

**Department of Health Professions
Board of Health Professions
REGULATORY RESEARCH COMMITTEE
February 25, 2014**

TIME AND PLACE: The meeting was called to order at 10:00 on Tuesday, February 25, 2014, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, VA, 23233.

PRESIDING OFFICER: Irene Farquhar, Chair

MEMBERS PRESENT: Irene Farquhar
Allison Gregory
Yvonne Haynes
Charlotte Markva

MEMBERS NOT PRESENT: Maureen Clancy

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

OTHERS PRESENT: There were no individuals signed in.

QUORUM: A quorum was established with four members in attendance.

EMERGENCY EGRESS PROCEDURES: Dr. Carter provided the emergency egress procedures.

AGENDA: There were not edits made to the agenda.

PUBLIC COMMENT: There was no public comment.

APPROVAL OF MINUTES: July 30, 2013 Public Hearing Meeting
On properly seconded motion by Ms. Haynes, the meeting minutes were unanimously approved.

July 30, 2013 Committee Meeting
On properly seconded motion by Ms. Gregory, the meeting minutes were unanimously approved.

PHARMACY TECHNICIAN REVIEW Pharmacy Technician Review Update
Dr. Carter provided a PowerPoint presentation on the status of the Pharmacy Technician review. (Attachment 1).

On properly seconded motion by Ms. Markva, the Committee unanimously agreed to table the review until 2015, with staff directed to continue monitoring developments in the profession in the interim.

**DENTAL HYGIENIST
REVIEW**

Dental Hygienist Review Update
Mr. Crow provided a PowerPoint presentation on the status of the Dental Hygienist review. (Attachment 2)

Mr. Crow noted that the Joint Commission on Health Care (JCHC) has approved for its 2014 workplan a targeted study of the dental capacity and educational priorities of Virginia's oral health care safety net providers – to include an in depth look at ways to more proactively divert patients from ERs to dental resources within their communities and to include discussion on alternative settings where additional providers (such as registered dental hygienists) can practice to access additional patient populations that are not being reached. Mr. Crow stated that the Board of Health Professions study is directly relevant to informing the JCHC review.

On properly seconded motion by Ms. Haynes, the Committee voted unanimously to support assisting the JCHC with their review.

**MILITARY
CREDENTIALING
REVIEW**

Dr. Carter provided the Committee with an overview of the Military Credentialing Review's progress. In September 2013, Virginia was selected, along with Illinois, Iowa, Minnesota, Nevada and Wisconsin, to participate in the National Governors Association (NGA) Center for Best Practices *Veterans' Licensing and Certification Demonstration Policy Academy*. The objective of the grant is to streamline credentialing and licensing by creating model pathways from medic to EMT, AEMT, and Paramedic; to LPN, and to PTA as a means of decreasing unemployment among veterans' and service members. Dr. Carter described the overall workplan approach. The Committee will be updated as progress is made.

NEW BUSINESS:

There was no new business.

ADJOURNMENT:

With no other business to conduct, the meeting adjourned at 11:01 a.m.

Irene V. Farquhar
Chair

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



Department of Health Professions

*Virginia Board of Health Professions
Pharmacy Technician Scope of Practice Review
Update*

Elizabeth A. Carter, Ph.D.
Executive Director
February 23, 2014
Regulatory Research Committee
Board Room #2
Perimeter Center
Henrico, VA



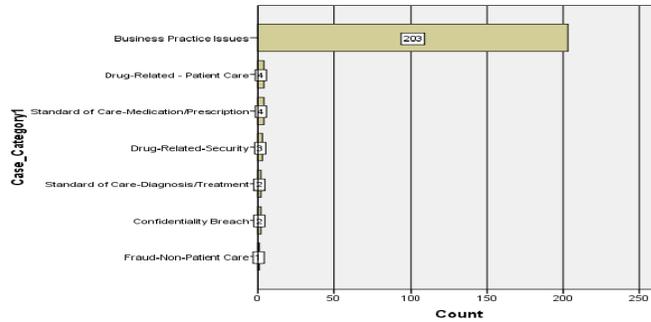
Department of Health Professions

Report

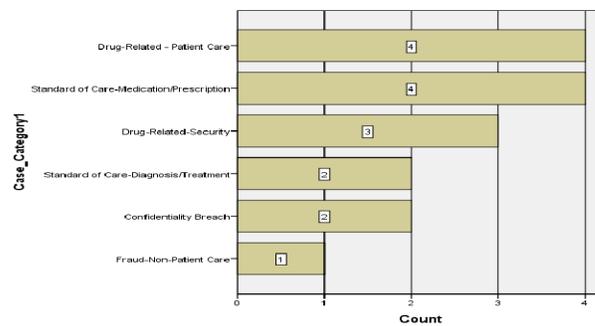
- July 2013 Draft report – little has changed
- Updates relating to discipline, military credentials, and national credentialing organizations.
- Continue the review now or table pending developments?



Pharmacist Complaint Categories 7/1/13-2/2/14

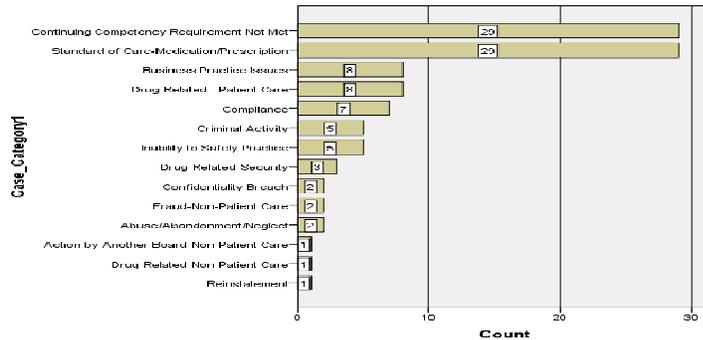


Pharmacist Complaint Categories 7/1/13-2/2/14 Removing Business Practices for Comparison of Details





Pharmacy Technician Complaint Categories 7/1/13-2/2/14

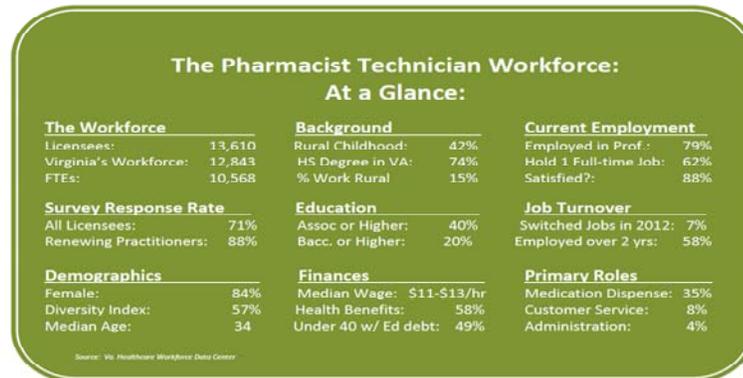


Military Credentialing

- Joint Services Training for all branches of service.
- Program accredited by the American Society of Health System Pharmacists beginning September 21, 2012
- Individuals who complete this training earn 35 semester hours of college credit from the Community College of the Air Force



Virginia Pharmacy Technician Workforce: 2012



Almost three quarters of Virginia's Pharmacy Technicians reported holding additional certifications in 2012.



Source: Va. Healthcare Workforce Data Center



News Updates

- PTCB certifications have passed the half-million mark nationally (reported Oct 2013.)
- The updated PTCB exam implemented on November 1, 2013.
- American Society of Health-System Pharmacists and Accreditation Council for Pharmacy Education's announced in August 2013 the creation of the new Pharmacy Technician Accreditation Commission (expected to begin in late 2014).



News Updates

- Existing ACPE accreditation standards remain until January 2015.
- Beginning 2020, initial PTCB certification will require graduation from Pharmacy Technician Accreditation Commission accredited program.



Next Steps

- No scope of practice expansion related to clinical care anticipated at this time?
- PMP legislation to allow delegation.
- Continue ongoing monitoring or table pending future developments?



Dental Hygienists Scope of Practice Review

Board of Health Professions

Justin Crow, MPA

Deputy Executive Director

Virginia Board of Health Professions

BHP Regulatory Research Committee



Purpose

- Virginia Health Reform Initiative
 - Update Scope of Practice Laws to increase healthcare capacity
 - BHP Priorities (May 2010 Meeting)
 - ✓ – Nurse Practitioners
 - ✓ – Pharmacists & Pharmacy Technicians
 - Dental Hygienists
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- **CRITERION ONE: RISK FOR HARM TO THE CONSUMER**
 - **CRITERION TWO: SPECIALIZED SKILLS AND TRAINING**
 - **CRITERION THREE: AUTONOMOUS PRACTICE**
 - **CRITERION FOUR: SCOPE OF PRACTICE**
 - **CRITERION FIVE: ECONOMIC IMPACT**
 - **CRITERION SIX: ALTERNATIVES TO REGULATION**
 - **CRITERION SEVEN: LEAST RESTRICTIVE REGULATION**
 - When it is determined that the State regulation of the occupation or profession is necessary, *the least restrictive level of occupational regulation consistent with public protection will be recommended* to the Governor, the General Assembly and the Director of the Department of Health Professions
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Virginia's Dental Workforce

- Dentist
 - Diagnosis, treatment, surgery, dental home
 - Dental Assistant
 - Chairside Assistant
 - Dental Assistant II—Expanded Role
 - Dental Hygienist
 - Prophylactic Hygiene
 - Cleaning, sealing, fluoride application, patient education
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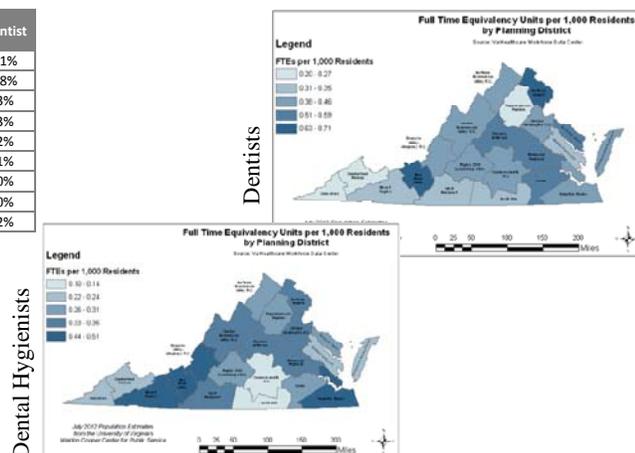
Hygienist Scope of Practice in Va

- “General Supervision”
 - Dentist evaluates patient and prescribes hygiene services prior to services being provided.
 - Dentist does not have to be on site when most services are provided.
 - Only topical anesthesia.
 - Authorization for 10 months max.
 - Total of 4 Dental Hygienists & Dental Assistant IIs per Dentist



Scope of Practice & Access

Primary Workplace	Dental Hygienist	Dentist
Solo Practice	53%	51%
Group Practice	39%	38%
Hospital	1%	3%
Public Health	1%	3%
Dental School	2%	2%
Community Clinic	1%	1%
Long-term Care	0%	0%
K-12 School	0%	0%
Other	3%	2%





Va. Pilot Program

- “Remote Supervision”
 - VDH Public Health Hygienists w/ 2 years exp only
 - RS w/ VDH Dentist
 - Can supervise any # of hygienists
 - Annual on-site review
 - Personal communication every 14 days
 - Daily report review
 - Limited services
 - Education & prevention
 - Sealants, Fluoride, Prophylactic cleaning (No anesthesia)



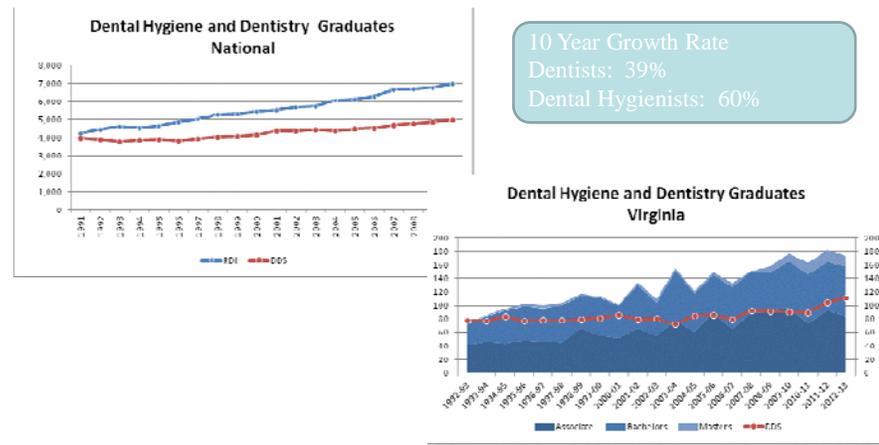
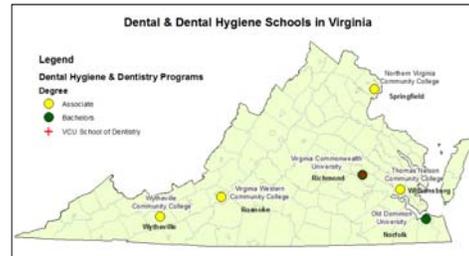
Models at a Glance

	Virginia Dental Hygienist	Virginia Pilot Program	Colorado Dental Hygienist	Maine Independent Practice DH	California Registered DH in Alternative Practice	Massachusetts Public Health DH
Additional eligibility requirements	None	• Two years experience	None	• Assoc + 5,000 hrs exp • BSDH + 2,000 hrs exp	• Bachelor's degree	• Three years full-time experience
Settings	Any	Public Health Agency	Any	Any	Dental shortage areas, Long term care, K-12 schools, Hospitals, Public Health	Long term care, K-12 schools, Hospitals, Community Health Clinics
Tasks						
Local/inhalation anesthesia	DS		DS			
X-rays, etc.	DS		IA			
Polishing	GS		IA	IA		
Apply topical anesthetic agents	GS		IA	IA		RS
Scaling	GS	RS	IA	IA	IA	RS
Clinical Examination	GS	RS	IA	IA	IA	RS
Prophylaxis	GS	RS	IA	IA	IA	RS
Apply Sealants	GS	RS	IA	IA	IA	RS
Application of topical fluorides	GS	RS	IA	IA	IA	RS
Oral Health Education	IA	RS	IA	IA	IA	RS
Preliminary Screenings/assessment	IA	RS	IA	IA	IA	RS



Education

Program Type	National	Virginia
Entry-Level Programs		
Certificate	8	0
Associate	287	4
Bachelor	53	2
Degree Completion Programs		
Dental Hygiene (BSDH)	44	1 (ODU)
Related (Health Science, Allied Health)	11	0
Masters Programs		
Dental Hygiene (MSDH)	17	1 (ODU)
Related (Health Science, Oral Health Care)	5	0





Joint Commission on Health Care Study

J Include in the JCHC Work Plan for 2014, a targeted study of the dental capacity *and educational priorities* of Virginia's oral health care safety net providers – *to include an in depth look at ways to more proactively divert patients from ERs to dental resources within their communities and to include discussion on alternative settings where additional providers (such as registered dental hygienists) can practice to access additional patient populations that are not being reached. The study and its objectives should be led by the many and diverse stakeholder in the oral health community:* The Virginia Department of Health, Virginia Association of Free Clinics, Virginia Community Healthcare Association, *the Virginia Dental Hygienists' Association, the Virginia College of Emergency Physicians, Virginia Dental Association, Virginia Commonwealth University School of Dentistry, Virginia Health Care Foundation, Old Dominion Dental Society, Virginia Oral Health Coalition, Virginia Health Care Association, and Virginia Rural Health Association* will be asked to work with JCHC staff in determining the need for any *additional funding and resources to take care of Virginia's most vulnerable citizens. Furthermore, the group would be charged with taking a longer view of resources needed to improve education, awareness and proactivity for changing oral hygiene habits. The group would also collaborate with the Department of Education and other education stakeholders to expand oral health education in public schools.* (This approved Option combines the amendments proposed by VDA, VDHA, VBPD, and VACEP.)