of medicine and osteopathic medicine. Accordingly, the changes made in regulations in sections 121 and 122 became effective on 10/7/15.
- Pursuant to § 2.2- 4006 A 7 of the Code of Virginia, the Board of Medicine adopted amendments to all chapters under the Board of Medicine for a one-time fee reduction applicable to the next renewal cycle for all professions in 2016 or 2017; the amendments became effective on 1/27/16.
- An amended regulation for physician assistants eliminated the requirement for the signature of the supervising physician on a prescription written by a physician assistant if the assistant is writing a prescription for a Schedule VI drug. The action became effective on 1/15/16.
- An amendment eliminated the pharmacist as a practitioner who can perform a second check of mixing, diluting or reconstituting drugs in a physician office by a specifically trained person and also eliminated the pharmacist as a practitioner who can perform mixing, diluting or reconstituting without a second check. It became effective on 7/15/16.

Legislative actions affecting the Board:

- Chapter 302 of the 2015 General Assembly changed the term "respiratory care practitioner" to "respiratory therapist" throughout the Code of Virginia. The bill also changed the term "x-ray" to "ionizing radiation" in the context of the practice of radiologic technology and updated the definition of "radiologic technologist."
- Chapter 525 of the 2015 General Assembly required applicants for licensure to practice medicine, osteopathy, or podiatry to receive at least 12 months of the required supervised clinical training in one program or institution approved by an accrediting agency recognized by the Board and allowed supervised clinical training that is received in the United States as part of the curriculum of an international medical school to fulfill the requirements for licensure by the Board if the clinical training is in a program acceptable to the Board and deemed a substantially equivalent experience. The bill repealed certain other requirements that were outdated.
- Chapters 7 and 8 of the 2015 General Assembly provided an affirmative defense in a prosecution for the possession of marijuana if the marijuana is in the form of cannabidiol oil or THC-A oil possessed pursuant to a valid written certification issued by a practitioner of medicine or osteopathy licensed by the Board for purposes of treating or alleviating a patient's symptoms of intractable epilepsy.

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Regulatory Actions (cont')

- Chapters 115 and 32 of the 2015 General Assembly amended the definition of telemedicine services to encompass the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. The measure also provided that for the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when certain conditions are met.
- Chapter 363 of the 2015 General Assembly required the Board to make information about the identification, diagnosis, and treatment of autism spectrum disorder and the role of health care providers in identifying, diagnosing, and treating autism spectrum disorder available to licensees on its website.
- Chapter 122 of the 2015 General Assembly authorized students enrolled in chiropractic schools to (i) participate in preceptorship programs that are a part of the training program of the chiropractic school or (ii) practice in clinics, hospitals, educational institutions, private medical offices, or other health facilities, in a program approved by the school, under the direct tutorial supervision of a licensed chiropractor who holds an appointment on the faculty of a chiropractic school.
- Chapter 494 of the 2016 General Assembly clarified temporary authorization for physician to practice in summer camps or to provide continuing education programs.
- Chapter 99 of the 2016 General Assembly extended the deadline, from July 1, 2015, to December 31, 2016, by which individuals who practiced either as a surgical technologist or a surgical assistant prior to July 1, 2014, may register with the Board.
- Chapter 450 of the 2016 General Assembly clarified that it is unlawful for a person to use in connection with his name the words or letters "Physician Assistant" or "PA" unless he is a licensed physician assistant. The bill provided that a physician assistant must enter into a written or electronic practice agreement with at least one supervising physician or podiatrist, but does not have to submit it to the Board unless requested to do so.
- Chapters 212 and 418 of the 2016 General Assembly directed the Department of Veteran Services to establish a pilot program in which military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine under the supervision of a licensed physician or podiatrist.

*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 & Solutions

Since 2005, the Board has added 9 new professions for a total of 22, including intern/residents and nurse practitioners. Licensing and regulating this number of professions has its challenges, especially for the licensing specialists and the Deputy for Licensing. Restructuring of Board staff has been discussed over the years, but a clear solution has not been found. In FY2017, staff will revisit this issue and consider new models.

Improving license portability and reducing barriers to multistate licensure are seen as ways to enhance access to care for patients. Although the Board has expressed reservations about signing onto the Interstate Medical Licensure Compact at this time, in FY2017 it will consider proposed regulations to expedite initial licensure, thereby enhancing access to care for the citizens of the Commonwealth.

The Board of Medicine has been doing its part in helping to curb the abuse of prescription drugs through robust enforcement in cases of improper prescribing. Now, for the first time, the Board has the authority to require continuing medical education of selected prescribers based on Prescription Monitoring Program data. In FY2017, the Board will establish thresholds to identify Board of Medicine licensees who will be required to obtain continuing medical education on the proper prescribing of controlled substances.

Total Licenses: 218,676

(as of June 30, 2016)

Executive Director

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

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	89%	14%	96%	96%	100%
12/31/2014	102%	13%	90%	95%	100%
03/31/2015	96%	14%	93%	98%	100%
06/30/2015	91%	9%	88%	98%	100%
09/30/2015	117%	6%	89%	93%	100%
12/31/2015	100%	7%	89%	89%	100%
03/31/2016	98%	8%	88%	83%	100%
06/30/2016	94%	6%	85%	78%	100%

Biennial Fiscal Summary

Nursing
Revenue: **$22,802,540**
Expenditures: **$18,657,473**

Nursing Scholarship
Expenditures: **$55,297**

Certified Nurse Aides
Revenue: **$3,394,201**
Expenditures: **$3,505,126**

Innovations & Advancements

The Board completed its work on studying the need to require pre-licensure Registered Nurse (RN) education programs in order to hold a national nursing accreditation. A graduate student supported the work of the board members and the stakeholder committee by surveying public and private education programs and employers to obtain national data. This resulted in a recommendation to the Board to initiate regulatory action in favor of requiring national nursing accreditation.

The Board convened a committee to study the role of Registered Nurses in procedural sedation. Stakeholders from diverse points of view, including employers, RN and Nurse Practitioner (NP) nursing organizations, associations representing physicians, nurses from a variety of practice settings and businesses that had an interest in the associated technology participated in this 2 year process. A graduate student with expertise in procedural sedation conducted the research. This work culminated in the adoption of a guidance document, "Role of Registered Nurses in Procedural Sedation", that has been posted and distributed widely in an effort to provide guidance on a subject that the Board is frequently consulted on.

The Board implemented its Criminal Background Check (CBC) Program on January 1, 2016, following the selection of a vendor to obtain digital fingerprints from RN and Licensed Practical Nurse (LPN) applicants at 22 locations throughout Virginia. This program, which will ensure the collection of prints for approximately 10,000 RN and LPN applicants a year, is a collaborative effort between the Board, Virginia State Police and Fieldprint Inc. as a result of a legislative mandate. Prior to the implementation of this program, the Board collected data indicating that approximately 5% of its RN/LPN applicants self-reported having convictions. The CBC Program will enhance public protection and ensure compliance with the Nurse Licensure Compact.

Continued competency requirements for RN and LPN licensure renewal went into effect. Continuing education is included in two of the nine options for continued competency, providing for a variety of ways that nurses in various practice settings can meet the regulations without undertaking burdensome or duplicative activities.

Participation at a national level with the National Council State Boards of Nursing (NCSBN) occurred in the development and subsequent adoption of an enhanced version of the Nurse Licensure Compact. This version of the compact changes the licensure requirements for obtaining a license with multi-state privileges and will increase the value of an RN or LPN license for a resident of Virginia by potentially increasing the number of states in which a nurse can practice. Virginia was the second state in the nation to adopt this version of the compact, which will go into effect on December 31, 2018 or when 26 states pass legislation, whichever comes first.

The Board supported and trained four students via internship and preceptor programs, one undergraduate nursing student, one undergraduate criminal justice student and two graduate level nursing students. Students assisted the Board in its work related to compliance, procedural sedation, criminal background checks and nursing education.

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Innovations & Advancements (cont')

Mary Marshall Scholarship Fund

The Board distributed $55,297 of the scholarship fund in FY2016 to support students who are enrolled in RN and LPN pre-licensure programs. These funds are available through designated licensure renewal fees as authorized by the *Code of Virginia*.

The Board piloted, and then adopted, the use of dynamic discipline documents used for nursing administrative proceedings. The dynamic documents provide more clarity, specificity and give guidance to the public about what options they have in communicating with the Board.

The Board approved revisions to the Medication Administration Training Programs for Youth (MATY), to include provisions for school field trips in private schools.

The Board continues to collect data and participate in two studies related to nursing practice. The NCSBN's Taxonomy of Error and Root Cause Analysis Program (TERCAP) examines disciplinary cases involving standard of care issues. Additional investigators have been trained to ensure a volume of cases sufficient for data analysis is completed. The second study involves examining disciplinary cases to see if there is any correlation between the educational preparation of a registered nurse and the nature and level of disciplinary sanctions. Analysis of the data is underway. Results will be shared with educators and the employers of nurses.

The approval process for pre-licensure nursing education programs has been totally revised, providing for a more streamlined approach both operationally, during survey visits, and in the documentation of such visits. The Board adopted a guidance document and associated flow chart clearly outlining the process for programs that is consistent with new regulations. The Board continues to offer orientation sessions for programs. The sessions have been well attended and have resulted in improved compliance with regulations.

Regulatory Actions

Ten regulatory actions were finalized:

- Emergency regulations for Chapters 30 and 40, Regulations Governing the Licensure of Nurse Practitioners and Prescriptive Authority, pursuant to Chapter 213 of the 2012 Acts of the Assembly were replaced with final regulations effective on 7/15/15.*
- Chapter 712 of the 2011 Acts of the Assembly authorized the Board to provide for provisional licensure for applicants as registered nurses to obtain supervised clinical experience if their educational programs lacked the requisite number of hours. Emergency regulations were replaced with final regulations effective 4/18/15.
- An amendment added "a state or federal government agency" to the list of entities and organizations that may recognize or approve courses, seminars, conferences or workshops relating to nursing practice for continuing education credits; it became effective 7/16/15.
- Chapter 114 of the 2013 Acts of the Assembly required the Board to adopt regulations for a training program for unlicensed persons to administer medication via a gastrostomy tube in DBHDS licensed facilities. Emergency regulations were replaced with final regulations effective 2/13/15.
- To address deficiencies and problems that the Board has encountered with educational programs in recent years, it has made more explicit rules and has incorporated current guidance on observational experiences and simulation. Additionally, the process and procedures for granting initial or full approval, for placing a program on conditional approval, and for denial or withdrawal of approval are set out in specific sections of regulation. Final regulations became effective 11/18/15.

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Regulatory Actions (cont')

- In response to a petition for rulemaking, the Board amended regulations to ensure that the requirements for evidence of continuing competency in a reinstatement or reactivation are consistent with those for renewal of an active license as a nurse; it was effective on 7/16/15.
- Amendments were effective on 12/2/15 to include the statutory authorization to issue a restricted volunteer license. To conforms regulations to § 54.1-3011.01 of the Code of Virginia as adopted in Chapter 522 of the 2015 General Assembly.*
- Amendments to conform to the statutory requirement for a criminal background check for every applicant for a nursing license, pursuant to Chapter 307 of the 2015 General Assembly, became effective on 1/1/16.
- Amendments were promulgated to conform the categories of nurse practitioner specialties to the current categories for which national certification is available; it became effective 1/15/16.*
- In response to a petition for rule-making, an amendment was added the American Association of Critical-Care Nurses Certification Corporation to the list of bodies offering professional certification acceptable for licensure as a nurse practitioner; it became effective 7/16/16.*

Legislative actions affecting the Board:

- Chapter 522 of the 2015 General Assembly created a new restricted volunteer license for registered and practical nurses and nurse practitioners who practice in public health or community free clinics that provide services to underserved population.*
- Chapter 307 of the 2015 General Assembly established state and federal criminal history background check requirements for applicants for licensure as a practical nurse or registered nurse; it had a delayed effective date of January 1, 2016.
- Chapter 87 of the 2016 General Assembly changed the frequency with which certification as a nurse aide must be renewed from biennially to annually.
- Chapters 409 and 308 of the 2016 General Assembly provided that in cases in which a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board of Medicine, or relocates his practice such that he is no longer able to serve, and a nurse practitioner who was part of the patient care team is unable to enter into a new practice agreement with another patient care team physician, the nurse practitioner may continue to practice without a patient care team physician for an initial period not to exceed 60 days upon notification to the designee of the Boards of Medicine and Nursing. The initial period may be extended for a period not to exceed 60 additional days upon approval of the Boards' designee, provided that the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input.*
- Chapter 108 of the 2016 General Assembly replaced the current Nurse Licensure Compact to which Virginia is a party with a revised version. The bill becomes effective upon adoption of the Nurse Licensure Compact by 26 states or on December 31, 2018, whichever occurs first.
- Chapter 324 of the 2016 General Assembly required that massage therapists be licensed, rather than certified, to practice in the Commonwealth. The bill directed the Board to promulgate regulations to implement the provisions of the act within 280 days, provided that the Board of Nursing will continue to issue certificates for massage therapy until the effective date of such regulations, and provided that any person holding a certificate to practice massage therapy prior to January 1, 2017, must be deemed to be licensed thereafter.
- Chapter 93 of the 2016 General Assembly added definitions of "advanced practice registered nurse," "certified nurse midwife," and "certified registered nurse anesthetist" as they apply to the licensing chapters of the Code of Virginia for the Boards of Medicine and Nursing.*
- Chapter 105 of the 2016 General Assembly increased the membership of the Board of Nursing from 13 to 14 members by increasing the required number of registered nurse members from seven to eight and also increasing the number of such registered nurses who must be licensed nurse practitioners from one to two.

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Regulatory Actions (cont')

- Chapters 109 and 582 of the 2016 General Assembly required observational and reporting techniques to be included in the curriculum of nurse aide education programs used to prepare nurse aides for certification.
- Chapter 495 of the 2016 General Assembly required a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife to practice in consultation with a licensed physician and in accordance with a practice agreement with such physician. Under current law, certified nurse midwives are required to practice in collaboration with, in addition to consulting with, a licensed physician.*

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

Challenges and Solutions

The Board has experienced and focused on customer service challenges due to a combination of new staff, having to adjustment to a new licensing database and the high volume of licensure applications. Solutions include the revision of multiple applications; the creation of instruction sheets; updates to online messaging via the Board's website; improvements to the Board's website; establishing a robust call center; an examination of the licensing processes; and the participation in department-wide workgroups focused on quality improvements. All problem-solving activities focused on providing a better service to the public.

The Board regulates 150 pre-licensure RN and LPN education programs. A shortage of qualified faculty and sufficient clinical sites for specialty areas exists. The Board has responded by implementing staff-led education sessions to ensure program directors and staff are familiar with the regulations governing education programs. Additionally, the Board has recognized the use of high-fidelity simulations in its regulations in lieu of a percentage of clinical experiences.

The Board has taken action against four RN education programs and 3 Practical Nursing (PN) programs due to their National Licensing Examination (NCLEX) pass rates being below 80% for 2 and 3 years respectively. Public and private institutions at universities, community colleges and high schools have been affected by these actions. Solutions have included training sessions for program faculty; individual consultation by Board staff; and increased collaboration with the State Council of Higher Education in Virginia (SCHEV) and national accrediting bodies.

The Board of Nursing maintains a federally mandated nurse aide registry of approximately 53,000 Certified Nurse Aides and has oversight responsibilities for 250 Nurse Aide Education Programs. The challenge in the administration of this program is that it is federally mandated, but only partially funded. Solutions to the challenge are limited. Costs associated with the investigation and discipline of patient abuse, neglect and misappropriation of patient property continue to be an issue. The Board now delegates the majority of informal proceedings to agency subordinates in order to address cost issues. Board staff and enforcement are working collaboratively to streamline the investigation process.

Total Licenses: 1,914

(as of June 30, 2016)

Executive Director

Leslie L. Knachel, M.P.H.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	167%	11%	80%	100%	100%
12/31/2014	20%	23%	100%	100%	100%
03/31/2015	120%	31%	100%	--	100%
06/30/2015	14%	40%	83%	67%	100%
09/30/2015	200%	12%	0%	100%	100%
12/31/2015	225%	14%	83%	--	100%
03/31/2016	60%	35%	100%	--	100%
06/30/2016	120%	37%	100%	--	100%

Biennial Fiscal Summary

Revenue: **$599,760** Expenditures: **$544,068**

Innovations & Advancements

The Board of Optometry has been an active participant in the Association of Regulatory Boards of Optometry (ARBO). The organization serves to represent and assist member licensing agencies in regulating the practice of optometry for the public welfare. It provides services and information to its member boards, to include gathering data on national issues such as telemedicine and continued competency. The Board's Executive Director serves on the Executive Director/Administrator Committee, which is tasked with developing training and discussion topics for the annual meetings, which are attended by national and international regulatory boards.

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 and posts the survey results on the agency's website. The first survey of the optometry profession was deployed during the November-December 2014 renewal period and again in the 2015 renewal period. The survey results are available on the agency's public website for review by members of the profession and the public.

Effective October 6, 2014, the U.S. Drug Enforcement Administration published a Final Rule in the Federal Register placing hydrocodone combination products (HCPs) into the Schedule II controlled substance category. At the time of the rescheduling effective date, optometrists were not authorized by the *Code of Virginia* or regulation to prescribe any Schedule II controlled substances. During the 2015 session of the General Assembly, the Code of Virginia was amended granting authority to prescribe HCPs to appropriately licensed optometrists.. The regulations were updated accordingly.

The number of complaint cases received by the Board remains relatively stable. In June 2015, the Board hired an additional staff member dedicated to handling disciplinary cases. The disciplinary process is being streamlined to improve efficiency with the end goal of reducing the time from receipt to closure.

The Board has continued with its outreach efforts through the use of mass emails to its licensees. The following notifications were sent:
Information on the rescheduling of hydrocodone combination products;
Information supporting the U.S. Food and Drug Administration's efforts to alert customers of risks associated with purchasing non-prescription, decorative contact lenses from an unauthorized entity; and
Regulatory updates.

The optometric profession is governed by the federal Contact Lens Rule and the Eyeglass Rule. On August 25, 2015 and September 3, 2015, the Federal Trade Commission (FTC) announced that it was accepting public comment on the Eyeglass Rule and the Contact Lens Rule, respectively. The public was encouraged to provide comments to the FTC.

Regulatory Actions

Two regulatory actions were finalized:

- A reduction in renewal fees was effective on 9/23/15 for the 2015 renewal of licensure.
- An exempt action to conform regulation to a change in the Code was effective on 9/23/15. It included Schedule II controlled substances consisting of hydrocodone in combination with acetaminophen in the list of oral analgesics that may be prescribed by optometrists.

One regulatory action was in process:

- The Board amended section 70, relating to requirements for continuing education to conform regulations to amendments in § 54.1-3219 of the Code of Virginia by Chapter 89 of the 2016 General Assembly. The action becomes effective after the biennium.

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Regulatory Actions (cont')

Legislative action affecting the Board:

- Chapter 355 of the 2015 General Assembly allowed TPA-certified optometrists to administer Schedule II drugs consisting of hydrocodone in combination with acetaminophen.
- Chapter 92 of the 2016 General Assembly repealed a provision allowing an outdated section of Code relating to licensure by endorsement.
- Chapter 89 of the 2016 General Assembly increased the total number of hours of continuing education required for optometrists from 16 to 20; required that at least 10 of such hours be obtained through real-time interactive activities; and provides that no more than two of such hours may consist of courses related to recordkeeping or the management of an optometry practice, provided that such courses are not primarily for the purpose of augmenting the licensee's income or promoting the sale of specific instruments or products. For TPA-certified optometrists, the bill required that at least 10 of the 20 hours be in the areas of ocular and general pharmacology; diagnosis and treatment of the human eye and its adnexa, including treatment with new pharmaceutical agents; or new or advanced clinical devices, techniques, modalities, or procedures. The bill allowed optometrists who complete more than 20 hours of continuing education in a year to carry forward up to 10 hours to the next year, provided that the Board of Optometry is not prevented or limited from requiring additional hours or types of continuing education as part or in lieu of disciplinary action.

Challenges & Solutions

One of the Board's biggest challenges has been how to regulate telepractice. An online refraction process was recently introduced to the public. The Board is monitoring the evolution of these types of products and assessing how this fits into regulation and protection of the public.

Another challenge relates to determining the regulatory requirement to ensure professional competency. The member boards of ARBO continue these discussions and the collection of data related to this issue.

Total Licenses: 35,972

(as of June 30, 2016)

Executive Director

Caroline D. Juran, R. Ph.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	63%	20%	96%	99%	100%
12/31/2014	90%	26%	89%	98%	100%
03/31/2015	51%	24%	71%	100%	100%
06/30/2015	61%	19%	45%	100%	100%
09/30/2015	12%	19%	79%	96%	100%
12/31/2015	86%	24%	50%	99%	100%
03/31/2016	117%	34%	75%	--	100%
06/30/2016	46%	38%	77%	99%	100%

Biennial Fiscal Summary

Revenue: **$6,284,674** Expenditures: **$6,167,078**

Innovations & Advancements

In 2015, the Board received the Fred T. Mahaffey award from the National Association of Boards of Pharmacy for its outstanding efforts in protecting the public through its oversight of compounding.

In 2014, the Executive Director participated on the Pew Charitable Trust Advisory Committee to develop best practices in state oversight for drug compounding.

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 14 innovative pilot programs, which generally allow for the use of new technology in the repackaging and dispensing of medications. Examples included the use of a drone to deliver certain drugs at a regional area medical event and increased utilization of RFID technology to verify the accuracy of drugs.

The Board, in communication with the Department of Forensic Science, expeditiously placed 21 chemicals, such as cannabimimetic agents, into Schedule I via regulation which assisted law enforcement in removing these dangerous drugs from store shelves.

Board staff provided 24 presentations during the biennium on board-related activities to the following groups: Shenandoah University; Virginia Commonwealth University; Howard University; Virginia Pharmacists Association; Virginia Society of Health-System Pharmacists; Virginia Association of Chain Drug Stores; Virginia Pharmacy Congress; National Association of Boards of Pharmacy; RxPartnership; US Food and Drug Administration; US Drug Enforcement Administration; and the Food and Drug Law Institute.

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

Regulatory Actions

The following regulatory actions were finalized:

- As mandated by Chapter 124 of the 2011 General Assembly, the Board adopted emergency regulations to specify the elements of a continuous quality improvement program in a pharmacy. The emergency regulations were in effect from 10/1/12 to 9/30/13. Final regulations were effective on 12/31/14.
- Amendments were adopted to establish consistent standards for the security, safety and record of drugs dispensed by a hospital pharmacy to an EMS provider for administration to patients in emergency situations and to authorize a one-to-one exchange of Schedule VI drugs or devices. The action became effective on 7/16/15.
- An amendment changed the schedule for the renewal of permits for nonresident pharmacies from April 30th of each year to annually at the date of initial registration. An amendment to section 190 prohibited a pharmacist from allowing access to the prescription department by a person whose license or registration has been revoked or suspended.
- The Board adopted two new fees for verification of licensure and issuance of duplicate licenses. Final regulations became effective on 7/1/15.
- In response to a request from the Department of Corrections, the Board proposed to allow correctional facilities to maintain floor stock of certain drugs onsite. The action became effective on 7/14/15.
- Regulations were adopted to establish standards for collection sites similar to those required by the DEA in order to register as an "authorized collector." They became effective on 3/24/16.

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Regulatory Actions (cont')

The following regulatory actions were finalized:

- As required by Chapter 505 of the 2015 Acts of the Assembly, the Board promulgated regulations "relating to the training, packaging, labeling, and recordkeeping" for repackaging of prescription drug orders dispensed to a patient and delivered to a program of all-inclusive care for the elderly (PACE) site licensed by the Department of Social Services and overseen by the Department of Medical Assistance Services. Final regulations became effective on 4/21/16.
- In compliance with the second enactment clause of Chapter 117 of the 2015 Acts of the Assembly, the Board promulgated regulations to implement the requirement that practitioners of the healing arts must dispense controlled substances in permitted facilities. The emergency regulations became effective on 12/7/2015 and expire on 6/6/2017.
- In compliance with the second enactment clause of Chapter 300 of the 2015 Acts of the Assembly, the Board promulgated regulations to implement the requirement of law that facilities engaged in the compounding of sterile drugs and registered with the U. S. Secretary of Health and Human Services as outsourcing facilities must hold a permit to compound or ship compounded drugs into Virginia. The emergency regulations became effective on 12/7/2015 and expire on 6/6/2017.
- As specified in § 54.1-3443, the Board placed chemicals into Schedule I in the *Code of Virginia*. Four such actions were finalized during the biennium - on 2/11/15, 8/12/15, 12/2/15, and 6/15/16.

Legislative actions affecting the Board:

- Following the 2015 Session of the General Assembly, a letter from the Senate Committee on Education and Health and the Senate Committee on Agriculture, Conservation and Natural Resources was sent to the Board of Pharmacy requesting it to convene a working group to review current laws and regulations related to the possession and use of certain Schedule VI controlled substances by individuals engaged in the practice of wildlife rehabilitation. The Board was asked to report to the committees on options and recommendations on the issue of whether wildlife rehabilitators should be allowed to possess and administer a stock of controlled substances to care for sick and injured wildlife. The workgroup was unable to reach a consensus on any one option, but did agree on the steps that would need to be taken should the General Assembly choose an option that would authorize wildlife rehabilitators to possess and administer certain controlled substances.
- During the 2015 Session of the General Assembly, Senate Bill 1167 was passed by indefinitely in the Senate Education and Health Committee with the understanding that a letter would be sent requesting the Virginia Department of Health and the Virginia Department of Health Professions to convene a workgroup "aimed at identifying opportunities to expand the number of sites that may choose to voluntarily stock epinephrine auto-injectors for administration by trained individuals in the event of an anaphylactic reaction." Though the workgroup actively engaged in the discussion of the study questions and received extensive information about epinephrine and legislative initiatives in other states, it was unable to reach consensus on a policy recommendation concerning the expansion of authorization for unlicensed persons in entities other than schools to possess and administer auto-injectable epinephrine.
- Chapter 299 of the 2015 General Assembly requires a wholesale distributor or nonresident wholesale distributor that ceases distribution of Schedule II through V drugs to a pharmacy, licensed physician dispenser, or licensed physician dispensing facility located in the Commonwealth, due to suspicious orders of controlled substances, to notify the Board of Pharmacy within five days of the cessation.
- Chapter 300 of the 2015 General Assembly created a new regulatory framework for permitting outsourcing facilities that compound drugs and are located within the Commonwealth and for registering nonresident outsourcing facilities in the Commonwealth.
- Chapter 514 of the 2015 General Assembly provided that a prescriber may authorize pharmacists to possess epinephrine and oxygen for administration in treatment of emergency medical conditions.

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Regulatory Actions (cont')

- Chapter 117 of the 2015 General Assembly required facilities from which practitioners of the healing arts dispense controlled substances to obtain a permit from the Board, but exempted facilities in which only one practitioner of the healing arts is licensed by the Board to sell controlled substances from fees associated with obtaining and renewing such permit.
- Chapter 505 of the 2015 General Assembly directed the Board to promulgate regulations related to training, packaging, labeling and recordkeeping for such repackaging of prescription drug orders dispensed to a patient and delivered to a program of all-inclusive care for the elderly (PACE) site licensed by the Department of Social Services and overseen by the Department of Medical Assistance Services.
- Chapters 115 and 32 of the 2015 General Assembly amended the definition of telemedicine services to encompass the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. The measure also provided that, for the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when certain conditions are met.
- Chapter 88 of the 2016 General Assembly required non-resident medical equipment supplies to be registered with the Board.
- Chapter 221 of the 2016 General Assembly eliminated the requirement that the Board of Pharmacy establish and implement a pedigree system for recording each distribution of a controlled substance from sale by a pharmaceutical manufacturer to a dispenser or person who will administer the controlled substance. It defined a "co-licensed partner" as a person who, with at least one other person, has the right to engage in the manufacturing or marketing of a prescription drug, consistent with state and federal law, and specified that a co-licensed partner may be a manufacturer of a controlled substance. It also created a permitting process for third-party logistics providers; allowed holders of a manufacturer permit to distribute the drug manufactured, made, produced, packed, packaged, repackaged, relabeled, or prepared to anyone other than the end user without the need to obtain a wholesale distributor permit; and created a process for the registration of non-resident manufacturers of prescription drugs.
- Chapter 577 of the 2016 General Assembly authorized a pharmaceutical processor, after obtaining a permit from the Board and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. An enactment clause provides that except for provisions requiring the Board to promulgate regulations, the provisions of the bill do not become effective unless reenacted by the 2017 Session of the General Assembly.
- The 2015 and 2016 General Assemblies also passed legislation modifying the schedules of controlled substances in the Drug Control Act. The Chapters were 303 and 726 in the 2015 Session and 103, 112 and 483 in the 2016 Session.
- Chapter 725 of the 2015 General Assembly directed the Board of Pharmacy to develop protocols in consultation with the Board of Medicine and the Department of Health regarding the issuance of a standing order written by a prescriber for naloxone. The standing order authorizes a pharmacist to dispense naloxone or other opioid antagonist used for overdose reversal to a person to administer to another who is believed to be experiencing or about to experience a life-threatening opiate overdose. The protocol was also required to address how law-enforcement officers as defined in § 9.1-101 and firefighters who have completed a training program may possess and administer naloxone.

Additional Issues

To monitor continuing competency of Board licensees during 2014 and 2015, the Board conducted a random continuing education audit of a statistically significant percentage of licensees each year.

Total Licenses: 11,702

(as of June 30, 2016)

Executive Director

Corie E. Tillman Wolf, J.D.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	73%	7%	100%	94%	100%
12/31/2014	100%	6%	100%	97%	100%
03/31/2015	40%	10%	100%	100%	100%
06/30/2015	300%	18%	78%	100%	100%
09/30/2015	3800%	0%	67%	97%	100%
12/31/2015	91%	0%	67%	90%	100%
03/31/2016	56%	0%	100%	--	100%
06/30/2016	225%	20%	100%	100%	100%

Biennial Fiscal Summary

Revenue: **$1,443,400** Expenditures: **$1,019,087**

Innovations & Advancements

Lisa R. Hahn was appointed as Chief Deputy Director for the Department during November 2015 and has continued to serve in her role as Executive Director for the board. The Department has recently completed the recruitment for the position. Corie Tillman Wolf has been selected and will officially begin as the new Executive Director on August 25, 2016.

The Federation of State Boards of Physical Therapy (FSBPT) researched the feasibility of implementing an interstate Physical Therapy Licensure Compact, similar to the Nursing Licensure Compact. The Board's Executive Director worked on the task force that was established in 2013. In 2015, the Federation rolled out the compact to all jurisdictions asking for participation. So far, Oregon, Tennessee, Arizona and Missouri have passed the Licensure Compact into Law. The intent of the Physical Therapy Licensure Compact is to increase consumer access to safe and competent physical therapy by eliminating licensure barriers for Physical Therapists and Physical Therapist Assistants. The Virginia Board of Physical Therapy has established an ad hoc committee to research the feasibility for joining the Compact. The first meeting is scheduled for September 27, 2016.

The Board recognized the need for access to care, especially in rural areas, and on November 20, 2015, the Board voted unanimously to adopt Guidance Document 112-21 on Telehealth. The Board defines "Telehealth" as "the use of electronic technology or media including interactive audio or video to engage in the practice of physical therapy. "Telehealth" does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire."

An ad hoc committee of the Board conducted extensive research including a review of literature, educational programs and other state requirements in an effort to develop regulatory language. The Board removed the Guidance Document related to dry needling and approved the proposed regulations governing the Practice of Physical Therapy for licensed physical therapists in order to utilize dry needling on May 10, 2016. The purpose of the regulatory action is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice and providing information to health care practitioners and the public. This regulatory action will provide the Board with the authority to take action, if necessary.

FSBPT has implemented an optional approval process for candidates to sit for the National Physical Therapy Exam (NPTE) instead of jurisdictions approving candidates. Licensure decisions would still be made by the jurisdiction after receiving NPTE scores from FSBPT. The Board needs more information about the process before they can make a decision.

One board member attended the June 2016 board member training. Four members and the Executive Director will attend the fall 2016 Annual Conference in Columbus, Ohio. One board member will be participating on a panel discussion on dry needling during the conference and the Deputy Director of the Board will serve on the Education Committee.

The ELDD supports the jurisdictions' mission of public protection by maintaining a physical therapy database of disciplinary, licensure and exam score information. The ELDD depends on its members' participation to provide accurate licensure and disciplinary information. The Virginia board is proud to announce that they have achieved a 5 star rating (highest rating) for the past four consecutive years.

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Innovations & Advancements

aPTitude is a free continuing competence resource for physical therapist and physical therapist assistant licensees and jurisdiction licensing boards. Licensees who register have the option of sharing their information with the Board or not. This program is very useful to the Board during CE Audits as it will reduce the amount of time spent on tracking CE's on Licensees. Virginia currently has 776 licensees signed up, vs. 498 at this same time last year. The Board will send a reminder about the benefits of registering for aPTitude with the December 2016 renewal notices.

During the August 11, 2015 meeting the Board adopted guidance detailing the process for conducting the audit and what sanctions the Board may take for those licensees who fail to meet the continuing education and active practice requirements.

Staff closely monitors the website and ensures timely updates are posted on the announcements section. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities. The site also has a direct link to the Regulatory Town Hall, encouraging people to sign up for information. The website also includes useful information for the general public.

The Board continues to streamline the process and reduce the costs related to licensure and discipline. All completed licensure and discipline case files are scanned electronically into its MLO Licensure Software, which has eliminated the arduous process of miffing and preparing paper files to be sent to the Library of Virginia for storage. Case information is sent to board members via an encrypted email or on a password protected disc, which has greatly reduced the Board's postal costs. All meeting agendas and attachments are emailed to the board members and posted on the website and Regulatory Town Hall. The agenda is also visible on a large projector screen during board meetings for both the members and the public to view. It is no longer necessary to make multiple hard copies of the information.

The Board purchased laptop computers for use by the board members during meetings and hearings. Board members arrive to meetings and hearings with all information stored on the laptops and ready for business. This has eliminated postage costs, copying costs and security issues when mailing confidential documents.

Regulatory Actions

One regulatory action was finalized:

- To conform to changes in the Code adopted in the 2015 General Assembly, the Board amended its regulations relating to the requirement for a direct access certification in order to see patients for physical therapy without a referral.

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Regulatory Actions (cont')

Legislative action affecting the Board:

- Chapters 724 and 746 of the 2015 General Assembly provided that a physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization may evaluate and treat patients for up to 30 days after an initial evaluation without a referral if (i) the patient is not receiving care from a licensed health care provider for the symptoms giving rise to the presentation at the time of his presentation to the physical therapist for physical therapy services, or (ii) the patient is receiving care from a licensed health care provider at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a health care provider from whom he is currently receiving care, (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner, and (c) the physical therapist notifies the identified practitioner no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation, along with a copy of the patient history obtained by the physical therapist. The bill allowed a physical therapist that has not completed a doctor of physical therapy program approved by the American Physical Therapy Association or received a certificate of authorization to conduct a one-time evaluation of a patient who has not met the criteria for evaluation and treatment without a referral and direction, provided the physical therapist does not provide treatment. The bill eliminated the requirement for continuing education for physical therapists who have received a certificate of authorization.

Challenges & Solutions

Effective on January 1, 2016, FSBPT established new exam requirements with a lifetime limit for PT and PTA applicants. The new ruling was that any applicant who fails the exam six (6) times or scores 400 or below will not be allowed to re-take the exam. FSBPT did start notifying applicants two years prior to anyone who was in jeopardy of reaching the lifetime limit. FSBPT also provided a means for applicants who were no longer considered eligible to appeal the decision. Virginia has received six appeals and has denied two of the six appeals. Virginia approved four of the six appealing applicants to retest and two out of those four have retested and passed the exam.

The Board continues to see the majority of its cases related to billing errors and fraudulent billing practices. The Board has shared this information with the board members and the association in an effort to educate its licensees.

Total Licenses: 5,103

(as of June 30, 2016)

Executive Director
Jaime Hoyle, Esq.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	71%	16%	92%	90%	100%
12/31/2014	30%	18%	100%	77%	100%
03/31/2015	59%	16%	100%	90%	100%
06/30/2015	100%	30%	39%	85%	100%
09/30/2015	33%	27%	100%	83%	100%
12/31/2015	77%	44%	100%	93%	100%
03/31/2016	163%	50%	40%	100%	100%
06/30/2016	130%	37%	29%	100%	100%

Biennial Fiscal Summary

Revenue: **$942,010** Expenditures: **$721,871**

Innovations & Advancements

In an effort to reduce costs and improve efficiencies and security measures related to licensure and discipline activities, the Board of Psychology is "going green". Specifically, the Board has begun scanning all licensure and discipline files, which allows for electronically sharing information with staff and Board members. Staff can review information while sitting at their computers and reduce the likelihood of misplaced files. Similarly, the scanning project allows board members to receive case files electronically via a secure format and conduct probable cause reviews on their home computers. As a result, review times have been shortened and mailing and printing costs reduced. The Board has also purchased laptops for board members to use while attending board meetings and hearings. Information is loaded onto the laptops, simultaneously improving security and further reducing the need to copy and print documents.

The Board continues to pursue opportunities to educate students and licensees about the licensure and discipline activities of the Board. Specifically, the annual "Conversation with the Board" at the Virginia Association for Clinical Psychologists affords the Board the ability to communicate with students, residents and licensees regarding issues such as distance therapy, supervision, the disciplinary process, timelines and the use of the sanction referencing point guidelines. This forum provides the opportunity for stakeholders to ask questions about the Board's activities and direction.

Additionally, the Executive Director presented to the Virginia Association of Sex Offender Treatment Providers at their annual conference. This conference provides an opportunity for the Board to reach Certified Sex Offender Treatment Providers (CSOTP) who are regulated by the Board of Psychology, but often hold licenses under at least one of the three Behavioral Sciences Boards. Presentations to this group have focused on board activities, as well as ethics and standards of practice requirements.

Board members and staff also attended Association of State and Provincial Psychology Boards (ASPPB) conferences. The ASPPB is the vendor for the licensing examination 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 and the Psychology Interjursidictional Compact (PSYPACT), which is an interjurisdictional compact to facilitate telehealth and the temporary in-person, face-to-face practice of psychology across jurisdictional boundaries.

Content on the Board's website is monitored closely by staff to ensure that the information remains current and relevant updates are posted in the announcements section. 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 an 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 decisions are 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 Actions

Four regulatory actions were finalized:

- The Board completed a periodic review of Chapter 20 to specify that the Board may accept the Certificate of Professional Qualification in Psychology as evidence of education, examination and supervised training for licensure by endorsement and to clarify other regulations relating to licensure and continuing education. The amendments were effective on 7/16/15.

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Regulatory Actions (cont')

- With the passage of HB2243 in the 2015 General Assembly, the Board amended its regulations to authorize a psychologist who completes continuing education hours in excess of the 14 required hours to carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle. The action became effective on 10/21/15.
- The Board completed a periodic review of Chapter 30, Regulations Governing the Certification of Sex Offender Treatment Providers. Amendments clarify certain regulations, specify that the standards of practice apply to applicants as well as certificate holders and add romantic relationships with clients or trainees as grounds for unprofessional conduct. They were effective on 1/15/16.
- 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 2016 renewal cycle for licensees and certificate holders. The action became effective on 1/27/16.

Legislative action affecting the Board:

- Chapter 359 of the 2015 General Assembly allows a psychologist who completes more than 14 hours of continuing education in a single year to carry up to seven hours forward to meet the requirements for the next year.

Challenges & Solutions

The Board has seen an increase in inquiries as to the level of practitioners able to provide psychological evaluations. Regulations require that practitioners practice only within the competency areas for which they are qualified by education and experience. The Board has been collaborating with the Board of Counseling on the development of a guidance document that will clarify the use of the title "psychological assessments" and develop different terminology for assessments conducted by non-psychologists.

Requests from stakeholders remain with respect to guidance relating to the provision of psychological services by electronic means by Virginia licensees to clients in other countries and other jurisdictions. The consistent response provided to these inquiries remains that in order to provide clinical services to a Virginia client the clinician must hold a Virginia license. Additionally, the Board continues to discuss and monitor the development of the PSYPACT.

Regulations allow applicants from programs not approved by the American Psychological Association (APA) to seek licensure if such education and training prepares them to practice clinical psychology. However, a trend had been noted with respect to applicants who did not complete an APA approved program who are often deficient in core coursework. The Board has historically required such applicants to obtain the deficient coursework prior to initiating post –graduate residency. Applicants express difficulty in obtaining the necessary coursework outside of their graduate programs in order to meet regulatory requirements. This remains a national concern.

Additional Issues

The Board has been noting an additional trend related to records retention following the closure of a practice or the death of a psychologist. The law currently addresses records retention with respect to relocation of a practice, but does not speak to the unanticipated closure of a practice or a death.

Total Licenses: 8,767

(as of June 30, 2016)

Executive Director
Jaime Hoyle, Esq.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	89%	12%	94%	92%	100%
12/31/2014	47%	10%	50%	92%	100%
03/31/2015	100%	19%	88%	91%	100%
06/30/2015	57%	50%	100%	93%	100%
09/30/2015	158%	44%	50%	91%	100%
12/31/2015	9%	44%	53%	94%	100%
03/31/2016	180%	48%	50%	-	100%
06/30/2016	38%	47%	35%	100%	100%

Biennial Fiscal Summary

Revenue: **$992,210** Expenditures: **$923,713**

Innovations & Advancements

In an effort to reduce costs and improve efficiencies and security measures related to licensure and discipline activities, the Board of Social Work is "going green". Specifically, the Board has begun scanning all licensure and discipline files, which allows for electronically sharing information with staff and Board members. Staff can review information while sitting at their computers and reduce the likelihood of misplaced files. Similarly, the scanning project allows board members to receive case files electronically via a secure format and conduct probable cause reviews on their home computers. As a result, review times have been shortened, and mailing and printing costs reduced. The Board has also purchased laptops for board members to use while attending board meetings and hearings. Information is loaded onto the laptops, simultaneously improving security and further reducing the need to copy and print documents.

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

- Charlottesville Chapter of the Virginia Society of Clinical Social Workers (VSCSW)
- Richmond Chapter of the VSCSW
- Distance and day students at the Virginia Commonwealth University School of Social Work
- Undergraduate and Graduate social work students in attendance at the Day at the Capitol event
- Catholic University in conjunction with the Greater Washington Society for Clinical Social Work. Participation in this presentation enabled engagement with representatives from the Washington and Maryland social work boards and provided an excellent opportunity to compare and contrast licensure requirements between the three jurisdictions.

Staff has also participated in a Substance Abuse and Mental Health Services Administration (SAMHSA) conference, which focused on regional portability and workforce issues. Stakeholders from Virginia, Pennsylvania, Delaware, West Virginia, Maryland and Washington, D.C. were included in the discussions. Additional meetings of these groups will continue to take place for the foreseeable future.

Board members have attended the Association of Social Work Boards (ASWB) New Board Member Training and Annual Conferences.

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

The Board's website is monitored closely by staff and timely updates are posted on the announcements section. Individuals contacting the Board office for information are encouraged to review the website for the most current information on Board activities. Individuals are encouraged by Board staff to submit a petition for rulemaking if they see an 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 a decision is 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.

Regulatory Actions

One regulatory action was finalized:

- The Board adopted an increase in fees and a change from a biennial to an annual renewal, which became effective on 12/30/15.

One regulatory action was in process and became effective after the end of the biennium:

- Licensure regulations were amended for: 1) the clarification of application requirements and the inclusion of a requirement for the submission of a current report from the national practitioner data bank about the disciplinary and malpractice history of the applicant; 2) a reduction in the years of active practice required for endorsement or reinstatement; 3) a less restrictive and confusing requirement for hours of face-to-face client contact during supervision, acceptance of supervision obtained in another U. S. jurisdiction, and fewer years of post-licensure experience required to be a supervisor; 4) clarification about the requirement for registration of supervision whenever there is a change that affects the experience approved by the Board; 5) more specificity about a request for extension of supervised practice and about the responsibilities of the supervisor; and 6) the clarification that the grounds for disciplinary action apply to registered supervisees as well as licensees.

Challenges & Solutions

Due to previous staff vacancies, there remains a backlog of discipline cases for board member review. Current staff has streamlined and improved the review process to address this backlog and progress is being made. Additionally, the Board has begun to utilize an agency subordinate to conduct informal fact-finding proceedings for practitioners or applicants who may be subject to credentialing matters or minor disciplinary actions. This process will relieve some of the demand on Board members however, each recommended decision by the agency subordinate will come to the Board for review and a vote before it becomes final.

Additional Issues

The Board has issued or revised the following guidance documents:

- **140-1** Board guidance on the use of confidential consent agreements
- **140-4.2** Possible disciplinary or alternative actions for non-compliance with continuing education
- **140-8** Sanction Reference Point Manual
- **140-11** Disposition of disciplinary cases involving practicing on an expired license
- **140-12** Disposition of disciplinary cases involving practicing without a license

The board continues to study and discuss portability issues and the need for mid-level licensure, in addition to the appropriate scope of practice.

5,023 Licensed Clinical Social Workers (LCSWs) voluntarily took part in the 2015 LCSW Workforce Survey. The Health Workforce Data Center, which is a program of the Department of Health Professions, administers the survey during the license renewal process. Among other interesting facts, the results revealed that 90% of licensees are working in their field and 95% of social workers are satisfied or highly satisfied with their career. The full report is available at https://www.dhp.virginia.gov/hwdc. This type of information will be disseminated to high school guidance counselors and colleges to assist students with their career choices and opportunities in the health care professions.

Total Licenses: 7,376

(as of June 30, 2016)

Executive Director

Leslie L. Knachel, M.P.H.

Biennial Key Performance Measures

Quarter Ending	Clearance Rate	Age of Pending Caseload	Time to Disposition	Applicant Satisfaction	Initial Applications
09/30/2014	150%	19%	91%	100%	100%
12/31/2014	62%	16%	75%	100%	100%
03/31/2015	59%	28%	90%	--	100%
06/30/2015	54%	18%	56%	92%	100%
09/30/2015	213%	27%	91%	100%	99%
12/31/2015	95%	26%	58%	--	100%
03/31/2016	100%	20%	58%	--	100%
06/30/2016	175%	18%	69%	100%	100%

Biennial Fiscal Summary

Revenue: **$2,212,015** Expenditures: **$1,675,977**

Innovations & Advancements

The Board of Veterinary Medicine continues to be an active participant in the American Association of Veterinary State Boards (AAVSB). The organization serves to support and enhance the regulatory process for veterinary medicine. It provides services and a wealth of information to its member boards, to include gathering data on national issues such as telemedicine and the U.S. Food and Drug Administration's Veterinary Feed Directive. In 2015, the Board's Executive Director was elected to the AAVSB's Board of Directors. This election marked the first time a board executive director has served the organization in this capacity. The AAVSB is currently reviewing its Practice Act Model to enhance public protection and standardize terminology with the Board's Executive Director serving on the national committee assigned to this task.

The number of complaint cases received by the Board remains relatively stable. However, the complexity of the cases has increased. In order to effectively handle the case load, a staff person was hired in June 2015 to specifically handle disciplinary cases. The disciplinary process is being streamlined to improve efficiency with the end goal of reducing the time from receipt to closure.

The Board was the defendant in a case heard by the Virginia Supreme Court in September 2015 that related to the use of a plural word and how it should be interpreted by the Board. The Court agreed that, in Virginia, the plural is inclusive of the singular and ruled in favor of the Board's interpretation of its regulations.

The Board's Committees were active during the last biennium and convened for the following activities:

- **Drug Control Committee** – Veterinarians are authorized to possess, administer and dispense controlled substances, including opiate type drugs. With the nation facing a crisis related to opiate abuse, the Committee met to discuss processes that enhance security of controlled substances stocked in veterinary establishments. Recommendations for changes to the regulations were submitted to the Board for consideration.
- **Inspection Committee** – Pursuant to the Board's regulations, veterinary medicine may only be practiced out of a veterinary establishment that is registered with the Board. Over the years the business model for veterinary practices has expanded to include specialty practices that encompass limited services. The Committee was tasked with reviewing the specific regulatory requirements in light of the changing business models for practicing veterinary medicine to ensure public protection. Recommendations for changes were submitted to the Board for consideration.
- **Legislative/Regulatory Committee** – The Committee was tasked with reviewing the recommendations made by the Drug Control Committee and the Inspection Committee to make recommendations in support of the Board's decision to move forward with a period review of its regulations.
- **Equine Dental Technician Certifying Entities** – Virginia has regulated equine dental technicians since 2007. As other states add this level of regulation of veterinary medicine, educational programs are being developed. These programs are seeking recognition as certifying entities by individual states. The Committee was tasked with identifying the criteria to approve an equine dental educational program. The task is difficult because there is no national educational accrediting organization and no recognized national examination. The Committee has not yet made final recommendations to the Board.

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Innovations & Advancements (cont')

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

- Presentations were made to veterinary and veterinary technology students that highlighted the roles and responsibilities of the Board and the licensing, regulating and disciplining processes. In an effort to reduce expenditures, videoconferencing was used to make these presentations whenever possible.
- A presentation was made to the Virginia Veterinary Medical Association regarding the availability of the Health Practitioner's Monitoring Program for licensees with substance abuse or mental health issues.
- Mass emails were sent to the Board's licensees that included the following:
    - Regulatory updates;
    - Rabies information at the request of the Virginia Department of Health;
    - Prevention of secondary poisoning of wildlife at the request of the Federal Wildlife Service; and
    - Clarification related to dispensing prescription drugs.

The Board developed, reviewed or updated nine guidance documents related to the regulation of the practice of veterinary medicine. The guidance documents, in conjunction with applicable laws and regulations, are regularly referenced when questions are posed to the Board. Inquirers find the information very helpful.

The Board's licensees include members of the U.S. military. Section 54.1-117 of the *Code of Virginia* provides an extension of the expiration date for a licensee during military or diplomatic service outside of the United States. The provisions of this section of the *Code of Virginia* extend to a licensee who is the spouse of a member of the armed forces if they accompany the service member during their service outside of the United States. Each year, the Board receives and approves several requests for extensions from licensees.

Regulatory Actions

One regulatory action was finalized:

- Pursuant to § 2.2- 4006 A 6 of the *Code of Virginia*, the Board adopted an amendment to reduce the reinstatement fee for veterinary establishments.

Three regulatory actions were in process (all became effective after the close of the biennium):

- In response to a petition for rulemaking, an amendment to section 70 increased the number of continuing education hours required for renewal of a license as a veterinary technician from 6 to 8 hours per year.
- In response to a petition for rulemaking, a definition of "specialist" was added and the grounds for unprofessional conduct amended to include identifying oneself as a specialist without possessing the proper credentials.
- In response to a petition for rulemaking, the rule that students are not allowed to be engaged in a preceptorship until their final year in veterinary college was amended to allow preceptorships for veterinary students in which they gain practical experience under the direct supervision of a licensed veterinarian.

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Regulatory Actions (cont')

Legislative action affecting the Board:

- Chapter 479 of the 2016 General Assembly eliminated the exception to licensure requirements for veterinarians licensed in other states who are called to attend a case in the Commonwealth and who do not open an office or appoint a place to practice within the Commonwealth. The bill allowed the Board to grant or renew a license or registration to an applicant who has had a license to practice veterinary medicine, a license to practice as a veterinary technician, or registration to practice as an equine dental technician revoked or suspended due to nonrenewal in another state. The bill also repealed (i) provisions allowing the Board to issue temporary licenses to certain applicants and (ii) provisions related to penalties for violations of statutes governing the practice of veterinary medicine.
- Chapter 306 of the 2016 General Assembly provided that, effective July 1, 2018, the exemption from the requirements for licensure for veterinarians employed by the United States or the Commonwealth does not apply 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. It also required the Board to adopt regulations by July 1, 2018 for the licensure of persons engaged in the practice of veterinary medicine as part of such programs.

Challenges & Solutions

One of the Board's biggest challenges has been educating licensees on their responsibilities related to ensuring the security of controlled substances to prevent diversion and theft. The Board receives numerous reports per year of thefts perpetrated by employees and robberies. The Board consulted with the Board of Pharmacy and the Prescription Monitoring Program on while developing regulations that will enhance the security of veterinary drug stocks.

Veterinarians across the state and the country are in the process of implementing the U.S. Food and Drug Administration's (FDA) Veterinary Feed Directive (VFD). According to the FDA, it has "taken important steps toward fundamental change in how medically important antibiotics can be legally used in feed or water for food-producing animals… moving to eliminate the use of such drugs for production purposes…and bring their remaining therapeutic uses in feed and water under the supervision of licensed veterinarians." The VFD final rule provides the process for authorizing the use of "animal drugs intended for use in or on animal feed that require the supervision of a licensed veterinarian and provides veterinarians in all states with the framework for authorizing the use of medically important antimicrobials in feed when needed for specific animal health purposes." The VFD has been a topic at recent AAVSB annual meetings and within Virginia. The Board hosted a conference call with the FDA that included representatives of the Virginia Veterinary Medical Association, food producers and the Board of Pharmacy. The conference call offered an opportunity to ask the FDA representative questions related to the VFD.

Health Practitioners' Monitoring Program

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

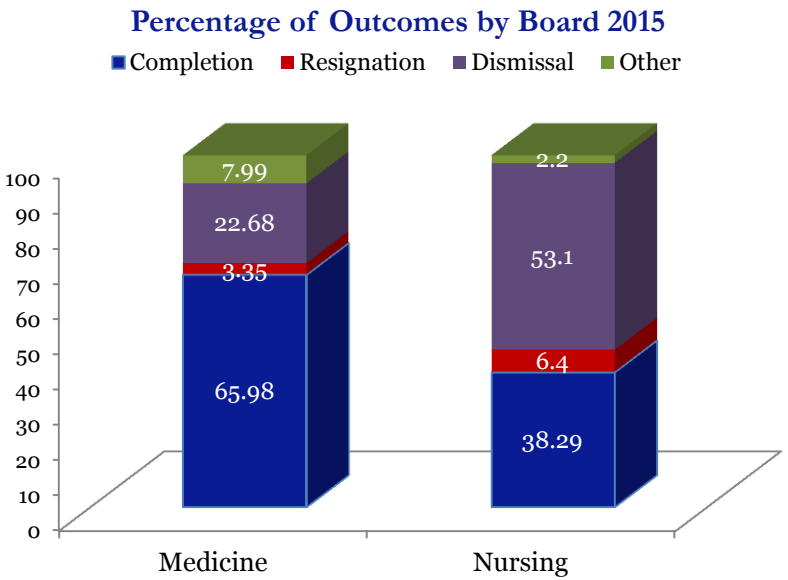
The Department of Health Professions (DHP) has a Memorandum of Agreement with the Virginia Commonwealth University (VCU) Health System, Department of Psychiatry, Division of Addiction Psychiatry, to provide confidential monitoring services.

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

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

Intervention Program Manager

Peggy Wood



Primary Diagnosis of Active Participants as of 12/31/2015

Board	Chemical Dependency	Psychiatric Only	Physical Only
Medicine	120	8	-
Nursing	289	15	1
Pharmacy	22	2	-
Dentistry	14	1	-
Other*	15	2	1
Total	460	27	2

Opportunities & Innovations

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

Challenges & Solutions

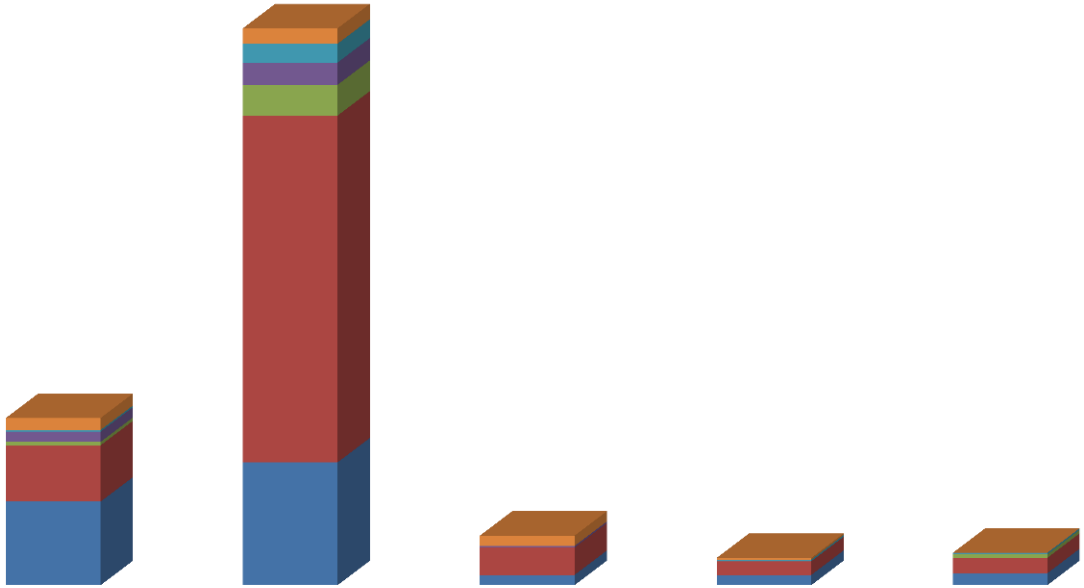
Due to an increase in the cost of treatment, options for assisting those in financial need are being investigated. A scholarship fund to aid those in financial need is in the development stages. There are plans to solicit donations from stakeholders such as professional associations, peer groups, pharmaceutical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

Additional Issues

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

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

Health Practitioners' Monitoring Program



Drug of Choice	Medicine	Nursing	Pharmacy	Dentistry	Other*
Alcohol	76	80	3	6	6
Opioids	30	177	10	7	5
Cocaine	0	9	0	0	2
Benz	5	5	2	0	0
THC	2	12	0	1	0
Other (Amphet, Sed/Hyp, Stim, Halluc)	7	6	7	0	2

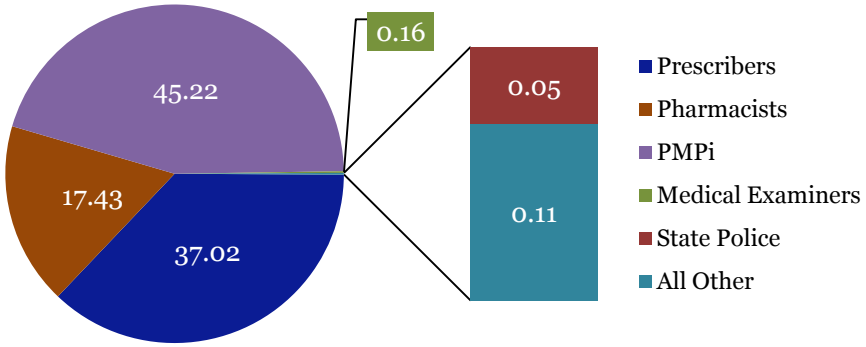
Drug of Choice for Active Participants as of 12/31/2015

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

Opportunities & Innovations

The Virginia Prescription Monitoring Program (PMP) is recognized as the electronic risk management tool of choice among doctors of medicine, pharmacists, nurse practitioners, emergency room physicians and other licensed practitioners. It is used to determine a patient's treatment history, minimizing the risk of duplicating prescriptions and potential illegal activity. Virginia's PMP is already meeting the information needs of many prescribers and pharmacists on behalf of patients statewide. The program anticipates that it will process over 5 million requests in 2016, compared to 1.8 million in 2014. Virginia's PMP is now interoperable with 19 states. Interoperability allows each state to continue to administer to local needs while providing access to data for PMP users registered in other states. The PMP implemented its first integration with a chain pharmacy's software application in the fall of 2015. This allows pharmacists in 62 pharmacies in Virginia to review PMP information within their existing workflow. These integration requests average 64,000 per month.

Percentage of Requests by User Type through Q2 2013



Program Director
Ralph Orr

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

Regulatory Actions

One regulatory action was finalized:

- Amendments to regulations were adopted to conform current regulations to changes in Chapter 25.2 of Title 54.1 by the 2014 General Assembly. They became effective 11/19/14.

Legislative actions affecting the Program included:

- Chapter 507 of the 2015 General Assembly provided that records in possession of the Prescription Monitoring Program are not to be made available for civil subpoena, nor shall such records be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall such records be deemed admissible as evidence in any civil proceeding for any reason.

(continued on the next page)

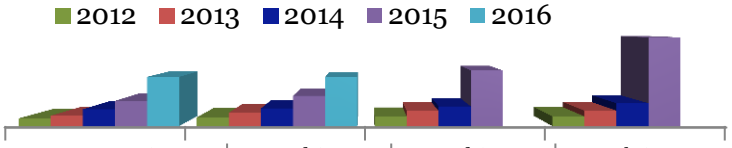
Biennial Fiscal Summary

Revenue: **$235,881** Expenditures: **$1,706,696**

Regulatory Actions (cont')

- Chapter 517 of the 2015 General Assembly required the Department of Health Professions to register every dispenser licensed by the Board of Pharmacy with the Prescription Monitoring Program. It also eliminated the requirement that such registration occur upon the filing of an application for licensure or the renewal of a license. The bill also limited the requirement that a prescriber who prescribes benzodiazepine or an opiate, request information from the Director of the Department of Health Professions to determine what other covered substances are currently prescribed to a patient in cases in which the course of treatment is anticipated, at the onset of treatment, to last more than 90 days. The provisions of the bill relating to registration of dispensers became effective on January 1, 2016.
- Chapter 118 of the 2015 General Assembly required the Director of the Department of Health Professions to disclose information from the Prescription Monitoring Program, relevant to a specific investigation, supervision, or the monitoring of a specific recipient, for purposes of the administration of criminal justice to a probation or parole officer or local community-based probation officer who has completed the Virginia State Police Drug Diversion School designated by the Director of the Department of Corrections or his designee.
- Chapter 98 of the 2016 General Assembly directed the Director of the Department of Health Professions to develop, in consultation with an advisory panel that shall include representatives of the Boards of Medicine and Pharmacy, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers. It also authorized the Director to disclose information about the unusual prescribing or dispensing of a covered substance by an individual prescriber or dispenser to the Enforcement Division of the Department of Health Professions.
- Chapters 113 and 406 of the 2016 General Assembly required a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than 14 consecutive days. The bill eliminated the requirement that a prescriber request information about a patient from the Prescription Monitoring Program when prescribing benzodiazepine. It allowed a prescriber to delegate the duty to request information from the Prescription Monitoring Program to another licensed, registered, or certified health care provider who is employed at the same facility under the direct supervision of the prescriber or dispenser who has routine access to confidential patient data and has signed a patient data confidentiality agreement. It also created an exemption from the requirement that a prescriber check the Prescription Monitoring Program for certain cases. The bill requires the Director of the Department of Health Professions to report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on the utilization of the Prescription Monitoring Program and any impact on the prescribing of opioids. The provisions of the bill expire on July 1, 2019.
- Chapters 568 and 410 of the 2016 General Assembly provided that the Director of the Department of Health Professions may disclose information in the possession of the Prescription Monitoring Program about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist licensed in the Commonwealth and employed by the Virginia Medicaid managed care program in order to determine eligibility for, and to manage the care of, the specific recipient in a Patient Utilization Management Safety or similar program.

PMP Requests: Q1 2012 – Q2 2016



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
2012	185807	208989	228674	236295
2013	251872	322493	364579	374917
2014	408546	428700	476975	555975
2015	612786	734434	1354436	2158980
2016	1199843	1190629		

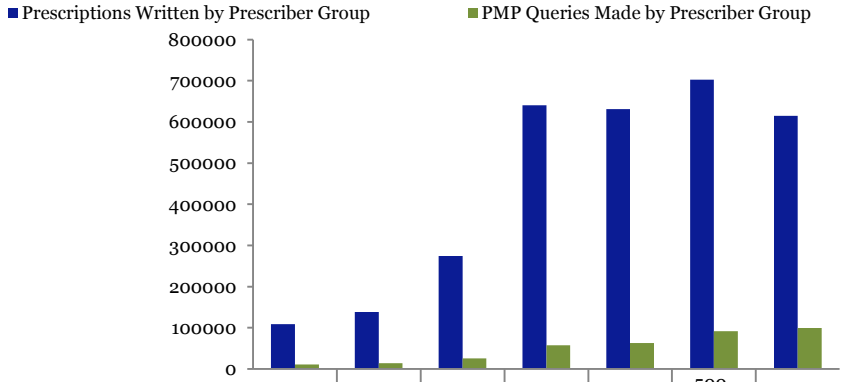
Challenges & Solutions

There continues to be a great need to increase the utilization of the PMP by prescribers and pharmacists. This need resulted in legislation requiring automatic registration with the PMP for all licensed prescribers and pharmacists. The solution utilizes license information already in possession of the Department of Health Profession to automatically create PMP accounts for these authorized users, if they are not already registered. This has resulted in an increase of registered users from 22,000, in 2014, to almost 80,000 users at the end of FY16. Legislation passed in 2016 requires prescribers to request information from the PMP when initiating treatment with an opiate that is expected to last for more than 14 days. It is too soon to determine if this change will have a substantial impact on prescriber use of the PMP.

Additional Issues

The Virginia PMP continues to evolve as knowledge of the public health issue of prescription drug abuse moves to the forefront. Recent trends have included integrating state PMP data into health information technology systems such as hospital networks and pharmacy applications. The PMP will continue to look for ways to make use of the PMP easier and more productive for all of its users. The PMP is moving rapidly towards the analysis of prescription data to assist in the evaluation of new policy changes, inform future policy decisions and assist in targeting resources where they are most needed.

Percentage of Queries by Prescriber Group April – June 2016



	1-24	25-49	50-99	10-249	250-499	500-999	1000+
Prescriptions Written by Prescriber Group	108617	138705	274671	640763	631196	702820	614489
PMP Queries Made by Prescriber Group	11383	14210	25459	57677	62861	92128	99734

% of Total Queries by Prescriber Group

1-24 = 10.5%
25-49 = 10.2%
50-99 = 9.3%
100-249 = 9.0%
250-499 = 10.0%
500-999 = 13.1%
1000+ = 16.2%
TOTAL 11.2%

Innovations & Advancements

The Department of Health Professions' Healthcare Workforce Data Center (DHP HWDC) was established in 2008 with a mission to improve data collection and the measurement of Virginia's healthcare workforce through the regular assessment of supply and demand issues. More than 60 professions and over 370,000 licensees are regulated by 13 licensure boards at DHP.

Beginning in late 2012, DHP HWDC instituted a standard research methodology. This has enabled a rapid expansion in the number of professions surveyed and the ability to report on key workforce factors within and across multiple professions and over time. As of June 30, 2016, 26 surveys have been launched for respective professions as part of their online licensure renewal process, six more than the previous biennium. (See the table below for specific professions.)

DHP HWDC also tracked overall health workforce demand through statewide and regional labor market analyses published in its *Virginia Workforce Briefs*. The healthcare and social assistance sector remained a strong source of employment throughout the biennium. The briefs are accessible at http://www.dhp.virginia.gov/hwdc/briefs.htm.

DHP HWDC also published reports on special topics upon request.
Virginia's Oral Health Workforce: Planning Districts (http://www.dhp.virginia.gov/hwdc/docs/OralHealthWorkforce2015.pdf) and
Pathways to BSN: A look at Virginia's Registered Nurse Workforce (http://www.dhp.virginia.gov/hwdc/docs/PathwaystoBSN2014.pdf).

(continued on next page)

Executive Director
Elizabeth A. Carter, Ph.D.

Audiologists	Funeral Service Licensees	Licensed Professional Counselors	Pharmacists	Physicians (MDs & DOs)
Assisted Living Administrators	Licensed Clinical Psychologists	Nursing Home Administrators	Pharmacy Technicians	Radiologic Technologists
Certified Nurse Aides	Licensed Clinical Social Workers	Occupational Therapists	Physical Therapists	Registered Nurses
Dentists	Licensed Nurse Practitioners	Occupational Therapy Assistants	Physical Therapist Assistants	Respiratory Therapists
Dental Hygienists	Licensed Practical Nurses	Optometrists	Physician Assistants	Speech-Language Pathologists

Innovations & Advancements (continued)

In late 2014, DHP HWDC instituted several interactive online reports that compare multiple professions statewide and by regions. *Virginia Careforce Snapshot*, *HWDC Regional CareForce*, and *HWDC Region Detail* are available at http://vahwdc.tumblr.com. Also, *Student Choice: Healthcare* points students and other career seekers to a host of health workforce information and resources. In 2016, *Trends in Healthcare Workforce Full Time Equivalency (FTE) Units* was added. This report sheds light into Virginia's healthcare workforce capacity at the county and city levels. *Healthcare Occupational Roadmap: An Exciting Career in Healthcare Awaits* is a new resource designed as a ready-reference tailored to the needs of students, other career seekers and career counselors.

DHP HWDC shared its methods and findings with licensing boards and state and national professional, educational and governmental organizations. It also provided technical assistance to students, academic researchers, state and federal agencies and private sector employers.

Challenges & Solutions

The chief challenge this biennium was to make DHP HWDC's information accessible to a wider audience of policy and planning researchers and decision-makers. Last biennium, the focus was on establishing research-quality data and the audience was largely from the healthcare workforce research community. The wealth of information on practitioner demographics, education, compensation, student debt, patient and practice characteristics, geographic distribution, job satisfaction and retirement plans lead to the realization that it could also inform issues ranging from economic development to public safety.

The chief hallmark of DHP HWDC's success this biennium was determining ways the data could be appropriately shared across multiple agencies to support policy and planning. Two examples follow.

In 2015, DHP HWDC began participating in the Heroin and Prescription Drug Task Force Data Workgroup. The Workgroup was formed to determine how data from agencies from the Secretary of Health and Human Services and Secretary of Public Safety and Homeland Security could be used to empirically inform policy. An annual report was published in December 2015, with follow-up planned each year.

In May 2016, DHP joined the Virginia Longitudinal Data System (VLDS) so that HWDC data could be confidentially shared with data from other state agencies to help address myriad issues relating to workforce, education, health and social factors. VLDS partner agencies include the Virginia Employment Commission, Virginia Department of Education, State Council on Higher Education in Virginia, Virginia Community College System and Virginia Department of Social Services. For an overview of DHP HWDC resources and VLDS, see the online video launched in May 2016 at https://www.youtube.com/watch?v=0ha5o8w8mXE.

Appendix A – Licenses[1]

Board	Occupation	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	2016 June 30	Percent Change 14-16
Audiology & Speech-Language Pathology	Audiologist	424	412	434	451	486	507	4.32%
	Continuing Education Provider	2	1	2	1	12	15	25.00%
	School Speech Pathologist	109	108	105	110	130	484	272.31%
	Speech Pathologist	2339	2429	2705	3022	3476	3796	9.21%
Audiology & Speech-Language Pathology Total		**2874**	**2950**	**3246**	**3584**	**4104**	**4802**	**17.01%**
Counseling	Certified Substance Abuse Counselor	1450	1569	1719	1714	1473	1734	17.72%
	Licensed Marriage and Family Therapist	841	850	852	790	775	870	12.26%
	Licensed Professional Counselor	2829	3064	3398	3538	3700	4567	23.43%
	Marriage and Family Therapist Resident †	-	-	-	-	-	131	-
	Post Graduate Trainee †	-	-	-	-	-	5,438	-
	Rehabilitation Provider	331	334	346	334	311	266	-14.47%
	Substance Abuse Counseling Assistant	16	56	83	115	117	192	64.10%
	Substance Abuse Treatment Practitioner	170	188	191	183	169	179	5.92%
	Substance Abuse Treatment Resident †	-	-	-	-	-	1	-
Counseling Total		**5637**	**6061**	**6589**	**6674**	**6545**	**13,378**	**104.40%**
Dentistry	Conscious/Moderate Sedation	0	0	0	0	182	212	16.48%
	Cosmetic Procedure Certification	13	23	25	29	30	36	20.00%
	Deep Sedation/General Anesthesia	0	0	0	0	41	51	24.39%
	Dental Assistant II	0	0	0	0	3	11	266.67%
	Dental Full Time Faculty	16	10	8	9	9	16	77.78%
	Dental Hygienist	4091	4477	4842	5021	5465	5719	4.65%
	Dental Hygienist Restricted Volunteer	0	0	0	0	1	1	0.00%
	Dental Hygienist Teacher	1	1	1	1	0	1	-
	Dental Hygienist Temporary Permit	0	0	12	13	0	0	0.00%
	Dental Hygienist Volunteer Registration	-	-	-	-	-	1	-

Appendix A – Licenses[1]

Board	Occupation	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	2016 June 30	Percent Change 14-16
Dentistry	Dental Restricted Volunteer	0	0	0	0	13	20	53.85%
	Dental Teacher	1	5	5	3	0	0	0.00%
	Dental Temporary Permit	5	0	0	3	0	0	0.00%
	Dentist	5626	5973	6207	6293	6911	7147	3.41%
	Dentist-Volunteer Registration	2	0	0	0	2	7	250.00%
	Enteral Conscious/Moderate Sedation	0	0	0	0	157	166	5.73%
	Mobile Dental Facility	0	0	0	0	9	14	55.56%
	Oral/Maxillofacial Surgeon Registration	190	201	219	236	255	256	0.39%
	Sedation Permit Holder Location †	-	-	-	-	-	444	-
	Temporary Conscious/Moderate Sedation	0	0	0	0	15	0	-100.00%
	Temporary Resident	0	0	44	54	47	82	74.47%
Dentistry Total		**9945**	**10690**	**11363**	**11662**	**13140**	**14184**	**7.95%**
Funeral Directors & Embalmers	Branch Establishment	6	14	14	59	64	67	4.69%
	Continuing Education Provider	31	37	33	26	20	26	30.00%
	Courtesy Card	114	105	80	67	72	82	13.89%
	Crematories	74	75	88	94	104	108	3.85%
	Embalmer	6	5	5	5	4	2	-50.00%
	Funeral Director	113	101	80	60	51	42	-17.65%
	Funeral Establishment	508	497	486	447	439	436	-0.68%
	Funeral Service Intern	0	0	128	158	176	176	0.00%
	Funeral Service Licensee	1413	1435	1447	1403	1495	1516	1.40%
	Surface Transport & Removal Service	44	48	50	48	46	42	-8.70%
Funeral Directors & Embalmers Total		**2309**	**2317**	**2411**	**2367**	**2471**	**2497**	**1.05%**
Long-Term Care Administrators	Acting ALF-Administrator-in-Training	0	0	0	0	6	0	-100%
	Administrator-In-Training	0	0	70	68	70	81	15.71%

Appendix A – Licenses[1]

Board	Occupation	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	2016 June 30	Percent Change 14-16
Long-Term Care Administrators	ALF-Administrator-In-Training	0	0	73	80	95	115	21.05%
	Assisted Living Facility Administrator	0	44	559	593	617	602	-2.43%
	Assisted Living Facility Preceptor	0	16	133	161	187	198	5.88%
	Nursing Home Administrator	667	694	769	787	845	864	2.25%
	Nursing Home Preceptor	191	199	221	223	234	227	-2.99%
Long-Term Care Administrators Total		**858**	**953**	**1825**	**1912**	**2054**	**2087**	**1.61%**
Medicine	Assistant Behavior Analyst	0	0	0	0	72	129	79.17%
	Athletic Trainer	790	890	973	1106	1264	1445	14.32%
	Behavior Analyst	0	0	0	0	431	706	63.81%
	Chiropractor	1619	1616	1635	1559	1707	1721	0.82%
	Interns & Residents	3294	3368	3608	3708	2838	4070	43.41%
	Licensed Acupuncturists	330	361	412	427	470	497	5.74%
	Licensed Midwife	14	35	48	64	75	85	13.33%
	Limited Radiologic Technologist	934	843	778	668	678	627	-7.52%
	Medicine & Surgery	29872	31250	32707	32696	35887	37115	3.42%
	Occupational Therapist	2420	2579	2779	3038	3491	3822	9.48%
	Occupational Therapy Assistant	0	0	743	931	1123	1312	16.83%
	Osteopathy & Surgery	1240	1492	1738	2019	2570	3016	17.35%
	Physician Assistant	1334	1697	2020	2408	2875	3291	14.47%
	Podiatry	476	460	475	439	494	521	5.47%
	Polysomnographic Technician †	-	-	-	-	-	394	-
	Radiologic Technologist	2833	3077	3304	3539	3856	4084	5.91%
	Radiologist Assistant	0	0	0	9	8	12	50.00%
	Respiratory Therapist	3225	3393	3553	3655	3866	3846	-0.52%
	Restricted Volunteer – Doctor of	0	0	45	58	66	19	-71.21%

Appendix A – Licenses[1]

Board	Occupation	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	2016 June 30	Percent Change 14-16
Medicine	Surgical Assistant †	-	-	-	-	-	237	-
	Surgical Technologist †	-	-	-	-	-	421	-
	University Limited License	24	26	34	31	16	16	0.00%
	Volunteer Registration	0	0	2	1	1	1	0.00%
Medicine Total		**48405**	**51087**	**54854**	**56356**	**61788**	**67447**	**9.16%**
Nursing	Advanced Certified Nurse Aide	59	84	96	97	92	70	-23.91%
	Authorization to Prescribe	2810	3185	3549	4109	4930	5891	19.49%
	Certified Massage Therapist	4321	4941	5556	6215	7104	7978	12.30%
	Certified Nurse Aide	42058	43839	48963	55063	52860	54266	2.66%
	Clinical Nurse Specialist	452	437	444	438	427	438	2.58%
	Licensed Nurse Practitioner	5173	5514	6053	6825	7813	8860	13.40%
	Licensed Practical Nurse	28127	28933	30264	30877	30884	29763	-3.63%
	Medication Aide	0	390	4020	4901	5570	6009	7.88%
	Medication Aide Training Program †	-	-	-	-	-	248	-
	Registered Nurse	85061	87152	92853	97444	103186	104873	1.63%
	V.A. Nurse Aide Education Programs †	-	-	-	-	-	141	-
	V.A. Practical School of Nursing †	-	-	-	-	-	59	-
	V.A. Professional School of Nursing †	-	-	-	-	-	80	-
Nursing Total		**168061**	**174475**	**191798**	**205969**	**212866**	**218676**	**2.73%**
Optometry[2]	Optometrist	261	237	204	163	143	124	-13.29%
	Optometrist – Volunteer Registration	0	0	0	0	0	0	0.00%
	Professional Designation	161	211	217	230	251	256	1.99%
	TPA Certified Optometrist	1132	1234	1322	1434	1512	1534	1.46%
Optometry Total		**1554**	**1682**	**1743**	**1827**	**1906**	**1914**	**0.42%**

Appendix A – Licenses[1]

Board	Occupation	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	2016 June 30	Percent Change 14-16
Pharmacy	Business CSR	533	639	650	835	998	1125	12.73%
	CE Courses	0	0	0	3	18	9	-50.00%
	Humane Society	39	37	0	0	0	0	0.00%
	Limited Use Technician	26	31	37	31	24	20	-16.67%
	Medical Equipment Supplier	336	405	437	578	597	618	3.52%
	Non-resident Outsourcing Facility †	-	-	-	-	-	10	-
	Non-resident Pharmacy	509	540	379	469	524	690	31.68%
	Non-resident Wholesale Distributor	608	603	627	739	779	759	-2.57%
	Non-restricted Manufacturer	20	21	17	22	24	31	29.17%
	Optometrist CSR	0	0	0	0	0	0	0.00%
	Outsourcing Facility †	-	-	-	-	-	1	-
	Permitted Physician	14	13	11	10	5	3	-40.00%
	Pharmacist	9142	9627	10770	11193	12661	13813	9.10%
	Pharmacist – Volunteer Registration	0	0	1	1	2	0	-100.00%
	Pharmacy	1600	1647	1701	1754	1796	1854	3.23%
	Pharmacy Intern	1342	1498	1668	1797	2092	2058	-1.63%
	Pharmacy Technician	7771	9423	11290	12413	13610	13719	0.80%
	Pharmacy Technician Training Program	0	0	0	86	103	120	16.50%
	Physician Selling Controlled Substances	214	242	322	500	664	666	0.30%
	Physician Selling Drugs Location	0	0	0	0	255	222	-12.94%
	Pilot Programs	0	0	0	0	6	18	200.00%
	Repackaging Training Program	0	0	0	0	1	0	-100.00%

Appendix A – Licenses[1]

Board	Occupation	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	2016 June 30	Percent Change 14-16
Pharmacy	Restricted Manufacturer	69	74	68	77	75	69	-8.00%
	Warehouser	35	40	44	46	42	47	11.90%
	Wholesale Distributor	126	122	116	112	122	120	-1.64%
Pharmacy Total		22384	24962	28138	30666	34392	35972	4.59%
Physical Therapy	Direct Access Certification	0	125	419	650	918	567	-38.24%
	Physical Therapist	4922	5170	5781	6117	7141	7957	11.43%
	Physical Therapist Assistant	1808	1979	2229	2411	2842	3178	11.82%
Physical Therapy Total		6730	7274	8429	9178	10901	11702	7.35%
Psychology	Applied Psychologist	41	42	40	34	26	32	23.08%
	Clinical Psychologist	2296	2434	2609	2644	2831	3281	15.90%
	Resident In Training †	-	-	-	-	-	743	-
	School Psychologist	113	119	112	101	92	102	10.87%
	School Psychologist – Limited	173	195	240	308	310	520	67.74%
	Sex Offender Treatment Provider	348	371	398	426	365	425	16.44%
Psychology Total		2971	3161	3399	3513	3624	5103	40.81%
Social Work	Associate Social Worker	4	2	2	2	1	1	0.00%
	Licensed Clinical Social Worker	4592	4837	5139	5233	5814	6358	9.36%
	Licensed Social Worker	320	351	367	393	518	686	32.43%
	Registered Social Worker*	49	38	27	21	17	12	-29.41%
	Registration of Supervision †	-	-	-	-	-	1710	-
Social Work Total		4965	5228	5535	5649	6350	8767	38.06%

Appendix A – Licenses[1]

Board	Occupation	2006 June 30	2008 June 30	2010 June 30	2012 June 30	2014 June 30	2016 June 30	Percent Change 14-16
Veterinary Medicine	Equine Dental Technician	0	0	21	24	23	23	0.00%
	Full Service Veterinary Facility	669	693	708	735	750	772	2.93%
	Restricted Veterinary Facility	196	228	240	270	298	332	11.41%
	Veterinarian	3235	3401	3610	3530	4038	4217	4.43%
	Veterinary Technician	1094	1216	1397	1579	1788	2032	13.65%
Veterinary Medicine Total		5194	5538	5976	6138	6897	7376	6.95%
Agency Total		281887	296338	325454	345616	367475	393905	7.19%

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

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

* This is no longer a valid category of licensure

† This license is newly counted/regulated

Appendix B – Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Audiology & Speech-Language Pathology	Audiologist	482	507	6	1	3	1	7	3	12.4481	1.97239
	Continuing Education Provider	14	15	0	0	0	0	0	0	0	0
	School Speech Pathologist	470	484	2	0	0	0	2	1	4.25532	0
	Speech Pathologist	3776	3796	26	11	7	6	29	15	6.88559	2.89779
Audiology & Speech-Language Pathology Total		**4742**	**4802**	**34**	**12**	**10**	**7**	**38**	**19**	**7.16997**	**2.49896**
Counseling	Certified Substance Abuse Counselor	1456	1734	8	17	8	15	12	27	5.49451	9.80392
	Licensed Marriage and Family Therapist	750	870	11	18	11	20	12	23	14.6667	20.6897
	Licensed Professional Counselor	3821	4567	73	72	74	81	86	113	19.1049	15.7653
	Marriage and Family Therapist Resident	107	131	1	0	1	0	1	2	9.34579	0
	Registration of Supervision	5005	5438	13	13	15	14	21	9	2.5974	2.39058
	Rehabilitation Provider	285	266	3	2	3	4	3	5	10.5263	7.5188
	Substance Abuse Counseling Assistant	131	192	2	1	3	1	8	4	15.2672	5.20833
	Substance Abuse Treatment Practitioner	158	179	1	1	0	3	1	3	6.32911	5.58659
	Substance Abuse Treatment Residents	-	1	2	3	3	1	3	2	0	3000
Counseling Total		**11713**	**13378**	**114**	**127**	**118**	**139**	**147**	**188**	**9.73278**	**9.4932**
Dentistry	Conscious/Moderate Sedation	186	212	6	9	10	11	8	15	32.2581	42.4528
	Cosmetic Procedure Certification	32	36	3	2	4	2	18	22	93.75	55.5556
	Deep Sedation/General Anesthesia	48	51	3	2	3	4	5	5	62.5	39.2157

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Dentistry	Dental Assistant II	10	11	0	0	2	1	2	1	0	0
	Dental Full Time Faculty	12	16	1	0	1	0	1	1	83.3333	0
	Dental Hygienist	5351	5719	52	25	32	31	57	27	9.71781	4.37139
	Dental Hygienist Teacher	1	1	0	0	1	0	1	1	0	0
	Dental Hygienist Restricted Volunteer	0	1	0	0	0	0	0	0	0	0
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0	0
	Dental Hygienist Volunteer Registration	0	1	0	0	0	0	0	0	0	0
	Dental Restricted Volunteer	12	20	0	0	0	0	2	0	0	0
	Dental Teacher	0	0	0	0	0	0	0	0	0	0
	Dental Temporary Permit	0	0	1	0	1	0	1	0	0	0
	Dentist	6700	7147	434	349	577	469	664	598	64.7761	48.8317
	Dentist-Volunteer Registration	6	7	0	0	0	0	0	0	0	0
	Enteral Conscious/Moderate Sedation	152	166	3	3	13	3	18	10	19.7368	18.0723
	Mobile Dental Facility	12	14	2	0	2	1	1	1	166.667	0
	Oral/Maxillofacial Surgeon Registration	256	256	13	13	16	19	21	24	50.7813	50.7813
	Sedation Permit Holder Location	333	444	0	0	0	0	0	0	0	0
	Temporary Conscious/Moderate Sedation	0	0	0	0	0	0	0	0	0	0
	Temporary Resident	50	82	0	0	2	0	2	0	0	0
Dentistry Total		13161	14184	518	403	664	541	801	705	39.3587	28.4123

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Funeral Directors & Embalmers	Branch Establishment	68	67	0	0	0	0	0	0	0	0
	Continuing Education Provider	27	26	1	0	1	0	1	0	37.037	0
	Courtesy Card	71	82	0	0	0	0	0	0	0	0
	Crematories	105	108	2	2	3	3	2	3	19.0476	18.5185
	Embalmer	3	2	0	0	0	0	0	0	0	0
	Funeral Director	41	42	1	0	2	0	2	1	24.3902	0
	Funeral Establishment	439	436	16	16	15	17	19	14	36.4465	36.6972
	Funeral Service Intern	198	176	3	3	3	6	1	6	15.1515	17.0455
	Funeral Service Licensee	1442	1516	45	58	45	65	54	52	31.2067	38.2586
	Surface Transport & Removal	45	42	0	4	2	3	2	3	0	95.2381
Funeral Directors & Embalmers Total		**2439**	**2497**	**68**	**83**	**71**	**94**	**81**	**79**	**27.8803**	**33.2399**
Long-Term Care Administrators	Acting ALF – Administrator-In-Training	4	0	1	0	1	0	1	0	250	0
	Administrator-In-Training	101	81	1	0	1	0	1	0	9.90099	0
	ALF – Administrator-In-Training	115	115	2	1	2	2	1	2	17.3913	8.69565
	Assisted Living Facility Administrator	596	602	23	27	24	33	34	31	38.5906	44.8505
	Assisted Living Facility Preceptor	190	198	2	4	1	5	4	6	10.5263	20.202
	Nursing Home Administrator	821	864	44	47	35	49	44	52	53.5932	54.3981
	Nursing Home Preceptor	222	227	0	1	1	1	2	3	0	4.40529
Long-Term Care Administrators Total		**2049**	**2087**	**73**	**80**	**65**	**90**	**87**	**94**	**35.6271**	**38.3325**
Medicine	Assistant Behavior Analyst	102	129	6	1	3	1	6	3	58.8235	7.75194
	Athletic Trainer	1322	1445	16	13	8	6	16	17	12.1029	8.99654

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Medicine	Behavior Analyst	587	706	9	4	5	3	12	4	15.3322	5.66572
	Chiropractor	1612	1721	58	44	68	51	66	73	35.9801	25.5665
	Interns & Residents	2823	4070	16	15	17	19	19	16	5.66773	3.6855
	Licensed Acupuncturists	469	497	1	3	1	4	1	4	2.1322	6.03622
	Licensed Midwife	80	85	4	2	1	5	2	6	50	23.5294
	Limited Radiologic Technologist	632	627	1	1	1	1	1	2	1.58228	1.5949
	Medicine & Surgery	34822	37115	1114	1180	1306	1343	1400	1438	31.9913	31.7931
	Occupational Therapist	3551	3822	10	7	12	6	15	9	2.81611	1.8315
	Occupational Therapy Assistant	1198	1312	13	9	13	11	14	15	10.8514	6.85976
	Osteopathy & Surgery	2702	3016	90	90	106	96	115	114	33.3087	29.8408
	Physician Assistant	3035	3291	32	36	45	46	48	52	10.5437	10.9389
	Podiatry	474	521	33	29	41	32	49	39	69.6203	55.6622
	Polysomnographic Technologist	121	394	0	6	0	2	0	6	0	15.2284
	Radiological Technologist	3916	4084	15	20	7	9	20	27	3.83044	4.89716
	Radiologist Assistant	12	12	0	0	0	0	0	0	0	0
	Respiratory Therapist	3749	3846	17	14	21	18	26	21	4.53454	3.64015
	Restricted Volunteer-Doctor Of	73	79	0	0	0	0	0	0	0	0
	Surgical Assistant	154	237	0	1	0	1	0	1	0	4.21941
	Surgical Technologist	218	421	0	0	0	0	0	0	0	0
	Temporary Licenses	0	0	0	0	0	0	0	0	0	0
	University Limited License	13	16	0	0	0	0	0	0	0	0
	Volunteer Registration	22	1	0	0	0	0	0	0	0	0
Medicine Total		61687	67447	1435	1475	1655	1654	1810	1847	23.2626	21.869

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Nursing	Advanced Certified Nurse Aide	81	70	0	0	0	0	0	0	0	0
	Authorization to Prescribe	5458	5891	37	65	54	67	73	68	6.77904	11.0338
	Certified Massage Therapist	7588	7978	64	42	74	44	97	58	8.43437	5.26448
	Certified Nurse Aide	52912	54266	729	802	632	580	939	852	13.7776	14.7791
	Clinical Nurse Specialist	439	438	3	3	3	2	5	4	6.83371	6.84932
	Licensed Nurse Practitioner	8322	8860	113	132	109	99	164	158	13.5785	14.8984
	Licensed Practical Nurse	29727	29763	525	514	562	513	678	666	17.6607	17.2698
	Medication Aide	5777	6009	138	114	118	108	196	137	23.8878	18.9715
	Medication Aide Training Program	239	248	3	3	3	4	2	2	12.5523	12.0968
	Registered Nurse	102710	104873	921	996	934	985	1111	1264	8.96699	9.4972
	V.A. Practical School of Nursing	33	59	5	7	3	6	6	8	151.515	118.644
	V.A. Professional School of Nursing	11	80	3	10	0	6	2	11	272.727	125
	Volunteer Registration	11	0	0	0	0	0	0	0	0	0
Nursing Total		213308	218535	2541	2688	2492	2414	3273	3228	11.9124	12.3001
Optometry	Optometrist	131	124	5	1	2	3	5	3	38.1679	8.06452
	Optometrist - Volunteer Registration	0	0	0	0	0	0	0	0	0	0
	Professional Designation	250	256	0	0	0	0	0	0	0	0
	TPA Certified Optometrist	1526	1534	39	30	33	41	48	50	25.557	19.5567
Optometry Total		1907	1914	44	31	35	44	53	53	23.0729	16.1964
Pharmacy	Business CSR	1095	1125	6	1	6	2	5	2	5.47945	0.88889
	CE Programs	12	9	0	0	0	0	0	0	0	0

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Pharmacy	Humane Society	0	0	0	0	0	0	0	0	0	0
	Limited Use Pharmacy Technician	21	20	0	0	0	0	0	0	0	0
	Medical Equipment Supplier	636	618	1	0	0	1	0	1	1.57233	0
	Non-Resident Outsourcing Facility	-	10	-	0	-	0	-	0	0	0
	Non-resident Pharmacy	636	690	15	10	9	9	16	16	23.5849	14.4928
	Non-resident Wholesale Distributor	802	759	4	2	1	0	4	2	4.98753	2.63505
	Non-restricted Manufacturer	24	31	0	0	0	0	0	0	0	0
	Outsourcing Facility	-	1	-	0	-	0	-	0	0	0
	Permitted Physician	3	3	0	0	0	0	0	0	0	0
	Pharmacist	12814	13813	123	128	133	133	141	144	9.59888	9.26663
	Pharmacist-Volunteer Registration	4	0	0	0	0	0	0	0	0	0
	Pharmacy	1825	1854	308	275	21	32	323	280	168.767	148.328
	Pharmacy Intern	2097	2058	8	1	8	1	10	4	3.81497	0.48591
	Pharmacy Technician	13613	13719	96	98	72	62	112	109	7.05208	7.14338
	Pharmacy Technician Training Program	117	120	0	1	0	1	0	1	0	8.33333
	Physician Selling Controlled Substances	661	666	8	0	6	4	6	4	12.1029	0
	Physicians Selling Drugs Location	269	222	1	0	1	1	0	1	3.71747	0
	Pilot Programs	10	18	2	1	3	2	3	1	200	55.5556
	Repackaging Training Program	1	0	0	0	0	0	0	0	0	0
	Restricted Manufacturer	71	69	0	0	0	0	0	0	0	0

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Pharmacy	Warehouser	48	47	0	0	0	0	0	0	0	0
	Wholesale Distributor	120	120	1	0	1	1	0	1	8.33333	0
Pharmacy Total		34879	35972	573	517	261	249	620	566	16.4282	14.3723
Physical Therapy	Direct Access Certification	1022	567	0	0	0	0	0	0	0	0
	Physical Therapist	6880	7957	26	31	24	29	30	34	3.77907	3.89594
	Physical Therapist Assistant	2797	3178	14	15	13	13	14	18	5.00536	4.71995
Physical Therapy Total		10699	11702	40	46	37	42	44	52	3.73867	3.93095
Psychology	Applied Psychologist	25	32	0	0	1	0	3	1	0	0
	Clinical Psychologist	2791	3281	71	54	68	50	93	96	25.4389	16.4584
	Resident In Training	-	743	2	2	2	1	1	3	0	2.69179
	School Psychologist	90	102	2	2	1	3	1	2	22.2222	19.6078
	School Psychologist-Limited	355	520	0	2	0	1	1	1	0	3.84615
	Sex Offender Treatment Provider	366	425	4	18	3	16	3	17	10.929	42.3529
Psychology Total		3627	5103	79	78	75	71	102	120	21.7811	15.2851
Social Work	Associate Social Worker	-	1	0	0	0	0	0	0	0	0
	Licensed Clinical Social Worker	5431	6358	81	86	101	88	140	105	14.9144	13.5263
	Licensed Social Worker	484	686	4	0	23	2	23	4	8.26446	0
	Registered Social Workers*	-	12	-	1	-	0	-	1	0	83.3333
	Registration of Supervision	-	1710	4	5	13	8	20	6	0	2.92398
Social Work Total		5915	8767	89	92	137	98	183	116	15.0465	10.4939

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Veterinary Medicine	Equine Dental Technician	24	23	1	0	2	1	2	2	41.6667	0
	Full Service Veterinary Facility	768	772	17	35	9	28	22	34	22.1354	45.3368
	Restricted Veterinary Facility	315	332	6	4	7	2	8	6	19.0476	12.0482
	Veterinarian	3838	4217	146	136	180	192	196	252	38.0406	32.2504
	Veterinary Technician	1863	2032	19	6	13	12	25	12	10.1986	2.95276
Veterinary Medicine Total		6808	7376	189	181	211	235	253	306	27.7615	24.539
Agency Total		372934	393764	5797	5813	5831	5678	7492	7373	15.544	14.763

[1] Any individual or entity that held a valid license on June 30th of the designated fiscal year
[2] All allegations assigned a case number
[3] Cases that underwent the investigatory process
[4] Cases reviewed by the respective regulatory board to determine whether further action is necessary
[5] Shows the ratio of complaints per 1,000 licensees of the respective board and occupations

* This is no longer a valid category of licensure

† This license is newly counted/regulated

Appendix C – Violations

Board	Occupation	Total Licensees [1]		No Violation[2]		Violation[3]		Total Findings		Violations Per 1000 Licensees [4]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Audiology & Speech-Language Pathology	Audiologist	482	507	2	3	3	0	5	3	6.22	0
	Continuing Education Provider	14	15	0	0	0	0	0	0	0.00	0
	School Speech Pathologist	470	484	0	1	0	0	0	1	0.00	0
	Speech Pathologist	3776	3796	5	1	10	6	15	7	2.65	1.58061
Audiology & Speech-Language Pathology Total		**4742**	**4802**	**7**	**5**	**13**	**6**	**20**	**11**	**2.74**	**1.24948**
Counseling	Certified Substance Abuse Counselor	1456	1734	1	10	3	4	4	14	2.06	2.30681
	Licensed Marriage and Family Therapist	750	870	1	4	1	0	2	4	1.33	0
	Licensed Professional Counselor	3821	4567	14	23	9	8	23	31	2.36	1.7517
	Marriage and Family Therapist Resident	107	131	0	1	0	0	0	1	0.00	0
	Registration of Supervision	5005	5438	3	3	1	1	4	4	0.20	0.18389
	Rehabilitation Provider	285	266	1	0	0	0	1	0	0.00	0
	Substance Abuse Counseling Assistant	131	192	0	0	0	0	0	0	0.00	0
	Substance Abuse Treatment Practitioner	158	179	0	0	0	0	0	0	0.00	0
	Substance Abuse Treatment Residents	-	1	2	1	0	0	2	1	0.00	0
Counseling Total		**11713**	**13378**	**22**	**42**	**14**	**13**	**36**	**55**	**1.20**	**0.97174**
Dentistry	Conscious/Moderate Sedation	186	212	1	6	2	1	3	7	10.75	4.71698
	Cosmetic Procedure Certification	32	36	3	2	8	0	11	2	250.00	0
	Deep Sedation/General Anesthesia	48	51	0	1	0	1	0	2	0.00	19.6078

Appendix C – Violations

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Dentistry	Dental Assistant II	10	11	0	0	0	0	0	0	0.00	0
	Dental Full Time Faculty	12	16	0	1	0	0	0	1	0.00	0
	Dental Hygienist	5351	5719	6	4	5	2	11	6	0.93	0.34971
	Dental Hygienist Teacher	1	1	0	0	0	0	0	0	0.00	0
	Dental Hygienist Restricted Volunteer	0	1	0	0	0	0	0	0	0.00	0
	Dental Hygienist Temporary Permit	0	0	0	0	0	0	0	0	0.00	0
	Dental Hygienist Volunteer Registration	0	1	0	0	0	0	0	0	0.00	0
	Dental Restricted Volunteer	12	20	0	0	0	0	0	0	0.00	0
	Dental Teacher	0	0	0	0	0	0	0	0	0.00	0
	Dental Temporary Permit	0	0	0	0	0	0	0	0	0.00	0
	Dentist	6700	7147	217	292	57	58	274	350	8.51	8.11529
	Dentist-Volunteer Registration	6	7	0	0	0	0	0	0	0.00	0
	Enteral Conscious/Moderate Sedation	152	166	0	0	0	0	0	0	0.00	0
	Mobile Dental Facility	12	14	1	1	0	0	1	1	0.00	0
	Oral/Maxillofacial Surgeon Registration	256	256	0	1	0	0	0	1	0.00	0
	Sedation Permit Holder Location	333	444	0	0	0	0	0	0	0.00	0
	Temporary Conscious/Moderate Sedation	0	0	0	0	0	0	0	0	0.00	0
	Temporary Resident	50	82	1	0	0	0	1	0	0.00	0
Dentistry Total		13161	14184	229	308	72	62	301	370	5.47	4.37112

Appendix C – Violations

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Funeral Directors & Embalmers	Branch Establishment	68	67	0	0	0	0	0	0	0.00	0
	Continuing Education Provider	27	26	1	0	0	0	1	0	0.00	0
	Courtesy Card	71	82	0	0	0	0	0	0	0.00	0
	Crematories	105	108	1	0	0	0	1	0	0.00	0
	Embalmer	3	2	0	0	0	0	0	0	0.00	0
	Funeral Director	41	42	0	0	0	1	0	1	0.00	23.8095
	Funeral Establishment	439	436	8	5	1	2	9	7	2.28	4.58716
	Funeral Service Intern	198	176	0	1	0	0	0	1	0.00	0
	Funeral Service Licensee	1442	1516	17	28	7	7	24	35	4.85	4.61741
	Surface Transport & Removal	45	42	0	2	2	0	2	2	44.44	0
Funeral Directors & Embalmers Total		**2439**	**2497**	**27**	**36**	**10**	**10**	**37**	**46**	**4.10**	**4.00481**
Long-Term Care Administrators	Acting ALF – Administrator-In-Training	4	0	1	0	0	0	1	0	0.00	0
	Administrator-In-Training	101	81	0	0	0	0	0	0	0.00	0
	ALF – Administrator-In-Training	115	115	0	0	0	1	0	1	0.00	8.69565
	Assisted Living Facility Administrator	596	602	9	6	10	5	19	11	16.78	8.30565
	Assisted Living Facility Preceptor	190	198	0	1	0	0	0	1	0.00	0
	Nursing Home Administrator	821	864	22	23	5	6	27	29	6.09	6.94444
	Nursing Home Preceptor	222	227	0	0	0	0	0	0	0.00	0
Long-Term Care Administrators Total		**2049**	**2087**	**32**	**30**	**15**	**12**	**47**	**42**	**7.32**	**5.74988**
Medicine	Assistant Behavior Analyst	102	129	0	0	3	0	3	0	29.41	0
	Athletic Trainer	1322	1445	1	2	10	13	11	15	7.56	8.99654

Appendix C – Violations

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Medicine	Behavior Analyst	587	706	0	1	4	2	4	3	6.81	2.83286
	Chiropractor	1612	1721	10	8	5	9	15	17	3.10	5.22952
	Interns & Residents	2823	4070	2	5	2	2	4	7	0.71	0.4914
	Licensed Acupuncturists	469	497	0	0	0	1	0	1	0.00	2.01207
	Licensed Midwife	80	85	0	0	1	0	1	0	12.50	0
	Limited Radiologic Technologist	632	627	0	0	0	0	0	0	0.00	0
	Medicine & Surgery	34822	37115	388	437	115	110	503	547	3.30	2.96376
	Occupational Therapist	3551	3822	3	0	2	2	5	2	0.56	0.52329
	Occupational Therapy Assistant	1198	1312	2	1	4	4	6	5	3.34	3.04878
	Osteopathy & Surgery	2702	3016	39	35	16	7	55	42	5.92	2.32095
	Physician Assistant	3035	3291	11	12	6	10	17	22	1.98	3.03859
	Podiatry	474	521	13	14	4	3	17	17	8.44	5.75816
	Polysomnographic Technologist	121	394	0	0	0	5	0	5	0.00	12.6904
	Radiological Technologist	3916	4084	0	0	6	12	6	12	1.53	2.9383
	Radiologist Assistant	12	12	0	0	0	0	0	0	0.00	0
	Respiratory Therapist	3749	3846	0	0	16	3	16	3	4.27	0.78003
	Restricted Volunteer-Doctor Of	73	79	0	0	0	0	0	0	0.00	0
	Surgical Assistant	154	237	0	1	0	0	0	1	0.00	0
	Surgical Technologist	218	421	0	0	0	0	0	0	0.00	0
	Temporary Licenses	0	0	0	0	0	0	0	0	0.00	0
	University Limited License	13	16	0	0	0	0	0	0	0.00	0
	Volunteer Registration	22	1	0	0	0	0	0	0	0.00	0
Medicine Total		61687	67447	469	516	194	183	663	699	3.14	2.71324

Appendix C – Violations

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Nursing	Advanced Certified Nurse Aide	81	70	0	0	0	0	0	0	0.00	0
	Authorization to Prescribe	5458	5891	26	11	11	8	37	19	2.02	1.358
	Certified Massage Therapist	7588	7978	19	10	27	12	46	22	3.56	1.50414
	Certified Nurse Aide	52912	54266	242	278	167	187	409	465	3.16	3.44599
	Clinical Nurse Specialist	439	438	0	0	1	2	1	2	2.28	4.56621
	Licensed Nurse Practitioner	8322	8860	30	55	5	8	35	63	0.60	0.90293
	Licensed Practical Nurse	29727	29763	172	196	191	186	363	382	6.43	6.24937
	Medication Aide	5777	6009	32	23	49	32	81	55	8.48	5.32535
	Medication Aide Training Program	239	248	2	0	0	0	2	0	0.00	0
	Registered Nurse	102710	104873	272	312	280	305	552	617	2.73	2.90828
	V.A. Practical School of Nursing	33	59	0	5	1	2	1	7	30.30	33.8983
	V.A. Professional School of Nursing	11	80	0	11	0	2	0	13	0.00	25
	Volunteer Registration	11	0	0	0	0	0	0	0	0.00	0
Nursing Total		213308	218535	795	901	732	744	1527	1645	3.43	3.40449
Optometry	Optometrist	131	124	2	0	1	0	3	0	7.63	0
	Optometrist - Volunteer Registration	0	0	0	0	0	0	0	0	0.00	0
	Professional Designation	250	256	0	0	0	0	0	0	0.00	0
	TPA Certified Optometrist	1526	1534	15	25	9	1	24	26	5.90	0.65189
Optometry Total		1907	1914	17	25	10	1	27	26	5.24	0.52247
Pharmacy	Business CSR	1095	1125	1	1	0	0	1	1	0.00	0
	CE Programs	12	9	0	0	0	0	0	0	0.00	0

Appendix C – Violations

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Pharmacy	Humane Society	0	0	0	0	0	0	0	0	0.00	0
	Limited Use Pharmacy Technician	21	20	0	0	0	0	0	0	0.00	0
	Medical Equipment Supplier	636	618	0	1	0	0	0	1	0.00	0
	Non-Resident Outsourcing Facility	-	10	0	0	0	0	0	0	0.00	0
	Non-resident Pharmacy	636	690	6	4	3	2	9	6	4.72	2.89855
	Non-resident Wholesale Distributor	802	759	2	0	0	1	2	1	0.00	1.31752
	Non-restricted Manufacturer	24	31	0	0	0	0	0	0	0.00	0
	Outsourcing Facility	-	1	0	0	0	0	0	0	0.00	0
	Permitted Physician	3	3	0	0	0	0	0	0	0.00	0
	Pharmacist	12814	13813	55	54	22	16	77	70	1.72	1.15833
	Pharmacist-Volunteer Registration	4	0	0	0	0	0	0	0	0.00	0
	Pharmacy	1825	1854	39	31	244	235	283	266	133.70	126.753
	Pharmacy Intern	2097	2058	4	0	0	1	4	1	0.00	0.48591
	Pharmacy Technician	13613	13719	23	18	59	49	82	67	4.33	3.57169
	Pharmacy Technician Training Program	117	120	0	0	0	0	0	0	0.00	0
	Physician Selling Controlled Substances	661	666	0	0	1	0	1	0	1.51	0
	Physicians Selling Drugs Location	269	222	0	0	0	0	0	0	0.00	0
	Pilot Programs	10	18	0	0	0	0	0	0	0.00	0
	Repackaging Training Program	1	0	0	0	0	0	0	0	0.00	0
	Restricted Manufacturer	71	69	0	0	0	0	0	0	0.00	0

Appendix C – Violations

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Pharmacy	Warehouser	48	47	0	0	0	0	0	0	0.00	0
	Wholesale Distributor	120	120	0	1	0	0	0	1	0.00	0
Pharmacy Total		34879	35972	130	110	329	304	459	414	9.43	8.45102
Physical Therapy	Direct Access Certification	1022	567	0	0	0	0	0	0	0.00	0
	Physical Therapist	6880	7957	12	9	5	7	17	16	0.73	0.87973
	Physical Therapist Assistant	2797	3178	5	3	2	5	7	8	0.72	1.57332
Physical Therapy Total		10699	11702	17	12	7	12	24	24	0.65	1.02547
Psychology	Applied Psychologist	25	32	1	1	0	0	1	1	0.00	0
	Clinical Psychologist	2791	3281	29	44	2	1	31	45	0.72	0.30479
	Resident In Training	-	743	0	3	0	0	0	3	0.00	0
	School Psychologist	90	102	0	0	1	0	1	0	11.11	0
	School Psychologist-Limited	355	520	0	0	0	0	0	0	0.00	0
	Sex Offender Treatment Provider	366	425	1	3	0	0	1	3	0.00	0
Psychology Total		3627	5103	31	51	3	1	34	52	0.83	0.19596
Social Work	Associate Social Worker	-	1	0	0	0	0	0	0	0.00	0
	Licensed Clinical Social Worker	5431	6358	17	41	20	1	37	42	3.68	0.15728
	Licensed Social Worker	484	686	2	2	1	0	3	2	2.07	0
	Registered Social Workers*	-	12	0	0	0	0	0	0	0.00	0
	Registration of Supervision	-	1710	1	2	0	0	1	2	0.00	0
Social Work Total		5915	8767	20	45	21	1	41	46	3.55	0.11406

Appendix C – Violations

Board	Occupation	Total Licensees [1]		Complaints Received [2]		Complaints Investigated [3]		Complaints Referred to Board [4]		Complaints Per 1000 Licensees [5]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Veterinary Medicine	Equine Dental Technician	24	23	0	0	0	0	0	0	0.00	0
	Full Service Veterinary Facility	768	772	4	6	4	3	8	9	5.21	3.88601
	Restricted Veterinary Facility	315	332	4	1	1	2	5	3	3.17	6.0241
	Veterinarian	3838	4217	48	98	22	27	70	125	5.73	6.40266
	Veterinary Technician	1863	2032	3	1	10	5	13	6	5.37	2.46063
Veterinary Medicine Total		6808	7376	59	106	37	37	96	143	5.43	5.01627
Agency Total		372934	393764	1855	2187	1457	1386	3312	3573	3.91	3.5199

[1] Any individual or entity that held a valid license on June 30th of the designated fiscal year
[2] Case in which allegations were not substantiated
[3] Cases that underwent the investigatory process
[4] Cases in which allegations were substantiated
[5] Shows 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[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Audiology & Speech-Language Pathology	Audiologist	482	507	18	0	37.34	0.00
	Continuing Education Provider	14	15	0	0	0.00	0.00
	School Speech Pathologist	470	484	2	0	4.26	0.00
	Speech Pathologist	3776	3796	62	28	16.42	7.38
Audiology & Speech-Language Pathology Total		4742	4802	82	28	17.29	5.83
Counseling	Certified Substance Abuse Counselor	1456	1734	8	20	5.49	11.53
	Licensed Marriage and Family Therapist	750	870	6	0	8.00	0.00
	Licensed Professional Counselor	3821	4567	36	27	9.42	5.91
	Marriage and Family Therapist Resident	107	131	0	0	0.00	0.00
	Registration of Supervision	5005	5438	1	2	0.20	0.37
	Rehabilitation Provider	285	266	0	0	0.00	0.00
	Substance Abuse Counseling Assistant	131	192	0	0	0.00	0.00
	Substance Abuse Treatment Practitioner	158	179	2	0	12.66	0.00
	Substance Abuse Treatment Residents	-	1	0	0	0.00	0.00
Counseling Total		11713	13378	53	49	4.52	3.66
Dentistry	Conscious/Moderate Sedation	186	212	16	14	86.02	66.04
	Cosmetic Procedure Certification	32	36	45	1	1406.25	27.78
	Deep Sedation/General Anesthesia	48	51	23	8	479.17	156.86

Appendix D – Sanctions*

Board	Occupation	Total Licensees [1]		Sanctions[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Dentistry	Dental Assistant II	10	11	0	0	0.00	0.00
	Dental Full Time Faculty	12	16	0	0	0.00	0.00
	Dental Hygienist	5351	5719	22	8	4.11	1.40
	Dental Hygienist Teacher	1	1	0	0	0.00	0.00
	Dental Hygienist Restricted Volunteer	0	1	0	0	0.00	0.00
	Dental Hygienist Temporary Permit	0	0	0	0	0.00	0.00
	Dental Hygienist Volunteer Registration	0	1	0	0	0.00	0.00
	Dental Restricted Volunteer	12	20	0	0	0.00	0.00
	Dental Teacher	0	0	0	0	0.00	0.00
	Dental Temporary Permit	0	0	0	0	0.00	0.00
	Dentist	6700	7147	487	341	72.69	47.71
	Dentist-Volunteer Registration	6	7	0	0	0.00	0.00
	Enteral Conscious/Moderate Sedation	152	166	24	0	157.89	0.00
	Mobile Dental Facility	12	14	0	0	0.00	0.00
	Oral/Maxillofacial Surgeon Registration	256	256	71	7	277.34	27.34
	Sedation Permit Holder Location	333	444	0	0	0.00	0.00
	Temporary Conscious/Moderate Sedation	0	0	0	0	0.00	0.00
	Temporary Resident	50	82	0	0	0.00	0.00
Dentistry Total		13161	14184	688	379	52.28	26.72

Appendix D – Sanctions*

Board	Occupation	Total Licensees [1]		Sanctions[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Funeral Directors & Embalmers	Branch Establishment	68	67	0	0	0.00	0.00
	Continuing Education Provider	27	26	0	0	0.00	0.00
	Courtesy Card	71	82	0	0	0.00	0.00
	Crematories	105	108	0	0	0.00	0.00
	Embalmer	3	2	0	0	0.00	0.00
	Funeral Director	41	42	0	2	0.00	47.62
	Funeral Establishment	439	436	2	3	4.56	6.88
	Funeral Service Intern	198	176	0	0	0.00	0.00
	Funeral Service Licensee	1442	1516	15	27	10.40	17.81
	Surface Transport & Removal	45	42	8	0	177.78	0.00
Funeral Directors & Embalmers Total		**2439**	**2497**	**25**	**32**	**10.25**	**12.82**
Long-Term Care Administrators	Acting ALF – Administrator-In-Training	4	0	0	0	0.00	0.00
	Administrator-In-Training	101	81	0	0	0.00	0.00
	ALF – Administrator-In-Training	115	115	0	12	0.00	104.35
	Assisted Living Facility Administrator	596	602	54	40	90.60	66.45
	Assisted Living Facility Preceptor	190	198	3	0	15.79	0.00
	Nursing Home Administrator	821	864	27	32	32.89	37.04
	Nursing Home Preceptor	222	227	3	0	13.51	0.00
Long-Term Care Administrators Total		**2049**	**2087**	**87**	**84**	**42.46**	**40.25**
Medicine	Assistant Behavior Analyst	102	129	12	0	117.65	0.00
	Athletic Trainer	1322	1445	36	50	27.23	34.60

Appendix D – Sanctions*

Board	Occupation	Total Licensees [1]		Sanctions[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Medicine	Behavior Analyst	587	706	14	8	23.85	11.33
	Chiropractor	1612	1721	25	42	15.51	24.40
	Interns & Residents	2823	4070	8	6	2.83	1.47
	Licensed Acupuncturists	469	497	0	6	0.00	12.07
	Licensed Midwife	80	85	2	0	25.00	0.00
	Limited Radiologic Technologist	632	627	0	0	0.00	0.00
	Medicine & Surgery	34822	37115	639	569	18.35	15.33
	Occupational Therapist	3551	3822	4	8	1.13	2.09
	Occupational Therapy Assistant	1198	1312	16	14	13.36	10.67
	Osteopathy & Surgery	2702	3016	89	43	32.94	14.26
	Physician Assistant	3035	3291	33	42	10.87	12.76
	Podiatry	474	521	19	18	40.08	34.55
	Polysomnographic Technologist	121	394	0	20	0.00	50.76
	Radiological Technologist	3916	4084	22	52	5.62	12.73
	Radiologist Assistant	12	12	0	0	0.00	0.00
	Respiratory Therapist	3749	3846	99	10	26.41	2.60
	Restricted Volunteer-Doctor Of	73	79	0	0	0.00	0.00
	Surgical Assistant	154	237	0	0	0.00	0.00
	Surgical Technologist	218	421	0	0	0.00	0.00
	Temporary Licenses	0	0	0	0	0.00	0.00
	University Limited License	13	16	0	0	0.00	0.00
	Volunteer Registration	22	1	0	0	0.00	0.00
Medicine Total		61687	67447	1018	888	16.50	13.17

Appendix D – Sanctions*

Board	Occupation	Total Licensees [1]		Sanctions[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Nursing	Advanced Certified Nurse Aide	81	70	0	0	0.00	0.00
	Authorization to Prescribe	5458	5891	68	51	12.46	8.66
	Certified Massage Therapist	7588	7978	118	69	15.55	8.65
	Certified Nurse Aide	52912	54266	885	837	16.73	15.42
	Clinical Nurse Specialist	439	438	15	20	34.17	45.66
	Licensed Nurse Practitioner	8322	8860	85	82	10.21	9.26
	Licensed Practical Nurse	29727	29763	1089	1035	36.63	34.77
	Medication Aide	5777	6009	262	152	45.35	25.30
	Medication Aide Training Program	239	248	0	0	0.00	0.00
	Registered Nurse	102710	104873	1642	1671	15.99	15.93
	V.A. Practical School of Nursing	33	59	2	4	60.61	67.80
	V.A. Professional School of Nursing	11	80	0	3	0.00	37.50
	Volunteer Registration	11	0	0	0	0.00	0.00
Nursing Total		213308	218535	4166	3924	19.53	17.96
Optometry	Optometrist	131	124	4	0	30.53	0.00
	Optometrist - Volunteer Registration	0	0	0	0	0.00	0.00
	Professional Designation	250	256	0	0	0.00	0.00
	TPA Certified Optometrist	1526	1534	51	2	33.42	1.30
Optometry Total		1907	1914	55	2	28.84	1.04
Pharmacy	Business CSR	1095	1125	0	0	0.00	0.00
	CE Programs	12	9	0	0	0.00	0.00

Appendix D – Sanctions*

Board	Occupation	Total Licensees [1]		Sanctions[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Pharmacy	Humane Society	0	0	0	0	0.00	0.00
	Limited Use Pharmacy Technician	21	20	0	0	0.00	0.00
	Medical Equipment Supplier	636	618	0	0	0.00	0.00
	Non-Resident Outsourcing Facility	-	10	0	0	0.00	0.00
	Non-resident Pharmacy	636	690	7	4	11.01	5.80
	Non-resident Wholesale Distributor	802	759	0	2	0.00	2.64
	Non-restricted Manufacturer	24	31	0	0	0.00	0.00
	Outsourcing Facility	-	1	0	0	0.00	0.00
	Permitted Physician	3	3	0	0	0.00	0.00
	Pharmacist	12814	13813	101	65	7.88	4.71
	Pharmacist-Volunteer Registration	4	0	0	0	0.00	0.00
	Pharmacy	1825	1854	957	1123	524.38	605.72
	Pharmacy Intern	2097	2058	0	2	0.00	0.97
	Pharmacy Technician	13613	13719	217	228	15.94	16.62
	Pharmacy Technician Training Program	117	120	0	0	0.00	0.00
	Physician Selling Controlled Substances	661	666	6	0	9.08	0.00
	Physicians Selling Drugs Location	269	222	0	0	0.00	0.00
	Pilot Programs	10	18	0	0	0.00	0.00
	Repackaging Training Program	1	0	0	0	0.00	0.00
	Restricted Manufacturer	71	69	0	0	0.00	0.00

Appendix D – Sanctions*

Board	Occupation	Total Licensees [1]		Sanctions[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Pharmacy	Warehouser	48	47	0	0	0.00	0.00
	Wholesale Distributor	120	120	0	0	0.00	0.00
Pharmacy Total		34879	35972	1288	1424	36.93	39.59
Physical Therapy	Direct Access Certification	1022	567	0	0	0.00	0.00
	Physical Therapist	6880	7957	18	51	2.62	6.41
	Physical Therapist Assistant	2797	3178	4	28	1.43	8.81
Physical Therapy Total		10699	11702	22	79	2.06	6.75
Psychology	Applied Psychologist	25	32	0	0	0.00	0.00
	Clinical Psychologist	2791	3281	13	2	4.66	0.61
	Resident In Training	-	743	0	0	0.00	0.00
	School Psychologist	90	102	6	0	66.67	0.00
	School Psychologist-Limited	355	520	0	0	0.00	0.00
	Sex Offender Treatment Provider	366	425	0	0	0.00	0.00
Psychology Total		3627	5103	19	2	5.24	0.39
Social Work	Associate Social Worker	-	1	0	0	0.00	0.00
	Licensed Clinical Social Worker	5431	6358	86	6	15.84	0.94
	Licensed Social Worker	484	686	6	0	12.40	0.00
	Registered Social Workers*	-	12	0	0	0.00	0.00
	Registration of Supervision	-	1710	0	0	0.00	0.00
Social Work Total		5915	8767	92	6	15.55	0.68

Appendix D – Sanctions*

Board	Occupation	Total Licensees [1]		Sanctions[2]		Sanctions Per 1000 Licensees[3]	
		FY2015	FY2016	FY2015	FY2016	FY2015	FY2016
Veterinary Medicine	Equine Dental Technician	24	23	0	0	0.00	0.00
	Full Service Veterinary Facility	768	772	11	6	14.32	7.77
	Restricted Veterinary Facility	315	332	2	3	6.35	9.04
	Veterinarian	3838	4217	55	68	14.33	16.13
	Veterinary Technician	1863	2032	18	13	9.66	6.40
Veterinary Medicine Total		6808	7376	86	90	12.63	12.20
Agency Total		372934	393764	7681	6987	20.60	17.74

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

[1] Any individual or entity that held a valid and current license within the designated timeframe.
[2] Shows the total number of sanctions imposed per licensed occupation and board.
[3] Shows the ratio of sanction per 1,000 licensees of the respective board and occupations.

† This is no longer a valid category of licensure

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Audiology & Speech-Language Pathology	Inability to Safely Practice	1	0	0	0	1	0
	Drug Related, Patient Care	1	0	0	0	1	0
	Abuse/Abandonment/Neglect	3	0	0	0	3	0
	Std of Care, Diagnosis/Treatment	2	0	3	0	5	0
	Unlicensed Activity	4	1	3	1	7	2
	Fraud, Patient Care	1	0	2	2	3	2
	Fraud, Non-Patient Care	2	0	1	0	3	0
	Business Practice Issues	0	0	3	0	3	0
	Continuing Competency Req Not Met	46	40	15	12	61	52
	Reinstatement	1	0	0	0	1	0
	HIPDB	42	41	16	15	58	56
Audiology & Speech Language Pathology Total		**103**	**82**	**43**	**30**	**146**	**112**
Counseling	Inability to Safely Practice	6	2	3	0	9	2
	Drug Related, Patient Care	3	0	0	0	3	0
	Abuse/Abandonment/Neglect	10	2	18	3	28	5
	Std of Care, Diagnosis/Treatment	15	4	31	4	46	8
	Std of Care, Medication/Prescription	0	0	2	2	2	2
	Std of Care, Exceeding Scope	2	0	3	0	5	0
	Inappropriate Relationship	14	5	17	2	31	7
	Unlicensed Activity	9	2	13	2	22	4
	Misappropriation of Patient Property	1	0	3	2	4	2
	Fraud, Patient Care	4	0	16	5	20	5
	Action by Another Board, Patient Care	0	0	1	0	1	0
	Criminal Activity	3	1	6	3	9	4

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Counseling	Fraud, Non-Patient Care	7	3	11	0	18	3
	Business Practice Issues	7	1	24	0	31	1
	Compliance	3	2	0	0	3	2
	Confidentiality Breach	6	2	5	0	11	2
	Continuing Competency Req Not Met	5	1	0	0	5	1
	Dishonored Check	0	0	1	1	1	1
	Records Release	5	2	5	0	10	2
	Reinstatement	2	2	7	6	9	8
	HIPDB	23	23	19	19	42	42
Counseling Total		125	52	185	49	310	101
Dentistry	Inability to Safely Practice	18	11	10	7	28	18
	Drug Related, Patient Care	39	26	30	18	69	44
	Abuse/Abandonment/Neglect	122	84	43	9	165	93
	Std of Care, Surgery	32	19	23	7	55	26
	Std of Care, Diagnosis/Treatment	304	122	336	92	640	214
	Std of Care, Medication/Prescription	22	18	13	5	35	23
	Std of Care, Malpractice Reports	21	6	15	5	36	11
	Std of Care, Exceeding Scope	2	1	4	0	6	1
	Std of Care, Other	5	0	0	0	5	0
	Inappropriate Relationship	3	2	3	2	6	4
	Unlicensed Activity	43	12	33	6	76	18
	Fraud, Patient Care	63	35	48	14	111	49
	Criminal Activity	6	3	2	0	8	3

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Dentistry	Drug Related, Non-Patient Care	4	1	6	2	10	3
	Fraud, Non-Patient Care	62	12	76	12	138	24
	Business Practice Issues	184	64	176	24	360	88
	Drug Related, Security	12	12	6	0	18	12
	Compliance	19	9	20	11	39	20
	Confidentiality Breach	3	0	3	1	6	1
	Records Release	23	9	26	10	49	19
	Reinstatement	9	6	3	3	12	9
	HIPDB	247	247	159	159	406	406
Dentistry Total		**1243**	**699**	**1035**	**387**	**2278**	**1086**
Funeral Directors & Embalmers	Inability to Safely Practice	1	0	2	2	3	2
	Abuse/Abandonment/Neglect	4	0	4	0	8	0
	Std of Care, Exceeding Scope	2	2	2	0	4	2
	Unlicensed Activity	18	4	25	6	43	10
	Fraud, Patient Care	4	0	3	0	7	0
	Action by Another Board, Patient Care	1	1	0	0	1	1
	Criminal Activity	1	0	0	0	1	0
	Fraud, Non-Patient Care	10	0	10	6	20	6
	Business Practice Issues	54	8	72	20	126	28
	Compliance	5	1	4	0	9	1
	Misappropriation of Property, NPC	0	0	5	5	5	5
	Confidentiality Breach	2	0	2	0	4	0
	Continuing Competency Req Not Met	8	8	0	0	8	8

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Funeral Directors & Embalmers	Action by Another Board, NPC	1	1	0	0	1	1
	Reinstatement	1	0	0	0	1	0
	HIPDB	0	0	3	0	3	0
Funeral Directors & Embalmers Total		112	25	132	39	244	64
Long-Term Care Administrators	Inability to Safely Practice	2	0	1	0	3	0
	Drug Related, Patient Care	3	2	4	4	7	6
	Abuse/Abandonment/Neglect	34	10	37	9	71	19
	Std of Care, Diagnosis/Treatment	16	6	17	5	33	11
	Std of Care, Medication/Prescription	2	0	3	1	5	1
	Std of Care, Exceeding Scope	0	0	1	0		
	Unlicensed Activity	7	4	6	2	13	6
	Misappropriation of Patient Property	6	3	0	0	6	3
	Fraud, Patient Care	2	2	2	0	4	2
	Criminal Activity	3	1	3	2	6	3
	Drug Related, Non-Patient Care	0	0	4	4	4	4
	Fraud, Non-Patient Care	7	2	4	0	11	2
	Business Practice Issues	50	14	49	11	99	25
	Drug Related, Security	1	0	0	0	1	0
	Compliance	3	3	3	3	6	6
	Misappropriation of Property, NPC	4	4	4	4	8	8
	Confidentiality Breach	0	0	4	4	4	4
	Continuing Competency Req Not Met	8	4	3	3	11	7

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Long-Term Care Administrators	Dishonored Check	0	0	1	1	1	1
	HIPDB	31	31	31	31	62	62
Long-Term Care Administrators Total		**179**	**86**	**177**	**84**	**356**	**170**
Medicine	Inability to Safely Practice	95	61	77	42	172	103
	Drug Related, Patient Care	175	107	142	65	317	172
	Abuse/Abandonment/Neglect	229	49	214	39	443	88
	Std of Care, Surgery	135	17	137	7	272	24
	Std of Care, Diagnosis/Treatment	855	76	822	53	1677	129
	Std of Care, Medication/Prescription	247	58	205	50	452	108
	Std of Care, Malpractice Reports	159	14	125	8	284	22
	Std of Care, Exceeding Scope	18	12	11	1	29	13
	Std of Care, Other	10	0	5	0	15	0
	Inappropriate Relationship	36	12	39	18	75	30
	Unlicensed Activity	109	66	131	82	240	148
	Misappropriation of Patient Property	2	2	1	0	3	2
	Fraud, Patient Care	67	15	104	14	171	29
	Action by Another Board, Patient Care	37	22	49	38	86	60
	Criminal Activity	46	23	48	22	94	45
	HPMP	14	11	4	2	18	13
	Drug Related, Non-Patient Care	12	6	3	3	15	9
	Fraud, Non-Patient Care	77	13	67	4	144	17
	Business Practice Issues	209	26	253	17	462	43
	Drug Related, Security	2	0	3	3	5	3

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Medicine	Compliance	14	12	8	5	22	17
	Confidentiality Breach	41	8	43	3	84	11
	Continuing Competency Req Not Met	1	0	1	0	2	0
	Dishonored Check	4	4	7	7	11	11
	Records Release	46	2	79	31	125	33
	Action by Another Board, NPC	12	7	9	1	21	8
	Reinstatement	31	26	25	25	56	51
	HIPDB	377	377	355	354	732	731
Medicine Total		**3060**	**1026**	**2967**	**894**	**6027**	**1920**
Nursing	Inability to Safely Practice	634	376	645	330	1279	706
	Drug Related, Patient Care	599	363	599	336	1198	699
	Abuse/Abandonment/Neglect	1021	353	906	258	1927	611
	Std of Care, Surgery	4	1	6	1	10	2
	Std of Care, Diagnosis/Treatment	594	236	366	142	960	378
	Std of Care, Medication/Prescription	260	100	272	129	532	229
	Std of Care, Malpractice Reports	17	5	7	3	24	8
	Std of Care, Exceeding Scope	117	65	108	64	225	129
	Std of Care, Other			1	0		
	Inappropriate Relationship	95	63	69	37	164	100
	Unlicensed Activity	86	41	99	43	185	84
	Misappropriation of Patient Property	152	91	207	124	359	215
	Fraud, Patient Care	307	183	281	175	588	358
	Action by Another Board, Patient Care	121	58	149	70	270	128

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Nursing	Criminal Activity	285	158	330	199	615	357
	HPMP	163	160	147	145	310	305
	Drug Related, Non-Patient Care	38	18	28	14	66	32
	Fraud, Non-Patient Care	175	103	146	74	321	177
	Business Practice Issues	158	18	186	26	344	44
	Drug Related, Security	8	2	22	10	30	12
	Compliance	187	159	205	167	392	326
	Misappropriation of Property, NPC	31	14	18	8	49	22
	Confidentiality Breach	58	15	66	26	124	41
	Continuing Competency Req Not Met	73	44	26	11	99	55
	Dishonored Check	19	18	42	41	61	59
	Records Release	2	0	2	0	4	0
	Action by Another Board, NPC	43	21	62	20	105	41
	Reinstatement	135	132	126	120	261	252
	HIPDB	1382	1379	1354	1349	2736	2728
Nursing Total		6764	4176	6475	3922	13239	8098
Optometry	Inability to Safely Practice	2	2	1	0	3	2
	Drug Related, Patient Care	1	0	0	0	1	0
	Abuse/Abandonment/Neglect	6	4	2	0	8	4
	Std of Care, Diagnosis/Treatment	14	8	21	0	35	8
	Std of Care, Medication/Prescription	8	7	2	0	10	7
	Std of Care, Malpractice Reports	3	3	1	0	4	3
	Unlicensed Activity	5	0	0	0	5	0
	Fraud, Patient Care	0	0	3	0		

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Nursing	Compliance						
	Confidentiality Breach						
	Continuing Competency Req Not Met						
	Criminal Activity						
	Dishonored Check						
	Drug Related, Non-Patient Care						
	Drug Related, Patient Care						
	Drug Related, Security						
	Fraud, Non-Patient Care						
	Fraud, Patient Care						
	HIPDB						
	HPMP						
	Inability to Safely Practice						
	Inappropriate Relationship						
	Misappropriation of Patient Property						
	Misappropriation of Property, NPC						
	Records Release						
	Reinstatement						
	Std of Care, Diagnosis/Treatment						
	Std of Care, Exceeding Scope						
	Std of Care, Malpractice Reports						
	Std of Care, Medication/Prescription						

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Optometry	Action by Another Board, Patient Care	0	0	1	1		
	Fraud, Non-Patient Care	2	0	3	0	5	0
	Business Practice Issues	15	2	11	0	26	2
	Compliance	4	0	0	0	4	0
	Confidentiality Breach	0	0	1	0		
	Continuing Competency Req Not Met	11	8	0	0	11	8
	Records Release	2	1	2	0	4	1
	HIPDB	20	20	1	1	21	21
Optometry Total		93	55	49	2	142	57
Pharmacy	Inability to Safely Practice	26	5	19	6	45	11
	Drug Related, Patient Care	34	20	26	15	60	35
	Abuse/Abandonment/Neglect	2	1	4	0	6	1
	Std of Care, Diagnosis/Treatment	6	1	4	0	10	1
	Std of Care, Medication/Prescription	61	16	44	4	105	20
	Std of Care, Malpractice Reports	1	0	0	0	1	0
	Std of Care, Exceeding Scope	2	1	1	0	3	1
	Std of Care, Other	1	1	0	0	1	1
	Inappropriate Relationship	1	0	1	0	2	0
	Unlicensed Activity	15	1	8	3	23	4
	Fraud, Patient Care	6	5	6	0	12	5
	Action by Another Board, Patient Care	1	1	2	1	3	2
	Criminal Activity	35	12	12	6	47	18
	Drug Related, Non-Patient Care	29	16	33	21	62	37

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Pharmacy	Fraud, Non-Patient Care	5	4	3	0	8	4
	Business Practice Issues	563	476	627	569	1190	1045
	Drug Related, Security	14	8	3	0	17	8
	Compliance	4	1	0	0	4	1
	Misappropriation of Property, NPC	0	0	1	0	1	0
	Confidentiality Breach	5	0	4	3	9	3
	Continuing Competency Req Not Met	101	95	100	92	201	187
	Dishonored Check	0	0	5	5	5	5
	Action by Another Board, NPC	1	1	6	0	7	1
	Reinstatement	6	5	5	5	11	10
	HIPDB	626	626	699	699	1325	1325
Pharmacy Total		**1545**	**1296**	**1613**	**1429**	**3158**	**2725**
Physical Therapy	Inability to Safely Practice	9	0	11	1	20	1
	Drug Related, Patient Care	0	0	1	0	1	0
	Abuse/Abandonment/Neglect	8	0	14	10	22	10
	Std of Care, Diagnosis/Treatment	16	2	12	3	28	5
	Std of Care, Exceeding Scope	1	0	3	2	4	2
	Inappropriate Relationship	0	0	10	10	10	10
	Unlicensed Activity	5	2	2	0	7	2
	Fraud, Patient Care	9	2	6	2	15	4
	Action by Another Board, Patient Care	4	3	0	0	4	3
	Criminal Activity	1	0	0	0	1	0
	HPMP	2	0	0	0	2	0
	Fraud, Non-Patient Care	4	0	3	2	7	2

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Physical Therapy	Business Practice Issues	10	2	4	0	14	2
	Compliance	2	1	4	3	6	4
	Misappropriation of Property, NPC	1	0	0	0	1	0
	Confidentiality Breach	2	2	0	0	2	2
	Continuing Competency Req Not Met	2	1	16	15	18	16
	HIPDB	9	9	31	31	40	40
Physical Therapy Total		85	24	117	79	202	103
Psychology	Inability to Safely Practice	5	2	2	1	7	3
	Abuse/Abandonment/Neglect	4	0	6	0	10	0
	Std of Care, Diagnosis/Treatment	19	0	37	0	56	0
	Std of Care, Exceeding Scope	3	3	3	0	6	3
	Std of Care, Other	0	0	1	0	1	0
	Inappropriate Relationship	4	2	6	0	10	2
	Unlicensed Activity	4	0	5	0	9	0
	Fraud, Patient Care	2	0	5	0	7	0
	Criminal Activity	2	2	0	0	2	2
	Drug Related, Non-Patient Care	2	2	0	0	2	2
	Fraud, Non-Patient Care	2	0	6	0	8	0
	Business Practice Issues	2	0	6	0	8	0
	Compliance	0	0	1	0	1	0
	Confidentiality Breach	4	0	4	0	8	0
	Continuing Competency Req Not Met	2	0	1	0	3	0
	Records Release	8	0	9	0	17	0

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Psychology	HIPDB	7	7	1	1	8	8
Psychology Total		**70**	**18**	**93**	**2**	**163**	**20**
Social Work	Inability to Safely Practice	3	2	5	0	8	2
	Abuse/Abandonment/Neglect	8	4	8	2	16	6
	Std of Care, Diagnosis/Treatment	19	6	21	0	40	6
	Std of Care, Exceeding Scope	1	0	0	0	1	0
	Inappropriate Relationship	4	3	4	2	8	5
	Unlicensed Activity	19	7	6	0	25	7
	Fraud, Patient Care	6	4	13	0	19	4
	Criminal Activity	2	2	1	0	3	2
	Fraud, Non-Patient Care	2	1	3	0	5	1
	Business Practice Issues	7	2	20	0	27	2
	Compliance	1	1	0	0	1	1
	Confidentiality Breach	1	0	5	0	6	0
	Continuing Competency Req Not Met	12	10	2	0	14	10
	Records Release	5	0	3	0	8	0
	Reinstatement	9	9	0	0	9	9
	HIPDB	39	39	2	2	41	41
Social Work Total		**138**	**90**	**93**	**6**	**231**	**96**
Veterinary Medicine	Inability to Safely Practice	5	0	10	5	15	5
	Drug Related, Patient Care	2	0	6	2	8	2
	Abuse/Abandonment/Neglect	12	3	26	8	38	11
	Std of Care, Surgery	11	5	14	8	25	13

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Veterinary Medicine	Std of Care, Diagnosis/Treatment	60	12	107	20	167	32
	Std of Care, Medication/Prescription	14	5	17	4	31	9
	Std of Care, Exceeding Scope	0	0	3	2	3	2
	Std of Care, Other	1	0	1	0	2	0
	Unlicensed Activity	42	13	25	13	67	26
	Fraud, Patient Care	4	2	3	0	7	2
	Action by Another Board, Patient Care	0	0	1	0	1	0
	Drug Related, Non-Patient Care	0	0	6	4	6	4
	Fraud, Non-Patient Care	2	2	0	0	2	2
	Business Practice Issues	28	12	54	10	82	22
	Drug Related, Security	13	7	8	4	21	11
	Compliance	8	5	13	6	21	11
	Confidentiality Breach	0	0	1	1	1	1
	Continuing Competency Req Not Met	25	20	2	2	27	22
	Records Release	4	0	6	0	10	0
	Reinstatement	1	0	1	1	2	1
Veterinary Medicine Total		**232**	**86**	**304**	**90**	**536**	**176**
Grand Total	Inability to Safely Practice	807	461	786	394	1593	855
	Drug Related, Patient Care	857	518	808	440	1665	958
	Abuse/Abandonment/Neglect	1463	510	1282	338	2745	848
	Std of Care, Surgery	182	42	180	23	362	65
	Std of Care, Diagnosis/Treatment	1920	473	1777	319	3697	792
	Std of Care, Medication/Prescription	614	204	558	195	1172	399

Appendix E - Categories

Board	Occupation	FY 2015		FY 2016		Total	
		Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]	Category Count[1]	Sanction Count[2]
Grand Total	Std of Care, Malpractice Reports	201	28	148	16	349	44
	Std of Care, Exceeding Scope	148	84	139	69	287	153
	Std of Care, Other	17	1	8	0	25	1
	Inappropriate Relationship	157	87	149	71	306	158
	Unlicensed Activity	366	153	356	158	722	311
	Misappropriation of Patient Property	161	96	211	126	372	222
	Fraud, Patient Care	475	248	492	212	967	460
	Action by Another Board, Patient Care	164	85	203	110	367	195
	Criminal Activity	384	202	402	232	786	434
	HPMP	179	171	151	147	330	318
	Drug Related, Non-Patient Care	85	43	80	48	165	91
	Fraud, Non-Patient Care	357	140	333	98	690	238
	Business Practice Issues	1287	625	1485	677	2772	1302
	Drug Related, Security	50	29	42	17	92	46
	Compliance	250	194	258	195	508	389
	Misappropriation of Property, NPC	36	18	28	17	64	35
	Confidentiality Breach	122	27	138	38	260	65
	Continuing Competency Req Not Met	294	231	166	135	460	366
	Dishonored Check	23	22	56	55	79	77
	Records Release	95	14	132	41	227	55
	Action by Another Board, NPC	57	30	77	21	134	51
	Reinstatement	195	180	167	160	362	340
	HIPDB	2803	2799	2671	2661	5474	5460
Grand Total		**13749**	**7715**	**13283**	**7013**	**27032**	**14728**

[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	10	1
Counseling	5	No cases fit the criteria for the biennium
Dentistry	60	
Funeral Directors & Embalmers	14	
Long-Term Care Administrators	1	
Medicine	19	
Nursing	39	
Optometry	8	
Pharmacy	17	
Physical Therapy	0	
Psychology	2	
Social Work	3	
Veterinary Medicine	42	
Agency Total	220	1

Appendix G – Disciplinary Staff

Board	Complaints Closed			FTEs *			Complaints Closed per FTE		
	FY 13-14	FY 15-16	Change	FY 13-14	FY 15-16	Change	FY 13-14	FY 15-16	Change
Audiology & Speech Language Pathology	72	48	-33.33%	0.3	0.66	120.00%	240	72.73	-69.70%
Counseling	168	160	-4.76%	0.33	0.67	103.03%	509.09	238.81	-53.09%
Dentistry	702	988	40.74%	3.5	3.5	0.00%	200.57	282.29	40.74%
Funeral Directors & Embalmers	167	143	-14.37%	0.58	0.67	15.52%	287.93	213.43	-25.87%
Long-Term Care Administrators	92	122	32.61%	0.58	0.67	15.52%	158.62	182.09	14.80%
Medicine	2794	2989	6.98%	7.25	8	10.34%	385.38	373.63	-3.05%
Nursing	4497	4905	9.07%	10	10	0.00%	449.7	490.50	9.07%
Optometry	74	78	5.41%	0.3	0.66	120.00%	246.67	118.18	-52.09%
Pharmacy	1123	999	-11.04%	3.25	3	-7.69%	345.54	333.00	-3.63%
Physical Therapy	92	85	-7.61%	0.58	0.67	15.52%	158.62	126.87	-20.02%
Psychology	141	123	-12.77%	0.33	0.67	103.03%	427.27	183.58	-57.03%
Social Work	132	136	3.03%	0.33	0.67	103.03%	400	202.99	-49.25%
Veterinary Medicine	331	350	5.74%	1	0.68	-32.00%	331	514.71	55.50%
Administrative Proceedings Division				20	20	0.00%			
Enforcement Division				71	74.5	4.93%			
Agency Total	**10385**	**11126**	**7.14%**	**119.33**	**125.02**	**4.77%**	**87.03**	**88.99**	**2.26%**

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

Appendix H – Financial Overview

Board	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Language Pathology	696,260	1.09%	594,764	1.03%
Certified Nurse Aides	3,394,201	5.30%	3,505,126	6.06%
Counseling	1,605,455	2.50%	1,646,380	2.84%
Dentistry	5,133,407	8.01%	4,608,580	7.96%
Funeral Directors and Embalmers	1,593,000	2.49%	1,107,172	1.91%
Healthcare Work Force	-	0.00%	-	0.00%
Long Term Care Administrators	1,225,251	1.91%	902,415	1.56%
Medicine	14,872,010	23.20%	14,033,317	24.25%
Miscellaneous Grants - *(National Governors' Association)*	-	0.00%	2,287	0.00%
Nurse Scholarships	66,532	0.10%	55,297	0.10%
Nursing	22,802,540	35.57%	18,657,473	32.24%
Optometry	599,760	0.94%	544,068	0.94%
Pharmacy	6,284,674	9.80%	6,167,078	10.66%
Physical Therapy	1,443,400	2.25%	1,019,087	1.76%
Prescription Monitoring Program	235,881	0.37%	1,706,696	2.95%
Psychology	942,010	1.47%	721,871	1.25%
Social Work	992,210	1.55%	923,713	1.60%
Veterinary Medicine	2,212,015	3.45%	1,675,977	2.90%
Total	**$64,098,605**	**100.00%**	**$57,871,299**	**100.00%**