

**DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
May 3, 2011**

TIME AND PLACE: The meeting was called to order at 11:00 a.m. on Tuesday, May 3, 2011, at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room 2, Henrico, VA, 23233.

PRESIDING OFFICER: Damien Howell, MS, PT, OCS, Chair

MEMBERS PRESENT: Damien Howell, MS, PT, OCS
David Kozera
Jonathan Noble
John Wise, DVM

MEMBERS NOT PRESENT: Fernando Martinez
Yvonne Haynes

STAFF PRESENT: Elizabeth A. Carter, Ph.D., Executive Director for the Board
Justin Crow, Research Assistant
Laura Chapman, Operations Manager

OTHERS PRESENT: Wendy DiNonno-VaAGC
Lynn Onesty, Riverside Regional Medical Center
Lisa Ballou, Riverside Regional Medical Center
Carrie Eddy, VDH
Nicole Pugar, VCU
Emy Harris, VCU, Medical Laboratory Scientists
Teresa Nadder, VCU
Susan Ward, VHHA
Rebecca T. Perdue, VSCLS, Medical Laboratory Scientists

QUORUM: With four members present a quorum was established.

AGENDA: No additions or changes were made to the agenda.

PUBLIC COMMENT: No public comment.

APPROVAL OF MINUTES: Meeting minutes from February 15, 2011 and April 5, 2011 were approved.

EMERGING PROFESSIONS UPDATE: Research Assistant Justin Crow provided updates on the Board's current projects relating to emerging professions and their impact on the agency. These include Medical Laboratory Scientists /Technicians and Genetic Counselors. (Attachment 1)

Medical Laboratory Scientists/Techs

The CMS data requested in July 2010 on the laboratory inspection types and extent of deficiencies and whether they were

related to pre, post, or within laboratory factors deemed fundamentally important in determining how best to ensure public safety was just received on April 21, 2011. Mr. Howell deemed that this short timeframe did not provide the Committee with enough time to meaningfully review the inspection findings before today's meeting. However, he does anticipate that they should be able to render a final decision at the next meeting to be scheduled in summer.

Genetic Counselors

At the February 15, 2011 meeting the Regulatory Research Committee concluded that state regulation of Genetic Counselors is warranted. A public hearing was held April 5, 2011 to receive comment on the appropriate level of regulation with additional written comment received until April 22, 2011. After review of the comments received, a motion was made by Mr. Howell that regulation be set at the licensure level with the establishment of an advisory board reporting to the Board of Medicine. Mr. Kozera properly seconded the motion which passed unanimously.

Scope of Practice-Team Approach

Dr. Carter advised the Committee of a potential research project designed to identify barriers to safe healthcare access and effective team practice that may exist due to current scope of practice limits. The project is in response to the request from the Secretary of Health and Human Resources for assistance from the Board in follow-up to the Virginia Health Reform Initiative (VHRI) findings, to date, and most directly relates to the VHRI Capacity Task Force's work. If the full Board accepts the research project, it will be assigned to the Regulatory Research Committee to develop a detailed study workplan. In keeping with the VHRI Capacity Task Force's conclusions, Nurse Practitioners will be recommended as the initial profession examined during the remainder of CY2011, then followed by Pharmacists. This study would be funded by the Board of Health Professions budget. The deadline for Nurse Practitioner recommendations is to be slated for November 1, 2011.

NEW BUSINESS: There was no new business.

ADJOURNMENT: The meeting adjourned at 11:48 a.m.

Damien Howell, P.T., D.P.T., O.C.S
Chair

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

Attachment 1

1. Clinical Laboratory Scientists
 - a. FOIA Request
 - i. Received documents April 21st
 - ii. Interpreting and reviewing documents
 - iii. Provide summary/scan for next meeting
2. Background to Genetic Counseling
 - a. Scope traditionally involved Genetic Conditions, and pre and post-natal counseling
 - b. Genetic medicine has expanded into other specialty areas
 - c. Practitioners and the public lack knowledge of genetic medicine
 - d. Technology (specifically genetic tests) have proliferated more quickly than the wisdom to use and interpret them
 - e. Genetic Counselors' have the wisdom, but there is a shortage of genetic counselors.
 - f. Reported instances of harm come from a lack of services/referral from trained genetic counselors by licensed practitioners. They do not stem from genetic counselors themselves, or from services provided by uncredentialed counseling—yet.
3. Summarize
 - a. A field expanding into new areas
 - b. Demand for the knowledge and skills of genetic counselors
 - c. Shortage of genetic counselors
 - d. "Gap-filling" by physician and genetic testing companies
4. Reasons for licensure
 - a. Risk of harm due to practices inherent in the profession
 - i. Life-changing preventive actions
 - ii. Failure to take preventive measures
 - b. Opportunity exists for unqualified Counselors due to shortage/lack of knowledge
 - i. Pressure on physicians and testing companies to fill the gap
 - ii. May not be aware of credentials/qualification
 - iii. Patients/physicians may rely on limited knowledge, limited information from testing companies(salespeople, CSRs), or on inadequately trained individuals
5. Reasons for Voluntary Certification
 - a. Spread of genetic medicine to new fields is recent
 - i. Spread is expected to be broad
 - ii. Do not know how genetic knowledge may be integrated into new specialty areas
 - iii. Do not know how other professions (regulated and unregulated) will integrate this knowledge
 - b. Shortage of Genetic Counselors

- i. Physicians and patients have difficulty identifying credentialed providers
 - ii. Allows physicians/patients to use existing providers of counseling services (e.g. GC graduates w/o certification; telecounseling; trained or experienced staff).
 - c. Food and Drug Administration is developing regulations for genetic tests (as medical devices)
 - i. Require some be provided only through physicians
 - ii. Require more thorough instructions/indications, which may include genetic counseling
 - iii. Regulation of genetic counselors may be premature
 - d. Reported instances of harm
 - i. Indicate physicians or nurses: either poor counseling or lack of referral
 - ii. None indicate unlicensed/unqualified counselors
- 6. Discussion