Attachment 1

States Licensure

States Licensure

State	Licensing Board	Type of License	Education	CE	Apprenticeship	Regulations	Discipline
Alabama	Alabama Board of Funeral Service	Embalmer	High school and mortuary college	8 hrs/2 years	2 years before exam	X	n/a
Alabama	Alabama Board of Funeral Service	Funeral Director	High school	8 hrs/2 years	2 years before exam	X	n/a
Alaska	Alaska Div. of Occupational Licensing	Embalmer	Graduation from accredited mortuary college	No	1 year under licensed embalmer	X	5
Alaska	Alaska Div. of Occupational Licensing	Funeral Director	30 semester hours from a college or university	No	1 year under funeral director in Alaska	X	5
Arizona	Arizona State Board of Funeral Directors and Embalmers	Embalmer	High school; mortuary college; pass national exam	12 hrs/year	1 year after school	X	n/a
Arizona	Arizona State Board of Funeral Directors and Embalmers	Funeral Director	High school; mortuary college; 1 year embalmer licensure & experience	12 hrs/year	1 year after school	X	n/a
Arkansas	Arkansas State Board of Embalmers & Funeral Directors	Embalmer	High school; mortuary college	6 hrs/year	1 year before, during or after school	X	Fee to acquire data
Arkansas	Arkansas State Board of Embalmers & Funeral Directors	Funeral Director	High school	6 hrs/year	2 years except with mortuary school, then 1 year before, during or after school	X	Fee to acquire data
California	California Cemetery & Funeral Bureau	Embalmer	High school plus a degree in mortuary science	No	2 years before, during or after mortuary college	X	34
California	California Cemetery & Funeral Bureau	Funeral Director	Associate of Arts or equivalent (any subject)	No	no	X	44
Colorado***	Colorado Funeral Directors Association (CFDA)	Embalmer-Voluntary Certification	No current licensing requirements; however, active voluntary certification program	No	Contact Colorado FDA for more information	does not require a license	n/a
Colorado***	Colorado Funeral Directors Association (CFDA)	Funeral Director-Voluntary Certification	No current licensing requirements; however, active voluntary certification program	No	Contact Colorado FDA for more information	does not require a license	n/a

Updated 5/20/2015 LJ

States Licensure

Connecticut	Connecticut Department of Public Health	Embalmer	High school plus associate degree in mortuary science, must pass the national board	6 hrs/year	1 year; over 50 human bodies embalmed under direct supervision	X	Combined Embalmer & Funeral Dir. 2015 = 1 2014 = 4 2013 = 6 2012 = 7 2011 = 6 2010 = 5 2009 = 4 2008 = 8
Connecticut	Connecticut Department of Public Health	Funeral Director	High school plus associate degree in mortuary science, must pass the national board	6 hrs/year	1 year; over 50 human bodies embalmed under direct supervision	X	Combined Embalmer & Funeral Dir. 2015 = 1 2014 = 4 2013 = 6 2012 = 7 2011 = 6 2010 = 5 2009 = 4 2008 = 8
DC	District of Columbia Board of Funeral Directors	Funeral Director	High school plus 2 years mortuary college	6 hrs/year or 12 hrs/2 years	2 years after school	X	n/a
Delaware	Delaware Board of Funeral Service	Funeral Director	High school plus equivalent of Associate degree from ABFSE accredited postsecondary institution; total of at least 60 semester credit hours	10 hrs/2 years	1 year after school	X	1
Florida	Florida Dept. of Financial Services	Embalmer	High school and 12 months mortuary college program	12 hrs/2 years plus HIV/AIDS course	1 year after school	X	Combined Embalmer & Funeral Dir. 2015 = 0 2014 = 21 2013 = 18
Florida	Florida Dept. of Financial Services	Funeral Director	High school plus associate degree in mortuary science, must pass the national board	12 hrs/2 years plus HIV/AIDS course	1 year after school	X	22
Georgia	Georgia Board of Funeral Service	Embalmer	High school plus mortuary college (12 months); pass national board exam and state laws exam for funeral directors	10 hours/2 yrs	18 months before or after school	X	22
Georgia	Georgia Board of Funeral Service	Funeral Director					47

Updated 5/20/2015 LJ

States Licensure

Hawaii	Hawaii Sanitation Branch	Embalmer	Must meet one of three qualifications; 1) 1 year of practical experience and graduation from a recognized school of embalming; 2) or two years practical experience under registered embalmer in state and completion of four year high school; 3) or five years practical experience under registered embalmer	No	No	X	n/a
Idaho	Idaho Board of Morticians	Funeral Director	Two years college plus 15 semester credit hours or equivalent from a mortuary college	8 hrs/year	1 year before or after school		16
Idaho	Idaho Board of Morticians	Mortician	Two years college plus mortuary college; 60 semester credits in college	8 hrs/year	1 year before or after school	X	21/324
Illinois	Illinois Professional Services Section	Funeral Director	30 semester hours of college credit plus mortuary college or associate or bachelors degree in mortuary science	12 hours	1 year after school	X	0
Illinois	Illinois Professional Services Section	Funeral Director and Embalmer	30 semester hours of college credit plus mortuary college or associate or bachelors degree in mortuary science	24 hrs/2 years funeral director/embalmer	1 year after school	X	2013-32 2014-14 2015-5
Indiana	Indiana State Board of Funeral & Cemetery Service	Embalmer - 1985 or prior	1 year college plus mortuary college	10 hrs/2 years	1 year after school	X	Combined 2013-2015 45
Indiana	Indiana State Board of Funeral & Cemetery Service	Funeral Director	1 year college plus mortuary college	10 hrs/2 years	1 year after school	X	Combined 2013-2015 45
Iowa*	Iowa Board of Mortuary Science	Funeral Director	Student must have minimum of 60 semester hours as indicated on the transcript from a regionally accredited college or university with a minimum of 2.0 or "C" GPA and a course in mortuary science from a school accredited by the American Board of Funeral Service Education. 60 semester hours shall not include any technical or vocational mortuary science courses.	24 hrs/2 years	1 year after school	X	2013-2 2014-1 2015-0

Updated 5/20/2015 LJ

States Licensure

Kansas	Kansas State Board of Mortuary Arts	Embalmer	Associate degree in mortuary science; must pass national board exam after earning degree	12 hrs/2 years	Within 2 years after passing examination	X	2004-1 2005-2 2006-1 2007-1 2008-1 2009-1 2010-0 2011-1 2012-1 2014-1
Kansas	Kansas State Board of Mortuary Arts	Funeral Director	60 semester hours from a college or university (20 of which are defined by state board); must pass state board exam after apprenticeship	12 hrs/2 years	1 year prior to taking board exam	X	2004-0 2005-1 2006-1 2007-3 2008-2 2009-4 2010-2 2011-5 2012-1 2014-1
Kentucky	Kentucky Board of Embalmers & Funeral Directors	Embalmer	High school plus associate degree in Mortuary Science	Minimum 12 hrs/2 years; minimum of 6 CE hrs shall be in a live, interactive, in-person format	1 year before or after school	X	n/a
Kentucky	Kentucky Board of Embalmers & Funeral Directors	Funeral Director	High school	Minimum 12 hrs/2 years; minimum of 6 CE hrs shall be in a live, interactive, in-person format	3 consecutive years	X	n/a
Louisiana	Louisiana State Board of Embalmers & Funeral Directors	Funeral Director	High school plus mortuary science program of 15 months	High School plus mortuary science program of 15 months	Apprenticeship must be served after completing 30 semester hour requirement; 1 year of apprenticeship may be served prior to entering school.	X	n/a

Updated 5/20/2015 LJ

States Licensure

Louisiana	Louisiana State Board of Embalmers & Funeral Directors	Funeral Director and Embalmer	High school plus 30 semester hours college	4 hrs/year	Apprenticeship must be served after completing 30 semester hours of requirement; 1 year of apprenticeship may be served prior to entering school	X	n/a
Maine	Maine Board of Funeral Service	Practitioner in Funeral Service	Associate degree from two year college; or 50 credit hours at an ABFSE accredited science college and completion of semester credit hours for good standing admission in the second year class of any college or university; must pass the national boards	12 hrs/2 years	1 year before or after school	X	2013-6 2014-8 2015-2
Maryland	Maryland Board of Morticians & Funeral Directors	Funeral Director					
Maryland	Maryland Board of Morticians & Funeral Directors	Mortician	Associate of Arts in mortuary science	12 hrs/2 years	No less than 1 and no more than 2 years; complete 20 services or embalming's	X	2013-7 2014-11 2015-3
Massachusetts	Massachusetts Board of Registration in Embalming and Funeral Directing	Funeral Director and Embalmer	High school plus mortuary college; pass national board exam	5 hrs/year	2 years before or after school; embalm at least 50 bodies	X	2013-14 2014-5 2015-0
Michigan*	Michigan Department of Licensing & Regulatory Affairs	Mortuary Science	Applicants for mortuary science licenses are required to have completed not less than 60 semester hours or 90 quarter hours	no	1 year after completion of mortuary college	X	2013-4 2014-5 2015-0
Minnesota	Minnesota Department of Health	Mortuary Science	Bachelor of Science degree; graduation from an accredited school of mortuary science	12 hrs/2 years	1 year	X	July 2014 - Feb 2015 2014 - 0 2015-4
Mississippi	Mississippi State Board of Funeral Service	Funeral Directing	High school or equivalent	no	2 years	X	n/a
Mississippi	Mississippi State Board of Funeral Service	Funeral Service	High school plus 12 months mortuary college	no	1 year before or after school	X	n/a
Missouri	Missouri State Board of Embalmers and Funeral Directors	Embalmer	High school plus mortuary college	no	1 year	X	2013-4 2014-7 2015-2

Updated 5/20/2015 LJ

States Licensure

Missouri	Missouri State Board of Embalmers and Funeral Directors	Funeral Director	High school plus 1 year of mortuary college	no	1 year	X	2013-12 2014-21 2015-6
Montana	Montana Board of Funeral Service	Funeral Director					
Montana	Montana Board of Funeral Service	Mortician	2 years of college plus mortuary college	6 hrs/year or 12 hrs/2 years	1 year after school	X	can't be determined
Nebraska*	Nebraska Dept. of Health and Human Services Regulation & Licensure	Funeral Directing and Embalming	60 semester hours of college credit including 6 semester hours of English, 6 semester hours of accounting, 12 semester hours of biological science relating to the human body, 6 hours of psychology or counseling, plus mortuary college	16 hrs/2 years	6 months before and 6 months after or 1 year after mortuary school		Fee to acquire data
Nevada	Nevada State Board of Funeral & Cemetery Services	Embalmer	2 years of college plus mortuary college	no	1 year before or after school	X	n/a
Nevada	Nevada State Board of Funeral & Cemetery Services	Funeral Director					
New Hampshire	New Hampshire Board of Registration of Funeral Directors and Embalmers	Embalmer	1 year college plus mortuary college	15 hrs/2 years	1 year before or after school	X	n/a
New Hampshire	New Hampshire Board of Registration of Funeral Directors and Embalmers	Funeral Director					
New Jersey	New Jersey State Board of Mortuary Science	Practitioner of Mortuary Science	2 years college plus 1 year mortuary college	10 hrs/2 years	2 years before, during or after school (1 year credit for school)	X	1996-3 1997-14 2000-2 2001-1 2003-3 2004-3 2006-3 2007-1 2008-1 2009-2 2013-2
New Mexico	New Mexico Board of Funeral Practice	Funeral Service Practitioner	2 years of college (60 semester hours or 90 quarter hours of academic instruction); plus mortuary college	10 hrs per NM fiscal year (7/1-6/30)	1 year	X	2013-2
New York*	New York Bureau of Funeral Directing New York State Dept. of Health	Embalmer					
New York*	New York Bureau of Funeral Directing New York State Dept. of Health	Funeral Director	60 semester credit hours or 90 quarter credit hours from accredited funeral service institution. Must pass board exam and graduate before they are able to do apprenticeship. Must pass NY state funeral director law exam after 8 months of residency in their apprenticeship.		1 year residency after school	n/a website not user friendly	n/a
New York*	New York Bureau of Funeral Directing New York State Dept. of Health	Undertaker					

Updated 5/20/2015 LJ

States Licensure

North Carolina	North Carolina Board of Funeral Service	Embalmer					
North Carolina	North Carolina Board of Funeral Service	Funeral Director	High school plus 32 semester hours from or graduate of a mortuary science college approved by the board	8 hrs/year	1 year before or after school	X	n/a
North Carolina	North Carolina Board of Funeral Service	Funeral Service					
North Dakota	North Dakota State Board of Funeral Service	Funeral Practitioner	60 semester hours at an accredited college or university plus graduation from an accredited mortuary school plus pass the national conference exam; to obtain license by reciprocity the requirements from another state must be as stringent as North Dakota's or more.	no	1 Year after school plus pass the state rules exam	X	n/a
Ohio*	Board of Embalmers and Funeral Directors of Ohio	Embalmer	Bachelors degree graduate; 12 month accredited mortuary school	18 hrs/2 years	1 year after mortuary school	X	n/a
Ohio*	Board of Embalmers and Funeral Directors of Ohio	Funeral Director	Bachelors degree graduate; 12 month accredited mortuary school	18 hrs/2 years	1 year after mortuary school	X	n/a
Oklahoma	Oklahoma State Board of Embalmers and Funeral Directors	Embalmer					
Oklahoma	Oklahoma State Board of Embalmers and Funeral Directors	Funeral Director	Minimum of 60 college hours from regionally accredited institution plus graduate from accredited mortuary college	6 hrs/year	1 year before, during or after school	X	n/a
Oregon	Oregon State Mortuary and Cemetery Board	Embalmer	High school plus mortuary college	no	1 year	X	combined as of February 2015 132
Oregon	Oregon State Mortuary and Cemetery Board	Funeral Practitioner	Associate degree	no	1 year	X	132 combined as of February 2015
Pennsylvania*	Pennsylvania State Board of Funeral Directors	Funeral Director	2 years of college (minimum 60 semester hours of specific courses) plus mortuary college; national board and nation board state exam required for licensure	6 hrs/2 years, no distance learning	1 year after school	X	2013-17 2014-14 2015-3

Updated 5/20/2015 LJ

States Licensure

Rhode Island	Rhode Island Division of Professional Regulation	Funeral Director and Embalmer	High school plus associate degree or 60 semester hours from accredited mortuary science school; pass national board exam	5 hrs/year; 3 hrs required in OSHA training	Not less than 1 year before or after school	X	1996-1 1998-1 2002-2 2004-1 2006-2 2007-3 2009-3 2010-1 2014-1
South Carolina	South Carolina State Board of Funeral Service	Embalmer					0
South Carolina	South Carolina State Board of Funeral Service	Funeral Director	High school plus mortuary college	3 hrs/year	2 years before or after school	X	2013-1 2014-9 2015-1
South Carolina	South Carolina State Board of Funeral Service	Funeral Director and Embalmer					2013-2 2014-5 2015-3
South Dakota	South Dakota Board of Funeral Service	Funeral Director	2 years of college (minimum 60 semester hours specific courses) plus mortuary college or Bachelors in mortuary science	No	1 year before or after school	X	n/a
South Dakota	South Dakota Board of Funeral Service	Funeral Director and Embalmer					2014-2 2009-2
Tennessee	Tennessee State Board of Funeral Directors and Embalmers and Burial Services	Embalmer	High school plus 30 semester hours mortuary science school; pass funeral arts section of national board exam	10 hrs/2 years	1 year	X	2013-4 2014-5 2015-0
Tennessee	Tennessee State Board of Funeral Directors and Embalmers and Burial Services	Funeral Director	High school plus 30 semester hours mortuary science school; pass funeral arts section of national board exam	10 hrs/2 years	2 years	X	2013-11 2014-16 2015-2
Texas	Texas Funeral Service Commission	Embalmer					2012-6
Texas	Texas Funeral Service Commission	Funeral Director	High school plus mortuary college; pass national examination and state law examination	16 hrs/2 years	1 year after school	X	2012-6
Utah	Utah Division of Occupational and Professional Licensing	Funeral Service Director	Associate degree in mortuary science from accredited school; must pass national and state law/rules exam	20 hrs/2 years	1 year before or after school and 50 embalming's	X	n/a
Vermont	Vermont Board of Funeral Service	Embalmer	Graduation from an approved 2 year school of funeral service or completion of not less than 1 academic year with 30 additional credit hours in subjects approved by the board; must pass board approved written exam and practical exam	20 hrs for funeral directors/embalmers per 2 years	1 year before or after school	X	5

Updated 5/20/2015 LJ

States Licensure

Vermont	Vermont Board of Funeral Service	Funeral Director	Assist in directing 30 funerals under the supervision of a licensed funeral director or embalmer; must pass board approved written exam	10 hrs/2 years	1 year before or after school	X	11
Virginia	Virginia Board of Funeral Directors and Embalmers	Funeral Service Provider	High school plus mortuary college	2 hrs/year	18 months before or after school	X	2013-4 2014-11 2015-2
Washington	Washington Board of Funeral Directors and Embalmers	Embalmer	60 semester hours of college including mortuary college	10 hrs/2 years	2 years training under a licensed embalmer	X	combined 2014-10 2015-2
Washington	Washington Board of Funeral Directors and Embalmers	Funeral Director	Associate of Arts degree in mortuary science or completed a course not less than 2 years in an accredited college	10 hrs/2 years	1 year training under a licensed funeral director	X	combined 2014-10 2015-2
West Virginia	West Virginia Board of Funeral Service Examiners	Embalmer					0
West Virginia	West Virginia Board of Funeral Service Examiners	Funeral Director	At least 60 semester hours from an accredited college or university and a diploma or certificate from an accredited mortuary science school	3 hrs/2 years of general service education and 4 hrs/2 years of occupational safety or health-related training	1 year before or after school	X	2014-2
Wisconsin	Wisconsin Dept. of Safety and Professional Services	Funeral Director	2 years of college, including 6 semester hours of English and speech; 15 hours of natural science; 13 hours in business studies; 12 hours of social science; 14 hours in electives; plus mortuary college	15 hrs/2 years	1 year before or after mortuary school; must have 1 year of college	X	2013-4 2014-6 2015-1
Wyoming**	Wyoming State Board of F.S. Practitioners	Funeral Director	60 credit hours at accredited college or university	8 hrs/license	1 year before or after school, must be served in Wyoming	X	n/a
Wyoming**	Wyoming State Board of F.S. Practitioners	Funeral Service Practitioner	1 year of college plus 1 year of mortuary college	8 hrs/license	1 year before or after school, must be served in Wyoming	X	n/a

* Student must register with the state board before entering school

** Funeral director's license given to only one person per establishment. Other employees (embalmers or non-licensed employees) may perform the duties of a funeral director under the funeral director's/establishment license. Main licensee is responsible for their actions.

***Licensure not required

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Attachment 2

Comment Summary, Written Comment, and full Public Hearing Transcript

Comment Summary
Funeral Director Only License

Haire, Elizabeth	Keswick, VA	support funeral service counselor	X	
Hazelgrove, Paul	SCI Virginia	support funeral service counselor	X	
Johnson, Scott	The Governmental Affairs Firm of First Choice Consulting and Counsel to SCI Virginia	support funeral service counselor	X	letter 4/6/2015
Nelsen, Blair	Funeral Director; Director of Governmental Affairs-Eastern Division of SCI Management	support funeral service counselor	X	
Polentz, Patricia	Christiansburg, VA	support funeral service counselor		email 5/27/2015
Rencsok, Dianne	Christiansburg, VA	support funeral service counselor		email 5/24/2015
Stuart, Suzanne	Community outreach coordinator for Nelsen Funeral Homes	support funeral service counselor	X	

No Position or Position Not Stated	**3**
Opposed	**17**
Support	**18**
Total	**38**

7-14-2015 LJ

Comment Summary
Funeral Director Only License

Pleasants, Rhonda Keyes	Tidewater Community College Funeral Service Education Program/John Tyler Community College's Funeral Services program	position not stated	X	
Carter, C. C.		support		email 6/30/2015
Faulkner, Bill	Virginia Beach	support	X	
Henderson, Bernie	President, Woody Funeral Home and Cremation Service	support		letter 6/24/2015
Morris, George	Funeral associate	support funeral director only license		email 6/24/2015
Oakey, Sammy	Oakey's Funeral Service	support	X	
Rasnake, Shelby	Funeral home employee	support		email 6/28/2015
Weymouth, Veronica	Weymouth Funeral Home, Newport News, VA	support	X	
Holmes, Sondra	Community relations coordinator & funeral celebrant, Dignity Memorial Funeral Homes and Cemeteries, Hampton Roads area	support family service counselor	X	
Brown, Bob	Bliley Funeral Homes, Richmond, VA	support funeral director only license	X	
Schlaudecker, Sandy	Blacksburg, VA	support funeral service consultant		email 5/22/2015
Berney, Isabel	Resident Blacksburg, VA; member and volunteer Funeral Consumers Alliance of Virginia Blue Ridge	support funeral service counselor	X	

7-14-2015 LJ

Comment Summary
Funeral Director Only License

Finch Jr., Robert L.	President, Virginia Funeral Directors Association; Funeral Director, Finch and Finch Funeral Service in Altavista, VA	opposed funeral service counselor	X	letter 5/28/2015 email 6/10/2015
Finch III, Robert L.	Finch & Finch, Inc.	opposed funeral service counselor		letter 5/28/2015 email 6/10/2015
Lucado, H. Michael	Finch & Finch, Inc.	opposed funeral service counselor		letter 5/28/2015 email 6/10/2015
Brown, Kevin	Vice President, Finch & Finch, Inc.	opposed funeral service counselor		letter 5/28/2015 email 6/10/2015
Minter, Randolph	President, Moser Funeral Home, Inc.	opposed funeral service counselor	X	letter 6/15/2015
Quinn Jr., James	H. D. Oliver Funeral Apts.	opposed funeral service counselor		email 6/19/2015
Robinson, Barry	Virginia Mortician's Association	opposed funeral director only license		letter 6/19/2014 email 6/27/2015
Smith, Tim	R. Hayden Smith Funeral Home, Hampton, VA	opposed funeral service counselor	X	email 6/12/2015
Karpa, Jamie	Funeral service licensee, Hampton, VA	opposed multi-level funeral service license		email 6/12/2015

7-14-2015 LJ

Comment Summary
Funeral Director Only License

Name	Business/Representing	Decision	Attended 5/28/2015 Public Hearing	Public Comment by USPS or email
Keeney, Bruce	Representing Association of Independent Funeral Homes of Virginia	no position	X	
Morehead, Andrew Bennett	Bennett Funeral Home-Mechanicsville Chapel	no position		email 6/30/2015
Carter, Fred	Registered Lobbyist, Virginia Mortician's Association	opposed	X	
Gallagher, Robert	Assistant Manager, Fairfax Memorial Funeral Home	opposed	X	letter 6/13/2014
Leonard, Michael	General Manager, H.D. Oliver Funeral Apts., Norolk, Virginia Beach, Chesapeake	opposed		email 6/1/2015
Pleasants, Rhonda Keyes	Virginia Morticians Association	opposed	X	
Riffe, James	Riffe's Funeral Service, Inc.	opposed		email 6/18/2015
Spiaggi, Larry	Legislative Chair, Virginia Funeral Directors Association; Morrissett Funeral Home, Chesterfield County	opposed	X	
Harmon, Archer	General Manager, Fairfax Memorial Funeral Home	opposed funeral director only license		letter 6/13/2014
Doherty, Mike	President, Fairfax Memorial Funeral Home	opposed funeral director only license	X	letter 6/13/2014

7-14-2015 LJ

May 22, 2015

Dear Dr. Carter:

I would like to express support for the proposed creation of a Funeral Service Consultant license.

Review of the documents included with the agenda for the May 28, 2015 meeting shows that 13 other states have licensure for personnel whose emphasis is not on the technical aspects of handling a body after death. All do have personnel licensed for those technical aspects. This division of labor increases efficiency and allows for both types of personnel to concentrate their expertise in specific categories.

As more of the public opts for direct cremation or burial, embalming is not always chosen by the deceased loved ones, so why not have personnel that can meet with them without having to have experience with the chemical process of embalming, thus creating a more healthy environment for at least some who work at a funeral home.

While I assume some funeral directors will object to this as it will create more jobs and competition, I hope you will take the environment and health of employees into consideration.

Thank you for allowing consumers a voice in this important item on your agenda.

Sincerely,

Sandy Schaudecker
4254 Blacksburg, VA 24060
540-951-1314

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Sunday, May 24, 2015 9:58 AM
To: Jackson, Laura (DHP)
Subject: Fwd: Pubic Hearing

Sent from my iPhone

Begin forwarded message:

From: rencsok <rencsok@verizon.net>
Date: May 24, 2015 at 7:23:29 AM EDT
To: <elizabeth.carter@dhp.virginia.gov>
Subject: Pubic Hearing

Dr Carter

I am writing in support of Senator Alexander's idea for creating an additional professional license for the funeral industry. Economic and environmental concerns have greatly reduced the need for Embalming. However, Funeral homes and their Directors provide a great service in support of grieving families, both emotionally and administratively. The creation of a Funeral Services Counselor license serves to emphasize the greater importance of this part of the assistance provided to grieving families.

Dianne Rencsok
Christiansburg 540-268-5977

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Tuesday, May 26, 2015 8:04 AM
To: Jackson, Laura (DHP)
Subject: Fwd: Public Hearing

Sent from my iPhone

Begin forwarded message:

From: rencsok <rencsok@verizon.net>
Date: May 26, 2015 at 7:54:42 AM EDT
To: <elizabeth.carter@dhp.virginia.gov>, Charles Rencsok <rencsok@verizon.net>, Joshua Slocum <josh@funerals.org>
Subject: Public Hearing

Benefits to the creation of an additional license for the funeral industry were demonstrated in a news article on NPR's Morning Edition Monday, May 25 2015. The article cited Federal Trade Commission inspections which found that one in four funeral homes failed to follow some portion of the "Funeral Rule". It was noted that evidence of the funeral industry's awareness of this problem was the presence of industry training on the subject. A Funeral Services Counselor would better emphasize the administrative and legislative concerns of this practice over the physical actions involved in handling the body.
Please support the creation of a Funeral Services Counselor license.

thank you, Dianne Rencsok
540-268-5977 Christiansburg,Va

Carter, Elizabeth A. (DHP)

From: Patricia Polentz <polentz@va.net>
Sent: Wednesday, May 27, 2015 4:14 PM
To: Carter, Elizabeth A. (DHP)
Subject: Re: Funeral Services Counselor Professional License

Dr Elizabeth A Carter, Executive Director Virginia Department of Health Professions
9960 Mayland Drive
Henrico, VA 23233

Dr. Carter:

I am writing to support Senator Alexander's proposed licensure category of Funeral Services Counselor. Review of the documents included on the agenda for the May 28, 2015 meeting shows that 13 other states have licensure for personnel whose emphasis is not on the technical aspects of handling a body after death. More than 30% of deaths utilize cremation, thereby eliminating any need for embalming. Thus, the counselor functions of support and administration consume a larger portion of a funeral home's resources. Moreover, there are concerns about the health and environmental hazards of the embalming chemicals used.

I served on the board of the Funeral Consumers Alliance of the Virginia Blue Ridge from 2011 to 2014. In addition to an online website there is a phone service where people could leave questions concerning funeral procedures. We would receive at least one message a week asking for money to help with funeral expenses after the body was already in a funeral home or buried. Most did not know that embalming is not required. There is a great need for funeral services personnel who can counsel family members and provide low cost funeral and memorial services.

Sincerely,
Patricia A. Polentz
915 Coal Hollow Rd.
Christiansburg, VA 24073

Funeral & Cremation Service
FINCH & FINCH, INC.
"A Family Serving Families Since 1905"

RECEIVED
JUN 19 2015

May 28, 2015

Elizabeth A. Carter, Ph.D.
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Re: Proposed Funeral Director Only Licensure

Dear Dr. Carter:

We appreciate the opportunity to present our thoughts and opinions as it relates to creating a new form of licensure for funeral professionals in Virginia.

Our firm opposes the addition of a "new" Funeral Service Counselor license in the Commonwealth of Virginia. We can find no evidence of a need for such a license. Since Virginia instituted the one form licensure of Funeral Service Licensee in 1974, we have experienced little or no problems in finding qualified individuals to work at our firm. However, prior to the one form of licensure, we did experience a significant difficulty in finding qualified licensees for our firm due to applicants having only one area of expertise and licensure.

I applaud those who led the charge to implementing the institution of Funeral Service Licensee requirements we have in place today.

Even in a small town such as Altavista, we have been successful in hiring those who recently retired and seek a new second profession. We hired them as associates, we trained them as Interns, and they successfully completed all educational and state requirements to become Funeral Service Licensees.

But our major concern is that we should not be looking for ways to lessen the level of knowledge and ability of our licensees to simply increase a pool of applicants. When making arrangements with our client families, we feel it is extremely important that we provide detailed explanations and information about funeral services, public health issues, and the embalming process so they may make a more informed decision about viewing their loved one. This requires a trained and educated individual to provide the proper guidance to meet the needs of the family. Experience and training in embalming and the handling of human remains are essential to providing the best information and protection to the consumer.

We should be strengthening our educational programs and requirements as to best protect the consumer and the public. I would go even further in saying that I would support a four year degree requirement for funeral service professionals in Virginia.

In closing, we do not believe Virginia should take a step back in time to solve an unproven problem, but consider a step forward with higher educational standards for the future.

Robert L. Finch, Jr. – President/FSL/CFSP

Kevin L. Brown – Vice President/FSL

H. Michael Lucado – FSL

Robert L. Finch, III – FSL

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Blair H. Nelsen, FSL, CFUE, CCRE, CFSP
Director, Eastern Region
Governmental Affairs
SCI Management

416 West Franklin Street
Richmond, Virginia 23220
804-506-0795

May 28, 2015

Elizabeth A. Carter, Ph.D., Executive Director
Virginia Board of Health Professions
9960 Mayland Drive
Henrico, Virginia 23233-1463

Dear Dr Carter,

I write in support of a funeral director only license. There are a number of reasons why this is appropriate, which I outline in the body of this letter.

Until 1974, Virginia issued separate licenses for funeral directors and embalmers, with no adverse impact on the health, safety and welfare of the consumer. Combining these licenses may have seemed appropriate in an era when nearly 94% of consumers chose earth burial for the final disposition of their deceased family members. However, in 2015, according to the National Funeral Directors Association (NFDA), nearly 40% of Virginians elect cremation as the form of final disposition. For the cremation consumer, or for the many cremation specialist companies operating today, requiring an arranging funeral director to also be an embalmer is both unnecessary and burdensome.

No doubt you will hear many people raise arguments against this proposal. Arguments range from:

- there is no shortage of funeral directors, therefore this is unnecessary
- having one license makes the industry more professional
- a funeral director must be an embalmer to explain the process to the consumer
- this will create a shortage of embalmers
- accreditation of Virginia mortuary schools may be adversely impacted

Arguments in favor of this proposal suggest that such a change would enhance funeral service, create more job opportunities and benefit the consumer.

Despite the argument to the contrary, there is an existing and growing shortage of funeral directors in the United States. According to the McAllister Institute of

Funeral Service, "It is projected that there will be a significant shortage of funeral directors over the next 5-10 years." Furthermore, according to the Miami Dade College's Funeral Service Education Program, there will be a "serious employment shortage within 10 years." These statements are supported by research commissioned by the Funeral Service Foundation (FSF), a non-profit industry organization dedicated to furthering the funeral profession. The FSF cited statistics from the American Board of Funeral Service Education (ABFSE), the accrediting body of mortuary science schools, which show the graduation rate from mortuary schools declined from 75% of enrollees in 1975 to 55% in 2012. The ABFSE further cited that 50% of all graduates leave funeral service within five years of graduation.

According to the American Board of Funeral Service Education there are more funeral director jobs available than there are licensed funeral directors to fill them. That shortage is a result of states mandating embalming as part of the licensing process. As long as the requirement exists, the shortage will only be exacerbated. This corresponds to similar findings from an internal SCI study conducted in 2006 that found by the year 2012, staffing each funeral home location with 1.5 full time equivalent licensees would not be possible. This trend is further illustrated by the NFDA, which shows a decrease in the number of funeral homes in the United States from nearly 21,500 in 2004 to 19,500 in 2015, a decline of 200 funeral homes per year.

SCI Virginia operates funeral homes throughout the Commonwealth. It is not uncommon to experience a shortfall in staffing, with the inability to fill these positions quickly. The average time to fill a vacancy is from three to six months, which impacts not only the funeral home, but also the consumer. As shown above, this situation will only become more severe, unless some measures are taken to entice more individuals into funeral service.

The practice of funeral service is far more than embalming. A good funeral director must possess superior "people skills" and be versed in the laws and regulations governing funeral service. He or she must also be able to communicate effectively, plan and supervise funeral ceremonies and exhibit compassion in a professional manner. While many funeral directors excel at both funeral directing and embalming, many highly qualified embalmers tend to focus more upon the technical side of the profession and prefer not to take on the public role of a funeral director. Yet, current licensing requires an individual to be both a funeral director and embalmer.

Funeral service is the only profession within the Department of Health Professions, which does not allow specialization. The medical profession successfully allows specialization with physicians, physicians' assistants, nurse practitioners, registered nurses, etc. Under the Board of Nursing alone, there are 7 different licenses or registrations pertaining to healthcare. None of this has diminished the professionalism of the medical profession, indeed it has increased professionalism by allowing people to practice in the areas in which they excel. Similarly, allowing funeral directors to specialize will enhance the professionalism of funeral service in Virginia.

Over half of all states in the US allow for funeral director only licenses, with several having no licensing requirements at all or allowing non-licensees to act as arrangers under the supervision of a funeral director. These states have successfully allowed specialization, without negatively impacting either the consumer or the industry.

The proposal put forward by Senator Kenneth Alexander requires a significant amount of education, which will continue to guarantee the professionalism of this industry. The idea that only a licensed and experienced embalmer is able to explain embalming to a family is preposterous. Today, funeral service interns are allowed, by law, to make funeral arrangements. Many interns complete their internships before attending mortuary school. Candidates for the funeral director only license would take all science courses, with the exception of the laboratory portion of the curriculum, and would have knowledge of the embalming process. In my experience, I have never had to explain the actual process of embalming to a family. The typical question centers upon the benefit of embalming, not the process, as in "why is embalming necessary?" With sufficient training and education, a non-embalmer can discuss this with a family.

One of the proposed restrictions on a funeral director only license would be the inability to serve as a manager of a funeral establishment. This requirement would make possessing a funeral service license desirable for those who wish to progress through management and would help ensure individuals continue to pursue embalming. It would also ensure the presence of an embalmer on every funeral home staff.

There has been comment regarding such a proposal negatively affecting the accreditation of the Virginia mortuary schools at John Tyler and Tidewater Virginia Community Colleges. As both are accredited by the American Board of Funeral service education, which also accredits schools operating in states which already allow funeral directors only, this argument cannot be supported.

Finally, this proposal would open funeral service to more individuals. According to the previously mentioned study by the FSF, embalming is one of the key reasons many qualified and interested persons do not enter funeral service. In a survey of men and women aged 18-29, 67% of males said they would consider a career in funeral service if the did not have to embalm and 60% of women said the same. In my career, I have employed funeral service assistants who would love to be funeral directors, if they did not have to be embalmers. These individuals have included retired educators, insurance agents, military officers and other professionals. All of these are highly skilled, intelligent and compassionate individuals who would make outstanding funeral directors. By allowing our industry to specialize, we would increase employment opportunities for both entry level persons and second career individuals.

As stated earlier, the cremation rate has grown significantly. Today, nearly 4 out of 10 Virginians choose cremation as their preferred method of disposition. This trend is accelerating rapidly. According to the NFDA, 70% of all Americans will opt for cremation by 2030. Today, a number of cremation only companies currently operate in virtually every part of Virginia. However, many have difficulty recruiting funeral service licensees. It makes absolutely no sense to require a company, which does not perform embalming, to be staffed solely by funeral service licensees (funeral director/embalmers). This limits the ability of these companies to grow and provide a service that more and more Virginians desire.

I urge you to advise the Governor and the General Assembly of the wisdom and necessity of this proposed change in licensing.

Very truly yours,

Blair H. Nelsen, FSL, CFUE, CCRE, CFSP

Fred Carter
5/28/15

Subj: **(no subject)**
Date: 6/19/2014 3:05:01 P.M. Eastern Daylight Time
From: Carterfr@aol.com
To: Carterfr@aol.com

Resolution of Disapproval of Proposed Licensing Legislation

Whereas it has been suggested that the Virginia Board of Funeral Directors & Embalmers support changing the statute requiring a license to practice the profession of funeral service to allow persons who have no training in the science and art of embalming;

And whereas the Board has maintained a single license requirement for more than forty years as a result of the reported abuses of untrained practitioners possessing only funeral directors licenses;

And whereas it is in the interest of all Virginians to provide consumer protection against abuses by those who are not properly trained in professional standards in the care and disposition of deceased;

And whereas the protection of the public health requires professionally trained practitioners in preservation and disinfection of infectious disease cases;

And whereas those licensed by the Commonwealth of Virginia must presently be trained in the disposal of infectious waste;

And whereas the licensing requirements and examinations have been reviewed by the Federal District and Appellate courts and found to be valid and not unnecessarily burdensome in the case of Guardian v. Teague;

And whereas the embalmer is on the front line of reporting and preventing criminal conduct;

And whereas the funeral service professional deals with consumers who are distressed and vulnerable to unprofessional misconduct;

And whereas a knowledge of the restorative arts is necessary to properly counsel consumers concerned with the appearance of their loved ones;

And whereas it has been falsely alleged that the Virginia Morticians Association is in favor of relaxing the requirement for those arranging the disposition of the deceased to allow incompletely trained persons to arrange and direct funeral services;

And whereas it has been falsely alleged that the Virginia Morticians Association will support any regulation proposed by the Board to change the existing statutes;

Therefor be it

RESOLVED that, pursuant to a virtually unanimous vote by the Board of Directors on the 18th day of June, and a similar vote by the general membership in the 86th annual convention at the City of Williamsburg Virginia, on the 19th day of June, the Virginia Morticians Association, Inc. is strongly opposed to proposed elimination of embalming training and examination as a requirement for the practice of funeral service.

Done this the 19th day of June

_____ Chair of the Board

_____ President

Duty to Report Adult or Child Abuse, Neglect or Exploitation

By law, the persons licensed as health care practitioners have a duty to report to the Virginia Department of Social Services or the local departments of social services any known or suspected incidences of abuse, neglect, or exploitation of children or elderly and incapacitated adults. Contact information and a copy of the law may be obtained at: Legal Requirements to Report Child Abuse and Adult Abuse

5/28/15

Isabel Berney
105 Countryside Court
Blacksburg, VA 24060

REGULATORY RESEARCH COMMITTEE VIRGINIA
BOARD OF HEALTH PROFESSIONS VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Good morning Board members. I am Isabel Berney, a resident of Blacksburg, Virginia, and a member and volunteer with the Funeral Consumers Alliance of the Virginia Blue Ridge. I am speaking in support of establishing a separate funeral-director-only category. I urge the Board to advise the Governor, the General Assembly, and the Director of the Department of Health Professions to recommend establishing such a category.

As a lay member of the public, as a consumer of funeral services, and as a member of a volunteer organization which advocates for consumers, I make these comments.

The need for and desire for embalming is declining. In Virginia the cremation rate is now 30%. Nationally it is 50% and in several states (Washington, Nevada, Hawaii) it is over 70%. The increasing interest in eco-friendlier choices is growing. Both cremation and natural burial do not require embalming. Jews and Muslims as well as some other religious traditions prohibit embalming.

What is needed to serve these and other families is a funeral services counselor. The Funeral Consumers Alliance encourages planning ahead and as people do that and consider the choices and expenses involved, we find that many people opt to forgo embalming. A funeral services counselor serves to support pre-planning activities without the body present.

I know you will be getting pressure from funeral directors who believe sincerely that embalming must be protected and this change would be bad for consumers. I believe they are misguided and misinformed. Embalming does nothing to protect public health. Corpses pose no health threat. Most of the world does not embalm bodies. The United States Center for Disease Control advises that in the event of a catastrophe or epidemic, what is needed is to ensure the public has a safe water supply first; disposal of the dead is not the first priority. Pathogens causing smallpox, anthrax, tetanus, and AIDS have been found in embalmed bodies, but embalming fluid may actually keep one fatal illness, Creutzfeldt-Jakob disease, alive. Most disease organisms die with the body. It is the embalming fluid which is the danger.

There is increased risk to embalmers of some forms of cancers. Leukemia, brain, colon, and prostate cancer are significantly higher among embalmers. The greater one's exposure, the greater the risk of cancer.

Those who care for the earth and for the health of embalmers know that embalming fluid is toxic. Every year in our country, 827,000 gallons of embalming fluid are used. Embalming fluid is, on average, 30% formaldehyde content which equals to 248,118 gallons of straight formaldehyde. I realize that funeral directors are trained in safe handling of embalming fluid, but there should also be an opportunity for a funeral services counselor who has no wish to partake in the embalming service offered by a funeral home.

Your Regulatory Research Committee has discovered that many states do not require embalming training. Those states do not experience any frightening problems. Just as we don't require travel agents who book airline tickets to have a pilot's license, we don't need to require all funeral directors to have embalming training. We do need caring people who are trained to provide funeral services without embalming. This is a growing area of need and from all trends we see, it will continue as people elect for choices that do not require embalming.

We in the Funeral Consumers Alliance advocate for consumers. That is our mission as a 401(c)3 organization. We see that creating the category of a funeral services counselor to be licensed with no embalming requirement will be good for consumers. As stewards of the earth discouraging, not encouraging embalming is also a good thing and a movement which is gaining momentum.

I urge you to consider these points:

- The licensed funeral services counselor would be supervised by a licensed Funeral Service Practioner.
- The licensed funeral services counselor would enhance the services presently available.
- The licensed funeral services counselor would spend more time with families in planning and selecting services that do not require or need embalming.
- The licensed funeral services counselor would be protected from hazardous exposure
- The Licensed funeral services counselor would serve the growing population who want cremation or eco-friendly burial.
- The licensed funeral services counselor would be a service to consumers and in no way detract from the full services offered by existing funeral homes.

Thank you for time and for your consideration of my remarks.

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Thursday, May 28, 2015 6:27 AM
To: Bill Faulkner
Cc: rencsok@verizon.net; Jackson, Laura (DHP)
Subject: Re: Request for Today's Hearing

You will be added to the list.

We are looking forward to your comments.

Thank you,

Elizabeth Carter

Sent from my iPhone

On May 28, 2015, at 4:13 AM, Bill Faulkner <whfaulkner@hotmail.com> wrote:

Dr Elizabeth A Carter, Executive Director
Virginia Department of Health Professions
9960 Mayland Drive
Henrico, VA 23233

Dear Dr. Carter:

This request is very late, but I do plan to attend today's public hearing about the possible creation of a new professional license category called "Funeral Services Counselor."

Please add my name to the list of those who wish to testify in support of this proposed legislation.

I hope to arrive before 9:00 a.m. and will make the same request immediately to anyone who says they can help to make my appeal happen. I can be reached anytime during my drive to Richmond or before the hearing starts by calling my cell phone at 757-282-1098.

Thank you for making this opportunity available to the citizens of Virginia.

Sincerely,

William H. "Bill" Faulkner, Jr.
4459 Ashwood Lane
Virginia Beach, VA 23453
757-282-1098

Jackson, Laura (DHP)

To: michaelleonard578@gmail.com
Subject: RE: Funeral Directors split license

Mr. Leonard,

Your email has been received and will be included in the public comments being gathered until June 30, 2015 at 5:00 p.m.

Thank you,
Laura

Laura L. Jackson
Operations Manager | Healthcare Workforce Data Center
Operations Manager | Board of Health Professions
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300 | Henrico, VA 23233
804-367-2115 direct | 804-527-4466 fax
laura.jackson@dhp.virginia.gov or hwdc@dhp.virginia.gov

Follow us on

Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Virginia Board of Health Professions (Board). Board staff cannot and do not provide legal advice. Board staff provide assistance to the public by providing reference to Boards' statutes and regulations; however, any such assistance provided by Board staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable laws and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations, including the interpretation and application of the laws and regulations governing the Board.

Under no circumstances shall the Board, their members, officers, agents, or employees be liable for any actions taken or omissions made in reliance on any information contained in this email.

From: Michael Leonard <michaelleonard578@gmail.com>
Date: June 1, 2015 at 10:07:31 PM EDT
To: <Elizabeth.Carter@dhp.virginia.gov>, <hdofh@aol.com>, Jamie Karpa <jamiekarpa@msn.com>
Subject: Funeral Directors split license

Dear Mrs. Carter,
My name is Michael Leonard and I am the General Manager of H. D. Oliver Funeral Apts., in Norfolk, Virginia Beach and Chesapeake. I was formerly on the Board of Funeral Directors and Embalmers for two terms and have been in the Funeral Profession for 44 years. I am writing to you to express my opinion of splitting the license from Funeral Service Licensee license to a include a license for people who do not wish to embalm.
I feel that this license would jeopardize the Virginia consumer as well as the profession of funeral service. I have heard many of the arguments regarding the necessity of a second license but feel they are fueled by the large corporations who have come into the industry purchasing many funeral homes. These funeral homes often own many cemeteries and the split license will enable them to allow cemetery salespeople to solicit their customers to make prepaid funeral arrangements. I am on the foundation board of Tidewater Community College

and helped Sidney Oman establish a mortuary science program for them. I have spoken to Frank Walton the President of TCC mortuary science program and he is against this as well. I teach Jewish and Greek funeral customs to the students of TCC and have never seen a more motivated and educated group of students learning the funeral profession. There is no shortage of students, ask Mr. Walton.Splitting the license will hurt the current funeral service licensees and students. Jobs will be taken by alternative licensees and as the law allows a funeral home would only need one embalmer per 50 cases. I was in the profession when we had a funeral directors license and it was solely used by owners children and family to be able to see families and not have to deal with the clinical part of the profession and limited the need for funeral service licensees. The Virginia consumer deserves the best our profession can offer. The question of embalming is required to be asked of all families we serve and we must get permission. How could someone not adequately trained possibly answer the questions asked by families. How could someone not trained in embalming etc. handle the positive identification of dead human remains with the consumer required by law. How could someone not trained deal with the contagious diseases we often encounter let alone the new threat of eboli. The profession requires direct contact with the dead in every situation imaginable both at home, hospital and at the scene of an accident as well as at mass fatalities. The suggestion that we need another license because of the increase in cremation is ridiculous. Those remains also contain the same problems as do those who are embalmed. We embalmers fought long and hard to reverse the board decision from a split license long ago. We do not want to go back to those times. The large corporations are pressuring this committee as evidenced by their attendance at the first meeting. I can't help but think that it must have something to do with the salaries paid to licensed funeral professionals and a way to get around the law. Some of the largest problems I experienced on the board of funeral directors and embalmers were the direct result of the larger corporations not feeling like they had to follow the same rules as the rest of the funeral profession and I might add the largest fines imposed. Please check with Lisa Hahn and she will confirm the later.

Please feel free to contact me should you have any questions about this letter or any unanswered questions you may have.

I remember at my orientation for the board that a doctor asked why the funeral directors were in the board of health professions and the answer given to him rang in my ears. The funeral profession was on the health board first. Burying, cremating , embalming required competent professionals and I hope you do not vote in favor of this poor idea.

Respectfully

Michael J. Leonard

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June 5, 2015

Elizabeth Carter, Ph.D.
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Dr. Carter,

I attended the public hearing related to the proposed "funeral service counselor" that was held last week. I spoke to you and explained that I had prepared a statement, but after hearing all of the previous speakers, I did not read my prepared remarks, but instead spoke to statements made by others. In this letter, I have taken my previously prepared remarks and made additions to speak to comments made by those for this proposal.

I speak to you today regarding the possible new form of licensure being proposed by fellow funeral service provider and licensee, Senator Kenneth Alexander. I am vehemently opposed to any provisions for a funeral service counselor as proposed by his bill.

As you are aware, prior to 1974, people could be licensed as a funeral director and/or embalmer. My understanding from older licensees was that the license was changed to be only those qualified for both-- for several reasons.

One reason was that those licensed in both funeral service and embalming increased the level of professionalism from funeral service providers to the consumers needing services. It was intended that, increasingly over time, those being newly licensed would be more well-rounded individuals with expertise in both funeral directing and embalming. Those dually licensed individuals would be the best prepared to serve the public.

Another reason that the licenses were combined was that there were many who were only a funeral director and were performing embalmings of

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toll free: 800-647-0557 • 540-347-3431 • fax: 540-341-4611
director@moserfuneralhome.com

individuals. They were not trained, nor educated in embalming and proper care and handling of remains. They had been taught over time some parts of techniques of embalming by licensed embalmers (probably their fathers and grandfathers). As the dually licensed individuals died or were not able to perform the service, these children now running the funeral homes, but who had not taken the proper training, were performing the service. This practice was not serving the public in the best way. They were providing inadequate services to their customers.

Yet another problem with having separate licenses was that more people were becoming only funeral directors and there were less embalmers and those trained to actually handle deceased people. So, as a measure to ensure training in all facets of funeral service that consumers expected at a funeral home, dual licensure or a funeral service license was created.

During my career, I have watched funeral service in Virginia take great strides in creating increased professionalism. I have witnessed the initiation of continuing education as a requirement for continued licensure. I have seen the need first-hand of those individuals who needed continued exposure to the laws of our Commonwealth to serve the public well. Some tenured funeral service licensees protested continuing education requirements as they felt that once they were licensed, they knew everything. I served for nine and ½ years on the Board of Funeral Directors and Embalmers, and I saw the need for continuing education first-hand even with continued complaints about it from some practitioners. I know that my responsibility then and your responsibility now is to the citizens of the Commonwealth of Virginia. In no way do I see the need to compromise the quality of funeral service provided currently to consumers in Virginia needing funeral services.

While I was serving on the Board of Funeral Directors and Embalmers, Senator Alexander (he was a delegate then) proposed the elimination or lessening of the continuing education requirements that we currently have. Now, he proposes a new "Funeral Counselor" designation which once again denigrates the standards of education requirements. I do not know why as a licensed funeral service provider in our state, he continues to propose changes in license which lessen his profession. My guess is there must be some political goal behind it.

Those who appear to be supporting Delegate Alexander's efforts are the large funeral service conglomerates which operate in our state. They and some larger independently owned firms also support this lessening of standards of care for consumers of funeral services in Virginia. They feel that there is a shortage of new funeral service licensees entering the profession. However, Ms. Rhonda Pleasants who works with funeral service education programs at John Tyler Community College and in conjunction with Tidewater Community College, states that the number of students entering their classes are holding steady and that people call each day inquiring about classes. There are several on-line courses offered from other mortuary schools in the U. S. such as Pittsburgh Institute of Mortuary Science, and I am sure that some Virginia residents are taking part in these as well. In fact, I currently employ a funeral service intern who is enrolled in this program and another student is enrolled in Pittsburgh and working at a funeral home in Culpeper, VA. These are just two students of funeral service within twenty-five miles of each other. I feel certain that there are more. I do not believe that less people are entering funeral service as a profession.

When I was serving on the State Board, the conglomerates used to complain that the requirements for funeral service interns or "apprentices" were too hard to attract new licensees. During my tenure on the board, those requirements were changed--but not to lessen the standards of education. The requirements that were changed were changing from full-time employee requirements to those of "hours worked" so that part-time hours could be used toward their internships. These and other new intern requirements that were changed just a few years ago, have opened the career of funeral service up to many individuals who would not have been able to have tried to obtain full licensure before.

Proponents of "funeral service counselors", mainly those from Service Corporation International (SCI), say that everyone who serves as a funeral director doesn't need training as an embalmer. These large companies are having problems hiring licensed funeral directors in Virginia. However, they are having the same problem nationwide– and in many states where there are single-type licenses. Still they can't persuade people to work for them even after offering much higher salaries. The reason is that their practices, procedures, and pressures on the public that they require of their funeral service licenses are onerous on individuals who entered a profession to help people, not be salespeople. I have hired two managers from large

SCI operated companies in Northern Virginia in the last two years. They begged to work for me in the small community of Warrenton at a much lower wage. This was because they can serve families in a caring and compassionate way. No longer are they responsible for sales quotas and forcing families through mountains of paperwork and forms. Instead they serve families in a respectful and dignified manner. Since I have hired them, two more individuals have approached me for a position and I operate a funeral home in a small town, not far from Northern Virgina. Michael Doherty, owner of Fairfax Memorial Funeral Home, spoke to you at the public hearing and also said that he has a waiting list of individuals ready to come to work for him. He is a family-owned business in Fairfax County which is an area where a majority of the funeral homes are owned by SCI. This new license is an effort for SCI and some larger independent funeral homes to lessen the standard of service provided to the public but will give them new "sales people" for both at-need and pre-need funeral sales. In those states with lesser licensure requirements, this is exactly what they have done- created extra sales people to hound the public for pre-need services and pressure tactics on at-need families.

Creating this new designation of licensure will allow them (and everyone else who owns or manages a funeral home in Virginia) to pay less in salaries. It goes to these larger companies' bottom line. Certainly, if they were to pass these cost savings in overhead to the consumer- that would be a good thing. But my feeling is that they will pocket the savings to larger salaries to their upper management and larger dividends to their shareholders as they have in other states.

Another excuse for lowering the licensing standards by creating a lesser degree of license is that those in favor claim that since cremation is becoming a more prevalent form of disposition, licensees don't need to be embalmers. While statistically we do see a rise in the choice of cremation, properly trained people will need to be available to handle all of the people who die in the Commonwealth regardless of the form of disposition. Just because a person dies in Virginia and his family chooses cremation doesn't mean that he or she will not need to be handled in a proper, sanitary way for identification of the remains. Our state law requires identification by the next of kin for all of those who are to be cremated. And those bodies will have to be prepared by disinfecting and closing the eyes and mouth, setting the features of the face and body for proper identification. Some will need bathing and dressing as required by families. These people may have died

from some traumatic death such as an automobile accident or some other horrific accidental death, homicide or suicide. Some natural forms of death such as cancers in the gastro-intestinal areas can cause gas-buildup and forcing of body fluids from the mouth and nose. These remains will need proper care and disinfection for the purposes of identification. If the only people available to serve that family when it is time to arrange the services are "funeral service counselors" --- will that serve the consumer well? I know that those in favor say "there will always be a fully-licensed person available for these purposes". But I say no- those who endorse this for monetary gain will only choose to hire as few fully licensed people as possible. And one or two such individuals per firm won't cut it. Some of the firms who are for this measure, operate with fifteen, twenty, twenty-five fully licensed funeral service providers today. Mr. Paul Hazelgrove who spoke to the panel last Thursday and mentioned operating several funeral homes and serving several thousand families in the Richmond area failed to mention that he is a district manager for SCI operated funeral homes in that area. I counted five SCI speakers who spoke for this proposed "funeral service counselor".

The funeral service establishments in Virginia are mostly smaller funeral homes, some in remote areas. They are currently served with licensed funeral directors and embalmers. But, I feel that if a "funeral service counselor" designation is made, they too will have mostly these type of licensees, who will not have the knowledge and experience of actually handling human remains. The public expects to enter a funeral home and be served by a person who is fully able to help them in every way. They can expect that because currently those helping them must have been trained well, passed national and state board exams and are fully-licensed. If we separate the licenses again, I believe that a shortage of not just embalmers but those trained to handle a deceased person, will come about again as it did in the 1970's.

Those who propose this new category of license say that creating this is just like other professions such as medicine which has created different classifications of licensure such as nurse practitioners and physician assistants. However in medicine, those individuals, while limited in their abilities since they are not medical doctors, are still trained in dealing directly with the handling of patients. What the proponents of this new measure pursue are individuals who are simply better-educated administrative assistants and order takers-- not funeral service professionals.

I also detest the term counselor as this form of licensure. SCI uses this term for their sales people at their cemeteries. I consider someone who is a counselor to be specially trained in counseling people. There is an air of professionalism to that term. But in their cemeteries, their counselors are high-pressure sales people.

As you are well-aware, your responsibility as members of the individual Boards of Health Professions and the umbrella of health service professionals on your panel is to the citizens of the Commonwealth. When you next need a funeral director, wouldn't you rather be served by someone who is fully capable of meeting all of your needs at that funeral home? As a consumer who is going through one of the most difficult times in your life, wouldn't you expect the person you meet at the funeral home to be able to have knowledge in whatever type of service that you may wish? That is what we have today, please do not consider or recommend any change.

Sincerely,

Randolph T. Minter

Randolph T. Minter,
President

Jackson, Laura (DHP)

To: RFinch@finchandfinchfuneralservice.com
Subject: RE: Funeral Service Proposed Licensure Change

Good afternoon Mr. Finch,

Your email has been received and your attached letter will be added to our public comment documents.

Thank you,
Laura

Laura L. Jackson
Operations Manager | Healthcare Workforce Data Center
Operations Manager | Board of Health Professions
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300 | Henrico, VA 23233
804-367-2115 direct | 804-527-4466 fax
laura.jackson@dhp.virginia.gov or hwdc@dhp.virginia.gov

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From: Rob Finch [mailto:RFinch@finchandfinchfuneralservice.com]
Sent: Wednesday, June 10, 2015 10:57 AM
To: Carter, Elizabeth A. (DHP)
Subject: Funeral Service Proposed Licensure Change

******Please find attached the letter listed below with signatures by four Virginia Funeral Service Licensees opposing the proposed legislation******

May 28, 2015

Elizabeth A. Carter, Ph.D.
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Re: Proposed Funeral Director Only Licensure

Dear Dr. Carter:

We appreciate the opportunity to present our thoughts and opinions as it relates to creating a new form of licensure for funeral professionals in Virginia.

Our firm opposes the addition of a "new" Funeral Service Counselor license in the Commonwealth of Virginia. We can find no evidence of a need for such a license. Since Virginia instituted the one form licensure of Funeral Service Licensee in 1974, we have experienced little or no problems in finding qualified individuals to work at our firm. However, prior to the one form of licensure, we did experience a significant difficulty in finding qualified licensees for our firm due to applicants having only one area of expertise and licensure.

I applaud those who led the charge to implementing the institution of Funeral Service Licensee requirements we have in place today.

Even in a small town such as Altavista, we have been successful in hiring those who recently retired and seek a new second profession. We hired them as associates, we trained them as interns, and they successfully completed all educational and state requirements to become Funeral Service Licensees.

But our major concern is that we should not be looking for ways to lessen the level of knowledge and ability of our licensees to simply increase a pool of applicants. When making arrangements with our client families, we feel it is extremely important that we provide detailed explanations and information about funeral services, public health issues, and the embalming process so they may make a more informed decision about viewing their loved one. This requires a trained and educated individual to provide the proper guidance to meet the needs of the family. Experience and training in embalming and the handling of human remains are essential to providing the best information and protection to the consumer.

We should be strengthening our educational programs and requirements as to best protect the consumer and the public. I would go even further in saying that I would support a four year degree requirement for funeral service professionals in Virginia.

In closing, we do not believe Virginia should take a step back in time to solve an unproven problem, but consider a step forward with higher educational standards for the future.

Rob Finch
President/Certified Funeral Service Provider/Funeral Service Licensee

Kevin L. Brown
Vice President/Funeral Service Licensee

H. Michael Lucado
Funeral Service Licensee

Robert L. (Trey) Finch, III
Funeral Service Licensee

Funeral & Cremation Service
FINCH & FINCH, INC.
"A Family Serving Families Since 1905"
809 Main Street • Altavista
[illegible] • Fax [illegible] • finchandfinchfh@aol.com
Fourth Branch • 124 Flynn Street • Gladys • [illegible]
www.finchandfinchfuneralservice.com

Jackson, Laura (DHP)

From: Jackson, Laura (DHP)
Sent: Friday, June 12, 2015 2:15 PM
To: 'tbsmith0502@gmail.com'
Cc: Board of Health Professions
Subject: RE: Split Licensing

Mr. Smith,

Thank you for your public comment submission. The Board's Regulatory Research Committee will continue to gather written comment until June 30, 2015. After June 30, 2015 the written comment will be gathered, reviewed, and presented at the next meeting scheduled for August 6, 2015.

At that time, the Committee will determine if they have sufficient information to make a recommendation.

Thank you,
Laura Jackson

Laura L. Jackson
Operations Manager | Healthcare Workforce Data Center
Operations Manager | Board of Health Professions
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300 | Henrico, VA 23233
804-367-2115 direct | 804-527-4466 fax
laura.jackson@dhp.virginia.gov or hwdc@dhp.virginia.gov

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From: Tim Smith [mailto:tbsmith0502@gmail.com]
Sent: Friday, June 12, 2015 9:19 AM
To: Carter, Elizabeth A. (DHP)
Subject: Split Licensing

Dr. Carter
Please accept these comments concerning the proposal for split licensing.
Thank you
Tim Smith

June 6, 2015

Elizabeth A. Carter, PhD
Virginia Board of Health Professionals
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Dear Dr. Carter

The State of Virginia has been asked to investigate offering a split license to create a license titled Funeral Service Counselor. Reasons given are mostly that there is a shortage of people entering and remaining in funeral service.

Blair Nelson who works for SCI presented numbers that identified the fact that there are far fewer funeral homes now than there have been historically. An interesting fact, except that rather than defending the idea that there are less funeral directors, this would actually mean that many of the funeral directors that worked for those now closed funeral homes are now working or available for employment across the state. We receive calls and letters from both funeral directors and potential interns on a regular basis, more than one a week. Further, the increase in cremation that was identified by a number of speakers at the forum also indicates that less funeral directors are needed. Industry research has clearly shown that each funeral director can effectively and efficiently handle many more cremation cases in a year than traditional burial even with the many types of cremation services from simple to more traditional with casket.

Most independent funeral homes look for and find good employees. I would question why the State of Virginia should create more code, enforcement and expense because conglomerates cannot keep good employees. What is being proposed comes with more cost to the state on an already strained budget. Maybe the place to start is with a list of the last 5 years former employees of Service Corporation to determine why they left the company and whether an additional license type actually solves a bigger problem with their business model. Funeral Service Licensees who are faced with the choice of without question ethically serving the public or meeting financial quotas in order to keep a job have a tough decision daily. Some will quit the industry disillusioned. Some will join independent funeral homes which we hope would focus more on families and community, and some will struggle daily trying to balance service with corporate requirements. It is the employee who blindly focuses on sales and numbers who fails to serve the public, places the reputation of an honored profession at risk, and might not be a loss if they choose to leave funeral service or had never entered it.

The title "Funeral Service Counselor" could lead the consumer to believe that the individual has received some additional special training that affords a professional title rather than indicating this person actually has less training and experience and is not in fact a licensed clinical counselor. Currently, SCI uses the term Family Service Counselor for their cemetery sales force which could compound the potential for confusion especially in its funeral home cemetery combination locations where the two entities actually operate out of the same building, utilizing much of the same staff.

What happens when a cemetery salesman, which SCI calls "family service counselor", becomes also licensed as a "funeral service counselor." Violations of the "steering and capping" segments of the state code are rampant in funeral home/cemetery combinations already. A family enters to talk about cemetery issues in a building that also houses a funeral home. The cemetery salesman then tries to convince the family to use their funeral home or even presents a funeral director whose job is preneed. The cemetery employee gives the preneed funeral director the referral and in return the funeral director gives burial vault and grave marker sales to the cemetery salesman. This scenario is factual as families have told us repeatedly but never generates a consumer complaint to the state board as most people don't understand that they have been the victim of a violation of state law. So if this goes on now with supposedly two different businesses under one roof, what happens when it is the same person. Conflicting laws on solicitation would allow one set of rules for marketing cemetery property and another for funeral services. Once in a home or office as a cemetery salesman then the funeral home prohibition on direct solicitation is avoided just as a simple matter of interpreting words to be an invitation.

Embalming is identified as the area where "funeral service counselors" would not be involved. Most funeral homes do not have a designated embalmer who does not serve as a funeral director also. Conglomerate funeral companies often use centralized embalming facilities or an embalmer who travels between facilities for a cluster of their funeral homes. So what are the guaranteed parameters for the "Counselor". Does this embalming exclusion include preparation for positive identification of deceased which is required by the State before cremation? Will there be a list of tasks which will be either allowed or not allowed? We cannot look at this historically because the world is a vastly different place some 40 years since the licenses were combined. Many of those separate license funeral directors did embalm and work with remains even though not licensed specifically for that part of the job. Today, OSHA and the State of Virginia have a much greater understanding of how unlicensed, untrained individuals can put themselves, coworkers and the public at risk not just in embalming but in the handling of remains in general. The human body is strange and unpredictable. When remains begin to purge or bleed, what does the funeral service counselor do? Is a funeral director going to stand over the counselor at all times, be in the room during private positive identifications with families just in case the counselor has a problem? Does the counselor defer all questions concerning embalming to someone who has actual knowledge or just count on book training with no real experience. Embalming requires a wealth of knowledge and experience because every case is different. There is no way to train, only in a book and video based classroom, anyone to understand the potential for both great success which offers immense comfort to a family and absolute failure in embalming when the innumerable obstacles present themselves in health, medication, cause of death, etc. No way for that counselor to prepare and then deal with the families even in the simple area of offering positive identification with the level of experience and professional knowledge that a funeral director and embalmer has after finishing school and internship.

There was offered the argument that embalming fluid exposure can be hazardous to your health and so a license should be offered which eliminates the potential for exposure. There is no doubt that exposure can be hazardous but, by using proper and required Personal Protection Equipment and OSHA approved engineering controls such as high flow air systems you can virtually eliminate that threat. Formaldehyde is in any number of products that we use around our homes and exposure that way is ever-present. Bio-hazards are also part of funeral service. The job of a funeral director/embalmer puts them at risk of bio-hazard exposure and yet again, the requirements of OSHA direct that procedures, controls and Personal Protective Equipment be in place, readily available, at no cost to the employee to eliminate that threat.

How does this proposal impact the newer rules on branch locations? While a Funeral Service Counselor cannot be manager of record for a location, the stated manager of record can serve in that role in two locations potentially leaving the counselor to be virtually supervised in both funeral directing and sole control of remains. Saying "I'm not the manager of record" could mean "I'm not the manager of record but I am usually the only licensee here."

Finally it should be noted that at the forum, a great majority of the speakers were employees of or lobbyists and affiliates of Service Corporation International who initiated this process to add a license. They did an excellent job of bringing in their employees to speak but in the end, they all represent the well-choreographed opinion of one corporation whose goal it is to get this passed. This proposal serves to offer a shorter, easier road into funeral service for salesmen from other industries while the reality is that no current shortage exists of fully licensed, well trained Funeral Director/Embalmers. The request is not for a separate license for a better embalmer, better crematory operator or better funeral director. There is no real benefit to the consumer as it only provides a license with reduced qualifications and serves to supply SCI's seemingly endless need for a sales force. It has the potential to be misleading and create more confusion in an industry that is and always has been greatly misunderstood as well as offering yet another avenue to capping or steering. I appreciate your considering each of these points as you move forward with research into this issue.

Sincerely,

Timothy Smith, mgr
R. Hayden Smith Funeral Home
245 S. Armistead Ave
Hampton, VA 23669
757 723-3191

Jackson, Laura (DHP)

From: Jackson, Laura (DHP)
Sent: Friday, June 12, 2015 2:17 PM
To: 'jamiekarpa@gmail.com'
Cc: Board of Health Professions
Subject: RE: opinion on multi-level funeral service license

Thank you for your public comment submission. The Board's Regulatory Research Committee will continue to gather written comment until June 30, 2015. After June 30, 2015 the written comment will be gathered, reviewed, and presented at the next meeting scheduled for August 6, 2015.

At that time, the Committee will determine if they have sufficient information to make a recommendation.

Thank you,
Laura Jackson

Laura L. Jackson
Operations Manager | Healthcare Workforce Data Center
Operations Manager | Board of Health Professions
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300 | Henrico, VA 23233
804-367-2115 direct | 804-527-4466 fax
laura.jackson@dhp.virginia.gov or hwdc@dhp.virginia.gov

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From: Jamie Karpa [mailto:jamiekarpa@gmail.com]
Sent: Friday, June 12, 2015 10:17 AM
To: Carter, Elizabeth A. (DHP)
Subject: opinion on multi-level funeral service license

Good morning:

Please find attached my letter concerning the possibility of a multi-level funeral service license. It is my understanding that you are accepting comments until June 30.

Thank you,
Jamie Karpa

Jamie P. Karpa
69 N. Boxwood Street
Hampton, VA 23669
757-723-8774

June 4, 2015

Elizabeth A. Carter PhD
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Dear Dr. Carter:

I am writing to you today as a Funeral Service Licensee in Virginia. I am concerned about the possibility of a multi-level license to practice funeral service in Virginia.

In 2001 when I began mortuary school through Norfolk State University, one of my professors at the time, who had previously been at John Tyler Community College, said that he had been approached by Service Corporation International about the possibility of offering an abbreviated training for a "split license". That they would like to increase their sales force without hiring actual embalmers. He told them then that it would not be feasible to offer such a course and provide adequate training for the caliber of funeral director for which he wanted to be responsible.

Now here we are in 2015 and after attending the open forum meeting on May 28, it is apparent that SCI is still trying to find ways to be able to hire "sales people" to take the place of well-trained Funeral Service Licensees to increase their sales numbers. This would have a direct adverse effect on the funeral consumers who expect to be treated with dignity and respect in their time of need. Especially from a group who uses "Dignity" in their advertisement.

At our funeral home, we hear on a regular basis about how families who go to the corporate cemeteries to buy interment space or prepay their opening and closing are introduced to a funeral director who suggests that they sit down and discuss their funeral arrangements also. This is completely against the regulations of the Board of Funeral Directors and Embalmers, but goes on all the time. I can't imagine that the situation would be any better if the cemetery "Family Service Counselor" would also be allowed to be a "Funeral Service Counselor". I am also opposed to the term "counselor" being used for this license as it would lead people to believe that the person has more education and not less.

While I am sure that there are a number of people in Virginia who would make excellent funeral directors but don't wish to embalm, the requirements to receive a full license are truly not that exhaustive or prohibitive and I feel that there would be a great number of people who might "jump on the bandwagon" to open up another opportunity to earn a hefty commission on their ability to close sales. It also appears from the meeting on May 28 that there would be plenty of funeral homes who would hire an individual who doesn't want to embalm and only wishes to make funeral arrangements and conduct funerals. Will we be revisiting this issue again in a few years when the people who want to embalm but don't wish to conduct funerals feel that they shouldn't be required to be trained in the services portion of mortuary school and should be licensed as an embalmer only?

It would be a great injustice to the people of Virginia if this multi-level license is approved. Not only to the consumers, but to all of the fully trained funeral directors who worked so hard to earn their license because they truly care about the families they serve. It is not needed and is a waste of taxpayer money to research. Please do not allow huge uncaring corporations to degrade the profession which is supposed to help people in their greatest time of need.

Sincerely,

Jamie P. Karpa

May 29, 2015

Mrs. Elizabeth Carter and the Regulatory Research Committee,

My name is James M. Quinn, Jr. and I am writing to you to express my personal opinion of splitting the license from Funeral Service Licensee license to include a Funeral Service Counselor license for people who do not wish to embalm or handle human remains. I entered the funeral profession in 1987 taking an internship with H. D. Oliver Funeral Apts. who this year is celebrating 150 years. I have been always been employed by the same firm, I love what I do and I am proud to call myself a Funeral Director.

Until I attended the Regulatory Research Committee meeting on Thursday concerning the issue of a possible split license for funeral directors, I did not have a personal opinion on the matter. I have heard both the pros and cons from both sides debating the issue. The meeting I attended opened my eyes to what is really going on. I can now say that I am absolutely against the dual/split license being proposed.

I hope the Committee and the Board can see thru the smoke and mirrors. This is plainly a move being made by and supported by the big corporate firms as evident by their attendance and support at the meeting. This issue really does not even have anything to do with embalming or the increase of cremation, but that's what we are being made to believe. They have figured a way of getting around certain license issues so that they can bring in a massive workforce of directors or in this case "Funeral Service Counselors". They have been planning and piecing together their plan of attack for some time. Why? So that they can capitalize on the next big wave of expected deaths, the baby boomer generation. They can now flood the streets with their "Funeral Service Counselors". They will be able to sell preneed and staff their firms with twice the number of directors at half the cost. It's all about the money, plain and simple. At the end of the day the corporate controlled firms care about the price of their stock not the families that they serve.

Most of the speakers present who were for the proposed dual license represented SCI (Service Corp International), the corporate firm out of Texas. Coincidence, I think not. Only one family firm (Oakey) was for the proposal. The remaining firms (family) were against the proposal.

Sam Oakey along with several other of the SCI employees kept mentioning a shortage of directors and applicants. Along with some of the other speakers I can't tell you how many times a week we get a phone call or an email looking to see if we are hiring. Sometimes it's students who are in mortuary school and sometimes it is unhappy directors working at another firm.

Mortuary schools in Atlanta, Dallas, Pittsburgh, Cincinnati and the mortuary programs at the community colleges have a constant flow of students entering their programs. There is a never ending pool of funeral service graduates entering the work force. So to say there is a shortage is false. They can play the number and stats game all day long. I have been out here in the trenches for almost 29 years, I know what's going on. It's not my or the State of Virginia's responsibility to adjust license requirements because they have a high employee turnover rate and need to find a way of staffing their firms and flood the market with salespeople.

Veronica Weymouth and another lady whose name escapes me spoke of wanting to be in the funeral business. They said they would love to be a funeral director but did not want to work in the embalming room or handle any human remains. Hello.....that's what we do, that's part of our job and our profession! I would suggest they look for another career.

If you want to be a policeman don't expect the department to change the requirements because you do not like guns. It's a fact that most policeman never have to use their firearms during their career but if they do they have been properly trained to use it if necessary. Anyone entering the funeral profession needs to and should be trained in all aspects of funeral service before receiving a license by the State of Virginia. Sure you might get a job where you never go in the preparation or handle human remains, but if needed and the situation calls for it and you have been properly trained and are licensed to do so.

Blair Nelson spoke of other health professions where they have special licensing like Doctors and Dentists. He said that the proposed split license in our profession would kind of be along these same lines. Sure some doctors specialize in different areas, you have heart specialists, lung, rheumatology, etc. but guess what....they have all had to take the same classes and courses to become a doctor first. What they choose to focus on after becoming a licensed doctor is up to them. It's the same thing with funeral directors, we are trained in <u>all</u> aspects of funeral service. What and where you take your career is up to you.

To sum things up, there is no shortage of applicants and we certainly don't need a wave of "Salespeople" with little or no real funeral experience out there selling preneed funerals, seeing families and trying to play funeral director. I believe that a good funeral director should be trained in all aspects of his or her field. Anyone who would even consider this proposal should be ashamed of themselves. In my 29 years of funeral service I have seen our profession as a whole takes two steps forward. If this proposal get recommended, continues on and eventually becomes law, it will be three steps backwards for us. In the end it will be a black eye to our profession and the consumers will be the ones that suffer.

Respectfully,

James M. Quinn, Jr.

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Monday, June 22, 2015 10:08 AM
To: Jackson, Laura (DHP)
Subject: FW: Opposition to Changes in Funeral Licensing
Attachments: Letter - Elizabeth Carter re Virginia Licensure Change 6-19-2015.pdf

Sorry, again. I thought that the attachment conveyed in the e-mail.

Elizabeth A. Carter, Ph.D.
Director, DHP Healthcare Workforce Data Center
Executive Director for the Virginia Board of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233
804-367-4426, 804-527-4434(fax)
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Laura.Jackson@dhp.virginia.gov

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From: James A. Riffe - Riffe's Funeral Service, Inc. [mailto:riffefuneralservice@verizon.net]
Sent: Thursday, June 18, 2015 12:03 PM
To: Carter, Elizabeth A. (DHP)
Cc: lwhittaker@vfda.net; IFHV@aol.com
Subject: Opposition to Changes in Funeral Licensing

Good Afternoon, Dr. Carter.....

Attached, in Adobe PDF format, my letter to the Virginia Board of Funeral Directors and Embalmers, in opposition to possible upcoming legislation altering the licensure of funeral services professionals in the state. As a courtesy, I am copying Lacy Whittaker, VFDA Executive Director, and Bo Keeney of the IFHV.

If you have trouble retrieving, please let me know.

Thank you for this opportunity!

Best Regards

Riffe's
FUNERAL SERVICE, INC.

James A. Riffe, CFSP
General Manager/Licensed Funeral Director
Riffe's Funeral Service, Inc.
600 Main Street
Narrows, Virginia 24124
Phone (540) 726-2442
Fax (540) 726-9503
Mobile (540) 599-2443
E-mail riffefuneralservice@verizon.net
Internet www.riffefuneralservice.com

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600 Main Street
Narrows, Virginia 24124
(540) 726-2442

Fax (540) 726-9503
Internet www.riffefuneralservice.com
E-mail riffefuneralservice@verizon.net

June 18, 2015

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Funeral Directors and Embalmers
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Dear Dr. Carter:

I wish to express my concern over possible proposed legislation that would alter the licensing of funeral directors and embalmers here in the Commonwealth.

As the sole licensee of a family-owned firm in a small, rural, community in Southwest Virginia, I feel that if a mortuary school student wants to effectively and successfully practice in this profession, he or she must be proficient in all aspects of funeral and cremation work, including important preparation room skills like embalming and restorative art, business management skills, experience in grief understanding, and knowledge of marketing and preneed regulations, among many others.

While larger-staffed funeral homes in more urban regions of the state appear to be in favor of this change, I feel it could result in mortuary college graduates possessing a smaller portion of the skills needed to properly serve a family.

It is for these reasons that I oppose any legislation that changes the current licensure system for funeral service professionals in Virginia.

I appreciate your understanding.

Best Regards,

James A. Riffe, CFSP
General Manager

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Wednesday, June 24, 2015 2:30 PM
To: George Morris
Cc: Jackson, Laura (DHP)
Subject: RE: Funeral Director License Only

Dear Mr. Morris:

Thank you for providing your comments. They will be shared with the Virginia Board of Health Professions' Regulatory Research Committee and discussed at its next meeting on August 6.

Cordially,

Elizabeth A. Carter, Ph.D.
Director, DHP Healthcare Workforce Data Center
Executive Director for the Virginia Board of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233
804-367-4426, 804-527-4434(fax)
E-mail: Elizabeth.Carter@dhp.virginia.gov
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From: George Morris [mailto:morrisgeorge49@gmail.com]
Sent: Wednesday, June 24, 2015 11:14 AM
To: Carter, Elizabeth A. (DHP)
Subject: Funeral Director License Only

I would like to comment on the Funeral Director License only. I know some Funeral Service Licensees are more people person than embalmers. Some people like doing embalming better. In many cases there have been times where it was hard to find/hire a Funeral Service person in my area

A. Not all people can talk to families
B. Some people like to stay in the embalming room
C. Take me I am a people person, not for embalming
D Think this will help in finding Directors

I am a funeral associate. I would like to have,and see a Funeral Director License only for the people person to help and work with families.
Love people and helping families

Thank You So Kindly.
George Morris

WOODY
FUNERAL HOME AND CREMATION SERVICE

1771 NORTH PARHAM ROAD • RICHMOND, VIRGINIA 23229 •
1620 HUGUENOT ROAD • MIDLOTHIAN, VIRGINIA 23113 •
9271 SHADY GROVE ROAD • MECHANICSVILLE, VIRGINIA 23116
www.woodyfuneralhome.com

BERNIE HENDERSON
PRESIDENT

RECEIVED
JUN 30 2015

June 24, 2015

RESPONSE TO INVITATION FOR PUBLIC COMMENT ON THE NEED FOR A FUNERAL DIRECTOR-ONLY LICENSE AS AN ADDITIONAL CATEGORY OF LICENSURE IN VIRGINIA

As one who served as Director of the Virginia Department of Commerce (now named the Department of Professional and Occupational Regulation) for four years and as Director of the Virginia Department of Health Professions for a bit more than eight years, I have a special appreciation for Virginia's sound philosophy of regulating businesses, trades, occupations and professions only to the extent that doing so is necessary for the protection of the public health, safety and welfare. That philosophy is enhanced by statutorily encouraging periodic review of regulations to assure that the least restrictive regulatory requirements continue in place so that the rights of persons to engage in a business, trade, occupation or profession are protected.

I commend Senator Kenneth C. Alexander for asking that consideration be given to the issue of continuing to require that persons licensed to arrange and conduct funerals must also be trained, examined and licensed to embalm. I also appreciate the Board of Health Professions and its Regulatory Research Committee for agreeing to consider this issue; I realize that there are many other studies that need to be conducted and I appreciate this one being given attention at this time.

Potential regulatory change always creates angst within the community being regulated. Even if a requirement is clearly antiquated, substantial segments of the regulated community are frequently loath to support significant change for fear that unintended consequences and economic upheaval might ensue. Even though regulatory reform should not be performed in a vacuum where the impact on existing business is ignored, neither should government exercise its police powers, which is what the act of regulation is, to continue unnecessary restrictions on regulated businesses in order to preserve the status quo out of a fear of the unknown.

The requirement that a person licensed to arrange and conduct funeral services must also be trained, educated, examined and licensed to embalm serves no public purpose. These are two entirely separate activities and each one can be thoroughly and competently performed without being proficient in the ability to perform the other. In fact, in many funeral establishments, those who serve a family by making arrangements and directing the service rarely embalm bodies. These are two separate and distinct activities with widely different sets of talents and skills and most licensees orient themselves to either making arrangements or preparing remains.

The requirement for each licensee to be qualified and licensed to do both of these separate functions is becoming more and more unnecessary as time goes forward. In many establishments, embalming is being performed only in a minority of cases, and for those where this benchmark has not yet occurred, this is clearly the trend. Many, and perhaps most, cremations specifically do not include

embalming, yet the licensee serving that family must now also be a fully qualified embalmer. That same licensee may arrange for a cremation, but he or she is not required to be a crematory operator and cremations must be performed only under the supervision of a certified crematory manager. As a practical matter, the licensed funeral service provider who is legally eligible to embalm a body, even though he or she might not have done so in years, then decides to do so simply because he or she can based on the law, is a great hazard to the public, while someone who is trained, educated, examined, licensed and regulated solely to arrange and conduct funeral services is not a hazard so long as he or she functions within the scope of the license. Similarly, because the licensed funeral service provider cannot unilaterally cremate a body or do so without supervision from a certified cremation operator, there is presently greater public danger for a licensee who is legally eligible to embalm but practically unqualified to do so. Except for the fact that there is no known evidence to justify requiring it, mere consistency would lead us to consider that there is now as much reason to require that all licensed funeral service providers also be required to possess all the qualifications of a certified crematory operator; let me hasten to emphasize that I see no more reason to do that than I see reason to require those licensed to arrange and conduct funerals to also be embalmers.

Embalming is an option; it is rarely required by law and the public is becoming more aware of that fact. As that awareness increases, for both the burial of remains and cremation, embalmings are decreasing. This creates a practical decrease in the reasonableness of a requirement that everyone who arranges and conducts a service must be trained and legally eligible to perform a procedure that he or she will not perform; again, a procedure that is generally not required and increasingly not requested. Economically, it is not in the interest of the public to have to pay to be served by someone who has had to receive training in something irrelevant to their needs and wishes.

Virginia's population is becoming more diverse in religion, ethnicity and culture. For many of these Virginians, embalming is contrary to their principles. For many other Virginians, embalming is simply not wanted. For these Virginians, the requirement that they must be served at the time of their loved one's death by someone who has had to be trained to perform a procedure that they do not want is entirely unnecessary and is a prime example of excessive regulation. Undoubtedly, there will soon emerge a viable market for funeral establishments that do not even offer embalming. How can we justify a requirement that everyone in such an establishment be mandated to be able to perform a procedure that he or she will never perform? The time will also surely come, unless Virginia eliminates the requirement that a person who desires to be licensed to arrange and conduct funerals must also be able to embalm, a procedure that is even repugnant to many religious beliefs, when our Commonwealth will have to defend this increasingly irrelevant requirement as constituting a religious barrier to entry into the profession.

The time has come to allow persons to be trained, educated, examined and licensed to arrange and conduct funerals without requiring them to also be embalmers. In a free society where requirements are properly imposed only when the public needs to be protected from harm, we should give those who can demonstrate that they can properly arrange and conduct funeral services the legal ability to do so without requiring them to do something that they have no desire to do and do not need to know how to do in order to do what they want to do.

Thank you for the privilege of submitting comments and for any consideration they may be given.

Bernie Henderson

Bernie Henderson

Barry D. Robinson, FSP, CFSP
(Virginia Funeral Service Provider), (Certified Funeral Service Practitioner)
11409 Reed Road
Fredericksburg, Virginia 22407
MrBarryDe@aol.com, (540) 760-3330 (cell)

June 27, 2015

Elizabeth A Carter, Ph. D.
Virginia Board of Health Professions
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

Dear Chairman Carter and Committee:

This correspondence is being submitted as a public comment in regard to the open public hearing held on May 28, 2015 at the Board of Funeral Directors and Embalmers. The subject of that hearing was to receive comments/input on the creation of a new Virginia license type called **Funeral Service Counselor** and **Funeral Service Counselor Intern.**

As a fully funeral service provider for the Commonwealth of Virginia, I am opposed to the creation of the subject licenses. I feel this is an early strategy to eliminate the small businesses by the large corporations.

First, I see no real difference from the current Funeral Director license currently in the laws and regulations to the duties of the new Funeral Service Counselor proposed. As of the April 2015 board meeting, there were 51 license only funeral directors on the record.

Secondly, I believe there is a hidden purpose to the creation of this license. It is not just to improve and serve the public consumer better. If this is the major driving point, why not just request to reopen the application process for the current funeral director license.

Thirdly, if a person desires to enter the funeral profession, they must accept the full scope of responsibilities of that profession. However, if they chose to specialize in serving families from the Art/Business side, that is their choice. An employer would benefit from a fully license individual than just a counselor in the long run.

Lastly, I feel this hearing and the suggestion of the funeral service counselor position was an insult to the funeral service providers of the Commonwealth . When the topic of reinstating the dual license surfaced a year or so ago, I believed it failed in discussions . Now to come back with a new name and the same purpose, is questioning our professionalism intelligence.

In summary, I feel the creation of this license is not warranted at this time and will not benefit the funeral profession and the consumers fairly and equally.

Thank you for this opportunity to submit by opinion.

Barry D. Robinson
Barry D. Robinson, CFSP

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Sunday, June 28, 2015 8:45 PM
To: Jackson, Laura (DHP)
Subject: Fwd: Public Comment on the Need for a Funeral Director

Would you please respond on my behalf.

Thank you,

Liz

Sent from my iPhone

Begin forwarded message:

> **From:** Shelby Rasnake <srasnake1945@hotmail.com>
> **Date:** June 28, 2015 at 7:50:03 PM EDT
> **To:** "Elizabeth.Carter@dhp.virginia.gov" <elizabeth.carter@dhp.virginia.gov>
> **Subject: Public Comment on the Need for a Funeral Director**
>
> I am employed by a funeral home in Virginia and we have had employees that were licensed as funeral director/embalmers and one preferred embalming and one preferred making arrangements with the families. I think it would be to the advantage of the funeral homes to go back to licensing funeral directors only or embalmers only.
>
> Shelby D. Rasnake

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Wednesday, July 01, 2015 5:28 AM
To: Jackson, Laura (DHP)
Subject: Fwd: Dual License

Dear Laura:

Please acknowledge on my behalf.

Thank you,

Liz

Sent from my iPhone

Begin forwarded message:

> **From:** <abm94@netscape.com>
> **Date:** June 30, 2015 at 11:28:28 PM EDT
> **To:** <elizabeth.carter@dhp.virginia.gov>
> **Subject: Dual License**
>
> Dr. Carter,
> I am Andrew Bennett Morehead, the son of an icon in the funeral industry, Charles D. Morehead, Sr. I am writing you in the 11th hour concerning the debate over bringing back a dual license. To be quite frank, Dr. Carter, I have no feeling either way. The dual license will give the conglomerates a lower paid work force. As such, it will eventually give them rope enough to hang themselves! I was working late several weeks ago; a family wanted touch up (involving wax), so I preformed it well to there satisfaction. Do you think a funeral director only would have been able to do that; I think not! As you know, SCI just bought out Lowen. They have paid to have Lt. Col Blair NelsoNI to be re-appointed to The Board. The Morehead family,literally, has more tenure in this industry than the entire seated Board. Here is my issue with this proposal: while the conglomerates will save money, and to my benefit as a family owned entity lose client families; it is the bereaved families of The Commonwealth that will ultimately suffer for lack of competence! I implore you to deny the dual license; it is bad news for the bereaved of The Commonwealth. However, if it does go before the legislature, between CDM and myself, it will never pass!
>
> Respectively yours,
> Andrew Bennett Morehead.
> Bennett Funeral Home
> Mechanicsville Chapel
>
> Netscape. Just the Net You Need.

Jackson, Laura (DHP)

From: Carter, Elizabeth A. (DHP)
Sent: Wednesday, July 01, 2015 5:29 AM
To: Jackson, Laura (DHP)
Subject: Fwd: The need for funeral director.

Please acknowledge receipt.

Thank you,

Liz

Sent from my iPhone

Begin forwarded message:

From: Bellsouth Customer Services 2013 <cccarterfuneralhome@aol.com>
Date: June 30, 2015 at 10:37:26 PM EDT
To: <Elizabeth.Carter@dhp.virginia.gov>
Subject: The need for funeral director.

June 30,2015

Dr. Carter,

I write this letter in support of having separate licenses for funeral directors and embalmers, In the state of Virginia... Dr. Carter as you are aware, this is not this is not a frontier in the state of Virginia. Our neighboring states North Carolina as well as Maryland has separate Licenses, I also feel that a funeral director should be able to manage his or her Funeral Home. Dr. Carter, lets make this happen I ask of you to please make this happen.

Sincerely
C.C.Carter

1 COMMONWEALTH OF VIRGINIA
2 DEPARTMENT OF HEALTH PROFESSIONS
3 REGULATORY RESEARCH COMMITTEE
4
5 MEETING TO RECEIVE PUBLIC COMMENT
6 IN RE:
7
8 NEED FOR A FUNERAL DIRECTOR-ONLY LICENSE AS AN
9 ADDITIONAL CATEGORY OF LICENSURE IN VIRGINIA
10
11
12 DEPARTMENT OF HEALTH PROFESSIONS
13 PERIMETER CENTER
14 9960 MAYLAND DRIVE
15 RICHMOND, VIRGINIA
16
17 MAY 28, 2015
18 9:00 A.M.
19
20
21
22
23
24 Farnsworth & Taylor Reporting, LLC
25 P.O. Box 333
Rockville, VA 23146
804-749-4277

1 APPEARANCES:
2
3 Board Members Present:
4
5 Virginia Van De Water, Ed.D., Psychology; Chair;
6 Ellen B. Shinaberry, R.Ph., Pharm.D., Pharmacy;
7 Elizabeth Carter, Ph.D., Executive Director;
8 James Wells, R.Ph., Citizen Member;
9 James D. Watkins, D.D.S., Dentistry;
10 Frazier W. Frantz, M.D., Medicine;
11
12 ALSO PRESENT:
13 Laura Jackson, BBA.
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25

List of Speakers

Isabel Berney	page 4
Sondra Holmes	page 8
Scott Johnson	page 11
Sammy Oakey	page 15
Veronica Weymouth	page 19
Paul Hazelgrove	page 21
Bob Brown	page 25
Larry Spiaggi	page 28
Suzanne Stuart	page 32
Michael Doherty	page 33
Robert Gallagher	page 36
Rob Finch	page 39
Bill Faulkner	page 44
Rhonda Keyes Pleasants	page 48
Randy Minter	page 57
Tim Smith	page 60
Blair Nelsen	page 66

NOTE: The hearing is called to order at 9:00 a.m., and commences as follows:

DR. VAN DE WATER: I want to welcome you all here this morning. It's nine o'clock, so we are going to get started on time because we have eighteen speakers signed up, but we did the math and that gives each of you about six minutes. We plan to give you a little heads-up that it's almost time for someone else to sit in that seat. So I would like to call the meeting to order now or the hearing to order.

Good morning. I'm Virginia Van de Water, chair of the Regulatory Research Committee. This is a public hearing to receive public comment on the Board's review of funeral multilevel licensure.

The Code of Virginia authorizes the Board of Health Professions to advise the Governor, the General Assembly and the department director on matters related to the regulation of health care occupations and professions. Accordingly, the Board is conducting this review and will provide recommendations on whether there is a need for multilevel licensure.

At this time, I will call on persons who have signed up to comment. As I call your name, please come forward. There are two microphones, or three, so you can choose your seat. Tell us your

1 name and where you are from.
2 All right. The first person
3 on the list is Isabel Berney.
4 MS. BERNEY: Good morning, board
5 members. I am Isabel Berney, a resident of Blacksburg,
6 Virginia, and I'm a member and a volunteer with the
7 Funeral Consumers Alliance of the Virginia Blue Ridge.
8 I'm speaking in support of establishing a separate funeral
9 director-only category. I urge the Board to advise the
10 Governor, the General Assembly and the director of the
11 Department of Health Professions to recommend establishing
12 such a category.
13 As a lay member of the public
14 and as a consumer of funeral services and a member of a
15 volunteer organization which advocates for consumers, I
16 make these comments.
17 The need for and desire for
18 embalming is declining. In Virginia, the cremation rate
19 is now 30 percent. Nationally it's 50 percent. In several
20 states, the rate is over 70 percent. The increasing
21 interest in eco-friendlier choices is growing. Both
22 cremation and natural burial do not require embalming.
23 Jews and Muslims, as well as some other religious traditions,
24 prohibit embalming.
25 What is needed to serve these

1 and other families is a funeral services counselor. The
2 Funeral Consumers Alliance encourages planning ahead, and
3 as people do that and consider the choices and expenses
4 involved, we find that many people opt to forego embalming.
5 A funeral services counselor
6 serves to support preplanning activities without the body
7 present. I know you will be getting pressure from funeral
8 directors who believe sincerely that embalming must be
9 protected and that this change would be bad for consumers.
10 I believe they are misguided and misinformed.
11 Embalming does nothing to protect
12 public health. Corpses pose no threat. Most of the world
13 does not embalm bodies. The United States Center for
14 Disease Control advises that in the event of a catastrophe
15 or epidemic what is needed is to ensure that the public
16 has a safe water supply first. Disposal of the dead is
17 not the first priority.
18 Pathogens causing smallpox,
19 anthrax, tetanus and AIDS have been found in embalmed
20 bodies, but embalming fluid actually keeps one fatal
21 illness, Creutzfeldt-Jakob disease, alive. Most disease
22 organisms die with the body. It is the embalming fluid
23 that is the danger.
24 There is increased risk to
25 embalmers of some forms of cancer. Leukemia, brain,

1 colon and prostate cancer are significantly higher among
2 embalmers. The greater one's exposure, the greater the
3 risk of cancer.
4 Those who care for the Earth
5 and for the health of embalmers know that embalming fluid
6 is toxic. Every year in our country 827 gallons of embalming
7 fluid -- 827,000 gallons of embalming fluid are used.
8 Embalming is on average 30 percent formaldehyde, which
9 equals to 248,000 gallons of straight formaldehyde going
10 into the Earth.
11 I realize that funeral directors
12 are trained in safe handling of embalming fluid, but there
13 should also be an opportunity for a funeral services
14 counselor who has no wish to partake in the embalming
15 services offered by a funeral home.
16 Your regulatory research committee
17 has discovered that many states do not require embalming
18 or embalming training. Those states do not experience any
19 frightening problems. Just as we don't require travel
20 agents who book airline tickets to have a pilot's license,
21 we don't need to require all funeral directors to have
22 embalming training. We do need caring people who are
23 trained to provide funeral services without embalming.
24 This is a growing area of need, and from all the trends
25 we see, it will continue as people elect for choices that

1 do not require embalming.
2 We in the Funeral Consumers
3 Alliance advocate for consumers. That is our mission as
4 a 401(c)(3) organization. We see that creating a category
5 of a funeral services counselor to be licensed with no
6 embalming requirement would be good for consumers.
7 As stewards of the Earth,
8 discouraging, not encouraging embalming is also a good
9 thing and it's a movement which is gaining momentum. I
10 urge you to consider these points.
11 The licensed funeral services
12 counselor would be supervised by a licensed practitioner.
13 The licensed funeral services counselor would enhance
14 the services presently available. The licensed funeral
15 services counselor would spend more time with families
16 in planning and selecting services that do not require
17 or need embalming. The licensed funeral services counselor
18 would be protected from hazardous exposure. The licensed
19 funeral services counselor would serve the growing population
20 who want cremation or eco-friendly burial. A licensed
21 funeral services counselor would be a service to consumers
22 and in no way detract from the full services offered by
23 existing funeral homes.
24 DR. VAN DE WATER: You have twenty
25 seconds.

1 MS. BERNEY: Thank you for your
2 time and your consideration of my remarks.
3 DR. CARTER: You said you have
4 written comments you'd like to submit?
5 MS. BERNEY: Yes, I do.
6 DR. CARTER: Because not everyone
7 was in here earlier, I want to make sure that you're aware
8 of our emergency exit directions. In the event we need
9 to leave the building, we would go out that door (indicating)
10 or that door, your choice. Go to the end of the hall,
11 across the parking lot and to the fence.
12 I wanted to make sure that you
13 are aware of that. I don't think we're going to have
14 that today, but you just never know. Thank you.
15 DR. VAN DE WATER: Now we have
16 William Faulkner, Jr.
17 NOTE: There was no response.
18 DR. VAN DE WATER: From Virginia
19 Beach, William Faulkner, Jr.? That's what it says.
20 Sondra Holmes then.
21 MS. HOLMES: Good morning. I
22 am Sondra Holmes, community relations coordinator and
23 funeral celebrant for the Dignity Memorial Funeral Homes
24 and Cemeteries in the Hampton Roads area. I am here
25 today to speak on behalf of support of separate licenses

1 for funeral services and for embalmers.
2 Fifteen years ago when I was
3 leaving the banking industry and deciding on another
4 career, I looked at pursuing interest in funeral services.
5 However, the embalming processes really led me into a
6 different direction. Funeral services was an interest
7 that I would have pursued because it was something that
8 I have enjoyed working with funeral homes for many, many
9 years. However, I did go into the cemetery side as family
10 service counselors, family service manager celebrant,
11 and I would work closely with the funeral directors in
12 ensuring that services are carried out properly.
13 That is the job of the funeral
14 director, along with family service counselors, which is
15 what is needed. We need people that are compassionate,
16 people that are caring, people that can carry out an
17 event, final event planner in a short period of time,
18 someone that can handle quite a bit of detail, do it
19 accurately where the family sees no difference from
20 funeral home to cemetery.
21 That is why we need separate
22 licenses. Many, many family service counselors on the
23 cemetery side are qualified for funeral directors. However,
24 because of the embalming, most of them do not want to
25 pursue that.

1 In all of my years, about fifteen
2 years now, working in funeral homes and cemeteries, I have
3 yet to have someone ask me about the embalming process.
4 Many ask why it is necessary, and usually that answer is
5 pretty simple, because you want a public viewing or you
6 want to take a body across state lines. That's a simple
7 answer. Most people hear that and they're satisfied
8 with that.
9 It doesn't take a licensed funeral
10 director to tell someone that. That's why that's the
11 only place that usually that comes up. That's why I am
12 definitely in support of having separate licenses, so
13 family service counselors, funeral directors can work
14 very closely together, have that license so that they
15 can handle families.
16 We need the pre-need services
17 done, people that can go out and talk to someone. Most
18 embalmers don't want to talk to people about pre-needing
19 their funeral services. We need people that are compassionate
20 in making sure that they are planning ahead, and that's
21 why I agree that we do need a separate license.
22 Thank you.
23 DR. VAN DE WATER: Thank you.
24 Any questions?
25 NOTE: There was no response.

1 DR. VAN DE WATER: All right.
2 Scott Johnson.
3 MR. JOHNSON: Members of the
4 Board, good morning. I'm Scott Johnson with the governmental
5 affairs firm of First Choice Consulting, and I'm counsel
6 to SCI Virginia. I just want to thank you for having this
7 pubic hearing. I had the privilege of appearing before
8 you when we took this issue up earlier.
9 The legislation I thought may
10 be a good place to start to sort of set the table to make
11 sure it's clear of what the ask is or the request, and
12 Senator Alexander had convened a number of the stakeholders
13 who are present here today down at the General Assembly
14 last year to look at the request. And the request is
15 simply this. Instead of a funeral director having to go
16 through and take all of the embalming and laboratory piece,
17 about six to nine credit hours depending on what state
18 you're in, have a new category of license that will be a
19 funeral services counselor, meaning that they would take
20 everything a funeral director does except the laboratory
21 piece on embalming.
22 And so that was the request that
23 we bring to you that we support that we ask you to look
24 at, and so we have been working on draft legislation and
25 that gave rise to Senator Alexander asking you to garner

1 public feedback, look at what is occurring in other states
2 in order to bring things together.
3 So why are we doing this? Well,
4 number one, you just heard the former speaker talk about
5 a workforce issue. There are people that are good funeral
6 directors that are people that are good embalmers, but there
7 are also a large number of folks that we've encountered
8 that are retirees, could be retired military, that have
9 a good knack or personality with the public that have no
10 desire to take an embalming laboratory class or even
11 embalm, but under our current statute the way it is
12 today, you can only be a funeral director and you have
13 to take all of that. So we're asking for a new category
14 to enable these individuals to work where they would
15 like to work and help that.
16 We see this working well in other
17 states. Dr. Carter has done an excellent job pulling for
18 you. Each state has got different types of laws all the
19 way from the point of not even licensing somebody in the
20 funeral director business to having different categories
21 of licenses like we talk about today.
22 We've seen good experience with the
23 schools that train these individuals. We see this as a
24 vehicle that's going to actually drive more students to
25 become funeral service counselors to go to our funeral

1 director schools here in the state, and we see that as good.
2 We heard feedback when Senator
3 Alexander brought us together asking for additional public
4 safety features in the legislation, and we included those.
5 You've heard one of them mentioned, meaning that under this
6 a funeral service counselor could only work under the
7 direction of a funeral director. A funeral service
8 counselor could not be a manager of record. A manager
9 of record basically is the boss of the funeral home.
10 The buck stops with the boss. And a funeral service
11 director could only supervise two counselors in an effort
12 to address that. If there are other suggestions, we
13 welcome them because we share the desire to make sure
14 the public is protected.
15 We also want to hear feedback
16 from the schools. We have previously in other states
17 seen how they have got accredited programs that operate
18 under the dual license. We want to see that here. If
19 there are suggestions that if these funeral service
20 counselors are not going to have to take embalming
21 laboratory perhaps there are other classes that they
22 would take because we don't want to see the schools lose
23 the cost of tuition on credit hours if that is a concern
24 to them.
25 When you hear the speakers today,

1 you've heard people speak so far in support of the issue.
2 You clearly are going to hear people speak in opposition
3 to it. Our request of you is when somebody comes up and
4 opposes it hopefully they will explain why they are opposed.
5 That's the feedback we want to hear.
6 If you don't hear that, I would
7 encourage you to ask them why. You know, just because
8 somebody is fearful of competition, that doesn't give you
9 the tools that the General Assembly is relying on you to
10 give them. They want to know if somebody is opposed do
11 you have a suggestion of how to fix it or what you're
12 opposed about, because we are all on the same page with
13 one thing. Everybody in this room in your charge is to
14 look out for the public, do what's best for the customers,
15 do what's best for the families.
16 So I thank you for your time
17 today. I thank Senator Alexander for his transparency
18 and openness. The legislation has been shared with all
19 the funeral director associations. We welcome their
20 feedback and appreciate your time.
21 MR. WELLS: Could I ask one question?
22 MR. JOHNSON: Yes, sir.
23 MR. WELLS: In the proposal or
24 in the review -- and I don't know if you've gotten this
25 far -- you spoke about academic requirements. Would there

1 be any grandfather for experience in lieu of academics,
2 or would some of these folks who have been working in the
3 industry for X number of years still have to meet all those
4 academic requirements to become director or whatever title?
5 MR. JOHNSON: Sure. If this
6 legislation passes, then it would mean that starting in
7 July of 2016 when it becomes law this would be a new
8 category of licensure. So somebody would have to start
9 school and go through all the courses as a funeral director
10 in essence with the exception of the laboratory. So they
11 would be pursuing a degree as a funeral service counselor and
12 ultimately licensed by the board of DHP in that.
13 So it's not going to be anybody
14 that's out there now that would be eligible to be grand-
15 fathered in unless they've taken all the funeral director
16 courses except the laboratory and have met that and it's
17 still current. Then they could apply for licensure.
18 MR. WELLS: Thank you.
19 MR. JOHNSON: Yes, sir.
20 DR. VAN DE WATER: Thank you.
21 It looks like Sammy Oakey from
22 Roanoke, Virginia.
23 MR. OAKEY: That's correct.
24 Good morning. I'm from Roanoke,
25 Virginia. I'm with Oakey's Funeral Service and I'm here

1 to speak in support of dividing the license back up again.
2 It's a very polarizing issue in our
3 profession and I've never seen an issue that's more evenly
4 split along both lines, and I've gone from one side of the
5 issue to the other. I never thought I'd be in the same
6 foxhole as SCI or the Funeral Consumer Alliance Committee,
7 but I find myself there today.
8 I'm trying to remember -- we
9 need to try to remember what's best for the consumers
10 and what's best for the families, and I just know as an
11 employer it's getting very difficult to find good licensees
12 to meet families. Right now I have found it's best to
13 hire somebody that has no experience at all in funeral
14 home, let them serve their apprenticeship at the funeral
15 home, send them to mortuary school and then bring them
16 back to be a good licensee.
17 However, we don't always have
18 that luxury of time. If we lose somebody due to retirement
19 or other reasons, we need to fill that position immediately,
20 and it's getting very difficult to find licensees who I
21 feel comfortable putting families with to be honest with you.
22 Many candidates for funeral
23 service want nothing to do with the preparation. They
24 want nothing to do with embalming, cosmetics, restorative
25 art, anything. Back in the old days we could say okay,

1 you know, have a good career, find something else. We
2 don't have that luxury these days. And some of these
3 people who are coming to us for a job would be great with
4 families. They would be great to make arrangements and
5 to work funerals, but we can't do that right now.
6 There are good embalmers. There
7 are good directors. I've got an embalmer named Brian
8 Rambling. He's, I would say, probably one of the best
9 in the state. He is fantastic. We've tried to promote
10 him away from the prep room. He does not want to be
11 promoted. He wants to stay in the prep room. He's an
12 embalmer. That's what he is.
13 We have another employee who
14 was made to serve his time in the prep room because that
15 was what was required of him to get his license. He made
16 a mess in the prep room. He was constantly breaking
17 arteries, breaking veins. Poorly embalmed bodies were
18 the process. That person was me. So I did the best I
19 could, but it was not my forte.
20 So why should we allow our
21 licensees to specialize in one area? And I don't even
22 understand why the two-license idea was done away with
23 back in the seventies. I've tried to find that out from
24 people, and I don't get too many answers.
25 As Ms. Berney mentioned, cremation

1 has increased greatly since the nineteen seventies when
2 that two-license idea was done away with, and we don't
3 have as much need for embalmers. I think if we reopen
4 the two-license system it would give us access to many,
5 many qualified and compassionate potential associates
6 who we could put with our families, and that's what you
7 want to do.
8 If split licenses do become
9 reality, I think that those who do go the funeral director's
10 license route do need to be given a pretty good knowledge
11 of what goes on in embalming. They don't have to do it,
12 but I would expect them to know about embalming so if
13 those questions surface they would have answers.
14 That's about all I've got to
15 say other than I'm in favor of it and I just see, as an
16 employer, a real dearth of people coming out of embalming
17 schools these days that I would put with families, and
18 we've had to scramble on many occasions to try to find a
19 good licensed person to fill slots at our funeral home.
20 It's getting more and more difficult and I hate to turn
21 away people who come to Oakey's who want a job who would
22 be fantastic, who are great people-persons but they don't
23 want to go in the prep room.
24 So that's basically all I have
25 to say. Any questions?

1 Thank you, very much for your time.
2 DR. VAN DE WATER: Thank you.
3 Veronica Weymouth.
4 MS. WEYMOUTH: Weymouth. Very close.
5 Hi. I want to thank Kenny Alexander
6 and his task force for looking into this issue because it's
7 been talked about for a while.
8 My name is Veronica Weymouth.
9 I'm with Weymouth Funeral Home in Newport News, Virginia,
10 and I kind of want to share more of a personal side to
11 this. I am in favor of a separate license, and I'm a
12 third-generation funeral home owner. And like a lot of
13 the folks here today that are funeral home owners, a lot
14 of us grew up on top of the funeral home. And if you
15 ever saw that movie My Girl, that's me.
16 So my dad would be a hundred
17 years old if he was alive today and he had that separate
18 license, and I'm so mad that I never got to ask him why
19 they went away from that separate license.
20 I came back to work at the
21 funeral home when my dad died because my mom needed help,
22 and I truly never wanted to go into the funeral business
23 and it was solely because I didn't want to go into the
24 prep room. That was not my skill set at all.
25 So I don't have a funeral director's

1 license which prohibits me from truly serving families,
2 and I really feel like I have a lot to offer families and
3 I think there are a lot of other people in the same
4 situation, that they are people-people. They have that
5 counseling skill, but because of the embalming side, they
6 don't go into our profession.
7 So fast-forward to today. Even
8 if I did go back to get my license, I'm inhibited by the
9 prep room chemicals and the lifting that's involved in
10 the prep room. A few years ago I was diagnosed with an
11 aggressive form of breast cancer, and, in fact, I'm truly
12 blessed to be sitting here in front of you guys today.
13 My doctors have told me I should not go in the prep room.
14 That's just not the place for me. So for someone like
15 me, this is a perfect fit, this separate license.
16 By no means do I want to dummy
17 down the requirements for the funeral director. The
18 separate license should have a strong understanding of
19 the embalming process without having to actually embalm.
20 Embalming has become such a small part of the funeral
21 profession, and I feel like a separate license could
22 benefit our entire industry.
23 I really don't know many professions
24 where you have such a different skill set. I mean, you can
25 be a surgeon and be a great surgeon but not have a good

1 bedside manner and nobody really cares, but you have to
2 have a good bedside manner as a funeral director.
3 I think a lot of people fit into
4 my situation based on their skill sets, and beyond that,
5 I mean, that's where I'm at. I've talked to a lot of
6 funeral homes and like Sammy Oakey said, it's split down
7 the middle. I also did look up across the nation what
8 other states are doing, and you guys have probably done
9 that as well. And that's pretty much fifty-fifty too.
10 I went ahead and called some
11 funeral homes in North Carolina just to kind of get a
12 feel of what they have to say about it. They have a split
13 license in North Carolina, and they said it's worked out
14 perfectly. They've had a really good pool of funeral
15 directors and it's really helped them immensely. So I'm
16 hoping we can do the same thing in Virginia.
17 Thank you.
18 DR. VAN DE WATER: Thank you.
19 Paul Hazelgrove.
20 MR. HAZELGROVE: Good morning.
21 Again, my name is Paul Hazelgrove. I'm a second-generation
22 funeral service licensee. I've been a funeral service
23 licensee since 1988. Just to give you a little perspective
24 about my current responsibilities in Virginia, I operate
25 eleven funeral homes and we serve about three thousand

1 families a year and employ roughly twenty-five to thirty
2 funeral service licensees from time to time.
3 From my perspective -- and
4 I've been in this role for about ten years -- there's
5 definitely a shortage of funeral directors in Virginia,
6 and we are constantly recruiting and trying to hire people.
7 And that leads to my second
8 point, which is with any profession, whether it's a
9 mechanic, a doctor, a nurse or whatever the case may be,
10 you know, if you're an employer, you're looking for the
11 topnotch professionals. And it's the same way with the
12 funeral service. We want good funeral directors, people
13 who are good at serving our customers and really be
14 creative and celebrate the life that's been lived. And
15 frankly, I've known lots of funeral directors over my
16 time, and not all of them are good at that.
17 Somebody spoke to earlier as
18 far as the skill sets. Embalming obviously is scientific,
19 and it is different from the personality and skill set
20 of somebody who's outgoing, compassionate, creative and
21 good at customer service.
22 So in my perspective, we are
23 constantly trying to find people who are good at that.
24 And we employ, as Sondra had mentioned, celebrants to
25 help you create those memories and make these services

1 relevant to the customers we serve.
2 I said earlier that we typically
3 employ twenty-five to thirty funeral directors, and in
4 my time we've always been recruiting. Currently, in those
5 funeral homes, we're short six funeral directors, and
6 typically it takes three to six months to recruit, hire
7 and train a funeral director and get them up to speed
8 from the standpoint of training.
9 And somebody else said obviously
10 what we're trying to do really is get good quality people
11 who are willing to get into funeral service, and I feel
12 that the funeral service counselor position would be a
13 great benefit to get more people employed in funeral
14 service and to our colleges as well.
15 So, in my opinion, the funeral
16 service counselor would very much enhance the professionalism
17 as well as the ability to hire quality people.
18 Questions?
19 DR. FRANTZ: So if the pool of
20 funeral directors is low now, if we go to a dual licensing
21 system, does that potentially drop the pool of funeral
22 directors even lower?
23 MR. HAZELGROVE: No. In my
24 opinion, we would have more people entering under the
25 funeral services counselor position because I interact with

1 people all the time that would do it but they just do not
2 want to do the scientific piece, and embalming is part
3 of that.
4 And the other part I did mention,
5 I mean, a lot of funeral homes and probably Oakey's and
6 a lot represented here today, we typically operate our
7 funeral homes separately. I employ five full-time embalmers
8 in my eleven funeral homes and frankly most of them don't
9 want to wait on families, and their skill set is not --
10 that's not their skill set. So even though they are
11 funeral services licensees, they're licensed to do both,
12 they choose to only embalm.
13 So what we try to do with the
14 pool that we have is try to separate the skill sets to
15 the people who are very good at customer service versus
16 the people who are good at embalming, and I think you'll
17 find a lot of funeral homes do that.
18 DR. FRANTZ: Because what's been
19 proposed here is that those licensees would still need to be
20 supervised by a funeral director.
21 MR. HAZELGROVE: Correct, but we
22 feel or I feel that it would give us more pool of people
23 coming into the profession under the funeral service
24 counselor.
25 Any other questions? Thank you.

1 DR. VAN DE WATER: Thank you.
2 Bob Brown.
3 MR. BROWN: Good morning. My
4 name is Bob Brown. I'm with Bliley Funeral Homes here
5 in Richmond, Virginia, and I'm here today to speak in
6 support of the multilevel licensure.
7 What I'm going to say really
8 kind of echos what a lot of people have said already this
9 morning, but I think to me we're all feeling the same
10 pinch. We all recognize that the current licensure limits
11 the pool of great applicants out there that can best serve
12 our families. There seems to be a shortage of qualified
13 funeral directors graduating from mortuary science programs.
14 A funeral director-only license
15 would attract a broader pool of qualified potential
16 directors that may not have considered a career in funeral
17 service because of the physical act of preparation of remains.
18 Every one of us in this room knows
19 people that we run across day to day that we think wow, they'd
20 be a great funeral director, but, you know, they wouldn't
21 do that because of the embalming aspect. We all know
22 people that have had careers, other careers, and have
23 retired early and have fantastic skill sets that would
24 match a funeral director counselor that won't pursue this
25 because they don't like the embalming aspect of what we do.

1 So, you know, many mortuary science
2 students today also tend to gravitate more towards working
3 in the embalming room. As I've sat across the table from
4 many applicants as I've interviewed them for potential
5 funeral directors, it's amazing to me how many of these
6 applicants say you know I'm really looking forward to
7 working with remains doing preparation and embalming,
8 and it's that rare jewel that we find anymore that says
9 I'm very interested in meeting with families and working
10 funeral ceremonies.
11 And it's difficult to find also
12 good pre-need directors. Funeral director-only licensure
13 would attract more qualified trainee directors the same
14 way the limited insurance license enabled funeral directors
15 to more easily write pre-need.
16 I know there's an argument against
17 this, that it possibly could attract some unsavory sales-
18 people into this pre-need sales position. I disagree with
19 that. We drive our own trains. We get to interview the
20 people we hire. We can hire good people. If we find that
21 they are unsavory, certainly we can fire them and re-interview
22 and hire someone else.
23 I think the biggest point also
24 I wanted to make today that I haven't quite heard yet is
25 that, you know, we are quickly approaching the group of

1 baby boomers getting much older. We are approaching that
2 silver tsunami that everyone is talking about, and to me
3 it's trying to run a business and to look ahead at what
4 trends are in our industry.
5 The pool that we have to choose
6 from today is limited, but it's also dwindling. There are
7 just not enough funeral directors today I feel to fill the
8 good positions as qualified directors. When the death
9 rate increases, we're not going to be prepared to handle
10 that. When we're not prepared to handle that increase
11 in the death rate, we're not going to provide the best
12 quality service to the families we serve every day.
13 So with that in mind, just some
14 statistics for our funeral home. Our cremation rate at
15 Bliley's is about 35 percent. That means we serve the
16 families that are -- probably in the year's time this
17 year we will probably serve five hundred fifty, five
18 hundred seventy-five families that choose cremation. Of
19 that group, we will probably have ten to 15 percent that
20 will choose embalming.
21 So as cremation rises, there is a
22 very small percentage of that rate that still chooses
23 embalming, so the need for the embalming part will decrease
24 as well. So just looking ahead at some of the trends
25 that we have and the things that we have to look out for,

1 I feel like making the best decision on this issue now is
2 going to better prepare us for the future as an industry
3 as a whole here in Virginia, but also it's going to help
4 us to take much better care of our families.
5 Thank you for your time this
6 morning. Any questions?
7 DR. VAN DE WATER: Thank you.
8 Larry Spiaggi.
9 MR. SPIAGGI: You did very well
10 with the name this time. I printed a little nicer I think too.
11 DR. VAN DE WATER: Thank you.
12 MR. SPIAGGI: Well, I'm here for
13 two -- I'm representing two different entities. First
14 and foremost, I am here -- I'm the legislative chair for
15 the Virginia Funeral Directors Association, which is the
16 largest association in the state of Virginia covering our
17 profession.
18 This is a very hot topic. There
19 are those that are opposed and those that for it. We had
20 polled our members. We didn't vote. There wasn't a
21 binding vote, but we did poll the members and we got
22 responses back, and after looking at all the responses,
23 the VFDA is going to take the position to oppose this
24 legislation as written for various reasons. There were
25 some education concerns, verbiage in the bill and others

1 along those lines. Our president is here, so he'll speak a
2 little bit more on that.
3 Now, with that said and done, I'm
4 also owner of Morrissett Funeral Home over in Chesterfield
5 County. I have problems with the way the bill is written,
6 and one of the things that hasn't really been discussed
7 about this counselor position is that it's very limited
8 to the state of Virginia, that funeral counselor
9 For instance, we go into North
10 Carolina. We have curtesy cards for West Virginia and
11 those. These counselors wouldn't be able to do that.
12 The surrounding states would not recognize a counselor
13 as a funeral director.
14 The other thing is that person
15 is limited to this state, and if they decided to move to
16 another state, all the education and everything they had
17 put into this is not going to transfer anywhere else.
18 I don't see that this makes
19 sense to me. I do see the need to go back and split the
20 license. I agree with Bob Brown and those that spoke
21 about that. Having a funeral director's license and
22 embalmer's license seems to make the most sense.
23 The educational requirements are
24 there and they're transferable to another state that has
25 funeral director only. That makes a lot more sense to me.

1 Ms. Weymouth brought up about
2 why the bill -- or she wished she had asked her dad about
3 why this got joined. Well, this is my fortieth year of
4 dealing with the funeral profession. I had the honor of
5 beginning under Bill Morlino, who was in Tidewater. He
6 would be a hundred years old also. And I came into this
7 business in 1975 right after the license had joined, and
8 this is the way I was explained was that prior to the
9 combined license the embalmers had an education. You
10 had to go to school. You had to pass your boards to get
11 your embalmer's license. Funeral directors, on the other
12 hand, only had to take the state version of a test. There
13 wasn't an apprenticeship to it. It was just you go to
14 take the test.
15 A lot of the funeral directors
16 were spouses of -- and I don't want to be sexist, but
17 most of them were the wives of the owners of the funeral
18 home, and when their husbands were getting sick or dying,
19 they needed to step up and become funeral directors and
20 take over, and so they'd go to the board and get their
21 license.
22 And it became an issue where
23 the profession decided there need to be some educational
24 requirements, and the simplest thing to do was instead
25 of invent a whole educational system was to make them

1 follow the embalmer's license education. That was the
2 simplest way to do it. So instead of having an educational
3 requirement for funeral director, they just lumped it
4 together and called it a funeral service licensee.
5 Those people prior to us, I used
6 to say the generation before us, but because everybody
7 is younger than me now, I say two generations ago. Some
8 of the best funeral directors in this state did not know
9 how to embalm. Colonel Nelson, one of the nicest gentlemen
10 I ever knew, with Nelson Funeral Home, was not an embalmer.
11 Virginia Graves down in Tidewater, one of the most elegant
12 funeral directors I ever knew, did not know how to embalm.
13 She was an excellent funeral director. There is a list
14 of them. The guys here in the audience can give you a
15 list of them.
16 DR. VAN DE WATER: Twenty seconds.
17 MR. SPIAGGI: Okay. That's it.
18 I think there is a need for the split license, go back
19 to funeral directors and embalmers. I don't think this
20 bill is good as written though. Thanks.
21 DR. VAN DE WATER: Suzanne Stuart.
22 And while she gets settled, we've
23 had some people arrive since we've opened. If any of
24 you would like to speak -- does anybody want to speak?
25 MR. FAULKNER: My name is Bill

1 Faulkner.
2 DR. VAN DE WATER: We'll get you
3 to sign in.
4 I'm sorry. Go ahead.
5 MS. STUART: That's okay.
6 Hi. I'm Suzanne Stuart. I'm
7 the community outreach coordinator for Nelson Funeral
8 Homes, and I came here today to speak to you about
9 supporting separating the licensures.
10 As an outreach coordinator, I
11 am faced daily with meeting families, bringing loved ones
12 into our care, and then providing that bereavement care
13 to them, and many times I'm faced with the family saying,
14 you know, I've built such a connection with you, can you
15 please sit in on our arrangements, can you make the
16 arrangements. But I can't, you know
17 And I'm faced with that on a
18 daily basis and knowing that if I had that licensure I
19 could do a continuum of care for these loved ones. But
20 I'm kind of stuck, you know. And then once the arrangement
21 is finalized, then I go back in and do bereavement care
22 again and provide programs to widows and widowers and
23 such. I can't provide that continuum of care that I
24 would very much like to do.
25 I'm that type-A personally. I'm

1 driven by being with people and providing comfort and
2 care to people. That drives me, but I'm missing a big
3 piece and that's a big problem for me.
4 In my past experiences before
5 I came to Nelson Funeral Home, I've been an anger manage-
6 ment specialist for years as well as an advocate for people
7 with disabilities. You know, I thought when I came to
8 Nelson Funeral Home that I have this, but I realized very
9 quickly I was only scratching the surface as a counselor
10 in my experience and I really wanted to do more, but I'm
11 faced with okay, going back to school. That's great. I
12 don't mind going back to school, but I don't want to do
13 the embalming. I don't want to be in the back. I want
14 to work with people.
15 I'm a people-person, and so
16 that is a great challenge for me and just plead with you
17 today please consider this, you know, because there are
18 people out there like me that really feel we could do a
19 great job as funeral service counselors and provide that
20 continuum of care. Thank you.
21 DR. VAN DE WATER: Michael Doherty.
22 MR. DOHERTY: Good morning. I'm
23 Mike Doherty. I'm not a funeral director, but I'm an
24 attorney here in Virginia and I serve as the president
25 of our family-owned funeral home, Fairfax Memorial Funeral

1 Home.
2 At Fairfax we've had completely
3 different experience than what you heard earlier on here.
4 We don't have any shortage of people in the hiring pool.
5 In fact, we have a waiting list at all times for folks
6 that would like to get into our intern program and become
7 licensed funeral directors.
8 We've been open for twelve years,
9 and I've really seen a big shift during those twelve years
10 in one major important point. In the early days our
11 apprentice students had to go away to school. They had
12 to go out of state, not work. They had to have the money
13 to pay to go to school and live for a year then come back
14 and go into our intern program, but now with taking the
15 mortuary school online, these folks that come into our
16 funeral home in their twenties and thirties as part-timers,
17 they can see in a very short time frame being an intern,
18 getting a higher pay as they got as a part-timer, going
19 to mortuary school online and then shortly after that in
20 like two years being eligible to be a licensed funeral
21 director.
22 So we don't have any shortage
23 whatsoever up there. We have a waiting line of people
24 trying to become funeral directors.
25 You heard earlier that well, the

1 cremation rate may be getting up to 30 or 50 percent, but
2 you can't ignore the other side of that, the 50 to 70
3 percent that are not cremations. And in our experience,
4 which is apparently the trend in the industry, most of
5 our cremations involve embalming and a public visitation.
6 That's the trend, shifting away from direct cremation to
7 full funeral service.
8 And I happen to be one of the
9 people, even though I'm the president of our funeral home,
10 that I don't -- it's not my interest to really spend much
11 time in the prep room or learn about embalming, but for
12 the protection of the public, I only want to hire funeral
13 directors that have that full background and experience.
14 There are families that come
15 in that have serious questions about whether the body is
16 viewable, and I believe that only a funeral director that
17 has extreme experience with embalming can fully answer
18 those questions.
19 Presumably, the people that would
20 have this funeral director-only license would be out on
21 services. We have visitations that are at a church or
22 at a graveside, and if you have a funeral director there
23 that's afraid to touch the body and something happens
24 with that body, for protection of the public, that is, I
25 think, a bad situation.

1 Pre-need directors. We have a
2 great experience with pre-need directors of just using
3 retired funeral directors. We have no problem with a
4 shortage in our area. Thank you.
5 DR. VAN DE WATER: Robert Gallagher.
6 Richard Gallagher.
7 MR. GALLAGHER: Good morning and
8 thank you for inviting me up here.
9 My name is Robert Gallagher and I'm
10 from Fairfax, Virginia, and I have been a funeral director
11 for over twenty-eight years, licensed in three jurisdictions,
12 the Commonwealth of Virginia, the District of Columbia
13 and the state of Massachusetts.
14 I hear a lot of comments here
15 today about embalming, and it's kind of disturbing because
16 they are giving you the impression that embalming is bad.
17 Embalming may be taboo and some people may not like to do
18 it and that's fine, but there is no need to separate a
19 license because you don't like that part of your job.
20 I see also in part of this
21 licensing requirement is a lowering of our standards in
22 this industry, and I know a lot of lawyers and doctors
23 where I live and none of their careers, to my knowledge,
24 are lowering their standards or educational requirements.
25 So I see absolutely no need for funeral service to do

1 that as well. Thank you.
2 DR. VAN DE WATER: Bruce Keeney.
3 MR. KEENEY: Hi. It's good to
4 see y'all again. I'm Bruce Keeney representing here today
5 the Association of Independent Funeral Homes of Virginia.
6 Those of you that were previously blessed or unblessed
7 with this, as a reminder, our organization are owners
8 and managers of record of the independent funeral homes,
9 not the conglomerates, not the chains, largely the
10 corporations from out of state. All of ours are largely
11 family owned and operated independent throughout all
12 aspects and areas of the state.
13 Again, we don't have a position
14 right now because our membership is split fifty-fifty.
15 My job really is to suggest a couple of things to help
16 in your deliberations because I think everybody wants to
17 do what's correct. There is a fear about making a mistake.
18 One is I would strongly suggest
19 that you talk with the two programs at the community
20 colleges we have in Virginia as well as the profession's
21 national boards and their accreditation body. There seems
22 to be some confusion out there. You'll hear there is a
23 workforce study, but I've heard and we've heard otherwise
24 in other places that when you talk to the community
25 colleges they have an applicant pool of waiting people

1 looking for jobs thirty to fifty people. And it may be
2 an issue of quality which I don't know how to address.
3 I think the schools also need to be taking a look at
4 that with the national boards of accreditation.
5 There was some inference here
6 made, and that is would a split license -- and I don't
7 know the answer to this -- adversely impact one's ability
8 to get a license from their national boards. Will it
9 have any impact on accreditation of the school? The
10 other question that somebody alluded to and I don't know
11 the answer, but if you go with a split license, does it
12 have an impact on the enrollment. Will you find eventually
13 that you have a shortage of the full license? Maybe.
14 Maybe not. But I don't think those answers are really --
15 those really are the details that you have to deal with
16 with the accreditation body nationally. I think it would be
17 dangerous to pursue that.
18 The last thing I would strongly
19 recommend is this. Dr. Carter has been and the department
20 has done a great job we mentioned before. Our profession
21 is going through a very comprehensive workforce study.
22 To her credit, when they do -- and I've seen it with
23 other boards that they've done -- they sit down with the
24 licensing board and say this is our standard, what else
25 do you need to know that would help you in your profession

1 and they amend that study.
2 I would suggest you take some
3 of the questions from this public hearing, pass it on to
4 Dr. Carter and her staff and when they are prepared --
5 and I guess they're starting now before too long. The
6 funeral board will be doing theirs in the next licensing
7 period which is in March and, frankly, defer this until
8 you get and use actual data to determine whether or not
9 there is a workforce shortage, because that appears to
10 be the predominant reason.
11 I'm not saying for or against
12 the process that's being suggested but just to point out
13 that it's always wise to do good, thorough homework.
14 And you have some tools that the department already has
15 and improve the mechanism. That may be the wise approach.
16 Thank you.
17 DR. VAN DE WATER: Thank you.
18 Robert Finch.
19 MR. FINCH: Good morning. Thank
20 you for the opportunity to speak to y'all today. I have
21 got two hats on today as well. I'm Rob Finch, president
22 of the Virginia Funeral Directors Association and also a
23 fourth-generation funeral director with Finch and Finch
24 Funeral Service in Altavista, Virginia, a small, very
25 small town of about thirty-five hundred people.

1 Our association opposes this
2 bill as it's written today. We can find no evidence or
3 study that proves a shortage of funeral services in
4 Virginia, funeral service professions. VFDA supported
5 the separation of the licensure -- I mean not separation --
6 the combining of the licensure back in 1974. Larry Spiaggi
7 alluded to the reason for that earlier.
8 But I can speak from experience
9 that speaking to my father from time to time, who is
10 eighty-five and he couldn't make the trip today, and he's
11 still a licensed funeral director here in Virginia. But
12 in 1974 during the mid-seventies, early seventies and mid-
13 seventies he went seven years without having the opportunity --
14 I shouldn't say opportunity. He could not hire or find a
15 qualified individual that was both an embalmer and a
16 funeral director. In a small town in small areas, you
17 have to have both. You can't survive otherwise.
18 Since 1974 and this has been
19 implemented, we've never had a problem hiring anyone. We
20 don't hire a great deal of people, but we've had no problem
21 finding qualified people. We have been successful of
22 people retiring from our local industries that have worked
23 part time for us during the years. They have gone to
24 school, served their apprenticeship and we have hired them
25 and worked as funeral service licensees with us. So

1 again, we have not experienced any real problem with that.
2 Actually, I believe when we
3 combined the license it made it much easier for small,
4 especially small firms to find the qualified individuals.
5 Before that there basically were very few qualifications
6 you had to meet to be a funeral director in Virginia.
7 My grandfather -- God rest his
8 sole -- third-grade education and had a funeral director's
9 license prior to that, but he could not embalm so it was
10 left to my father to do all of those things. So along
11 the way I believe it has proven itself in our community
12 to be advantageous to have funeral service licensees as
13 we do now.
14 A major concern I have is we
15 should not lessen the amount of knowledge our licensees
16 have. What other profession in this world do you start
17 taking the requirements and lessening the requirements
18 of education? And this would do that.
19 When we're making arrangements
20 with our client families, we don't have the luxury of
21 picking and choosing whether we're speaking to a cremation
22 family or speaking to an Earth burial family. We don't
23 know till we sit down with them to begin with, so we can't
24 switch in between and have well, this is a cremation family
25 so you can do this.

1 Someone alluded to a little
2 earlier the cremation rate being 30, 50 percent. We
3 experience in our area 20 percent. Of that 20 percent,
4 over 50 percent are embalmed and viewed. So that number
5 of cremations is a skewed number if you break it down
6 into those that are being embalmed as well.
7 Experience and training in
8 embalming and handling human remains needs to be in the
9 hands of funeral service professionals that can speak
10 about both subjects. I don't want my funeral home exposed
11 to civil litigation or criminal litigation because we have
12 someone who cannot explain embalming to someone sitting
13 there with a family who asks the question, or they're
14 out in public and they can't explain that. It's a bad
15 situation for all of us.
16 I think we need to be strengthening
17 our programs rather than weakening them. Personally, I
18 think we need to go to a four-year degree for funeral
19 service licensees. That's my personal opinion. I'm not
20 speaking for VFDA on that one. That's not come up in
21 conversation, but I actually believe we should be
22 strengthening what we do and have a little bit more --
23 possess a -- have more pride in our profession than to
24 lessen what's out there.
25 DR. VAN DE WATER: You have less

1 than twenty seconds.
2 MR. FINCH: I think that's all
3 I have unless someone has any questions. Thank you.
4 DR. VAN DE WATER: Elizabeth Haire.
5 MS. HAIRE: Good morning. I'm
6 Elizabeth Haire and I'm from Keswick, Virginia, and I've
7 come here as a member of the public. I urge you to support
8 the proposed legislation to create a licensed funeral
9 service counselor because it's the right thing to do for
10 bereaved families.
11 When embalming went into use as a
12 way to make the remains of Civil War -- take the remains
13 of Civil War soldiers back to their families, embalming
14 was an important innovation and an asset to public health,
15 but with the refrigeration, cremation and refrigerated
16 transport, embalming is not always necessary, nor is it
17 required under Virginia law.
18 In the past in my opinion, a
19 bereaved family rarely asks the details of embalming. It's
20 just not something we have conversations about. Now with
21 access to the Internet, people find out that embalming can
22 include wiring or gluing the mouth shut, injecting embalming
23 chemicals into blood vessel, puncturing the lungs, stomach,
24 intestines and other organs to aspirate and refill with
25 chemicals, and often now people are getting turned off

1 by these things.
2 We should not have an industry
3 where -- now, let me back up. I completely agree we need
4 an industry where counselors understand embalming. I
5 cannot see that we need an industry where someone is
6 required to actually do the work of puncturing someone
7 and removed or aspirating the contents of their stomach.
8 Those are two completely different skills. We only ask
9 for a choice.
10 A licensed funeral counselor
11 should be competent and tested on the funeral rules,
12 knowledge of state laws on funeral directing, pre-paid
13 funeral accounting requirements, knowledge of who has
14 the right to make an after-death decision on behalf of
15 the decedent as well as maintaining a chain of custody
16 of the body.
17 There are a lot of things that
18 are really important that are not necessarily involved
19 in actually doing the physical skills of embalming.
20 Thank you, very much.
21 DR. VAN DE WATER: Bill Faulkner.
22 MR. FAULKNER: I had a near-
23 death experience making my way down here or up here from
24 Virginia Beach this morning. Thank you for allowing me
25 to address you.

1 I don't have any prepared remarks.
2 I don't like to do it that way, but I have no choice today.
3 I'm in favor of the proposed legislation.
4 By the way, I'm from Virginia
5 Beach. I've lived in that city since 1982, but I grew
6 up -- I should say I have DNA of the funeral director
7 because I was born in a funeral home. My father owned
8 one of two funeral businesses in a county seat town in
9 Ohio, and I agree with the person over here that spoke a
10 minute ago that it would be tough, you know, for someone
11 to go into a small down without having embalming. They
12 simply would not be able to offer that alternative if
13 they didn't have any employees and they were doing all
14 the work themselves.
15 But, you know, that's a statistical
16 matter and I don't think that it measures up to the larger
17 picture. The facts are that life changes. Some things
18 don't change. Everybody dies eventually. But I know in
19 my own profession -- I'm an ordained minister, retired.
20 I'm older than I look. And there was a split in my
21 particular experience between the regular minister or
22 pastor of a church and what they call various specialized
23 ministries.
24 So that's -- you know, we live
25 in a complicated world and there's going to be specialization,

1 but to require someone to become an embalmer, I just don't
2 think that that's necessary. I suppose you'd think I would
3 be in support or rather opposed to the proposed legislation
4 since I have, you know, that in my background and I'm
5 very grateful for it.
6 As a matter of fact, my first
7 paid job was digging graves in a cemetery. And some of
8 you are old enough to remember Digger O'Dell, your
9 friendly undertaker. Well, we've gotten sophisticated
10 since then and we don't call them undertakers anymore.
11 We call them funeral directors. But anyway, if you're
12 not familiar with that phrase, it was a character in a
13 popular radio -- nineteen forties radio program called
14 the Life of Riley. Now we've gotten more sophisticated
15 and we have a TV show called Six Foot Under.
16 So, you know, I remember my dad
17 did hire one person. He was an embalmer and his name was
18 Bruce. Well, how many people remember a popular song that
19 was out in like nineteen fifty-seven, six, eight, along
20 in there that was called Transfusion? It was about having
21 automobile accidents, and the key line in the song was
22 shoot the juice to me, Bruce. Well, being a young teenager,
23 you can imagine what went through my mind. Is Bruce going
24 to shoot me some blood or is he going to shoot me some
25 formaldehyde.

1 Well, you know, a lot of things
2 have changed. I grew in the pre-Ralph Nader days before
3 they had safety belts. Everybody was dying either of car
4 accident or heart attacks.
5 You know, I don't have any expert
6 knowledge to offer you-all here today, but I just, I do
7 think we have to learn how to adjust to changing times,
8 and we are -- you know, everybody here is concerned. You
9 wouldn't be here if you weren't concerned about providing
10 quality public service at the time of death. So that's
11 about all I had to say.
12 I just, you know -- I do have
13 a question. There seems to be an assumption that the
14 legislation --
15 DR. VAN DE WATER: You have
16 twenty seconds.
17 MR. FAULKNER: -- is already
18 written up. Is that true? No. So what are we talking
19 about? Keep an open mind until you actually see the
20 legislation. Thank you.
21 DR. VAN DE WATER: I have a
22 question for you. At the beginning of the meeting, I
23 called on a William Faulkner from --
24 MR. FAULKNER: That's me.
25 DR. VAN DE WATER: Okay. So

1 you're the missing number 2. Okay. Thank you.
2 Rhonda Keyes Pleasants.
3 MS. PLEASANTS: Good morning.
4 My name is Rhonda Keyes Pleasants and I come before you
5 this morning representing two entities, the Virginia
6 Morticians Association and Funeral Service Education,
7 specifically Tidewater Community College Funeral Service
8 Education program and the John Tyler Community College's
9 funeral services program. I will begin first with the
10 opinion of the Virginia Morticians Association.
11 We, the Virginia Morticians
12 Association, are opposed to the proposed legislation.
13 We believe that it lowers the standard of professionalism
14 in the industry in which we have chosen to work. We
15 believe that licensees need to be trained in all aspects
16 of funeral services whether they use it or not because
17 the work in the funeral home transcends from one area to
18 the next in terms of technical knowledge, business knowledge,
19 pre-need and grief support.
20 We believe that a full licensee
21 will be trained, knowledgeable and properly credentialed
22 to protect the public health, the consumer and, in the
23 end, the civil interest of the funeral home.
24 Funeral service education. Here
25 in the Commonwealth of Virginia you cannot just create a

1 curriculum and say this is what we're going to teach. Both
2 of the funeral service education programs come under the
3 auspices of the Virginia Community College System. Therefore,
4 to create a funeral service counselor curriculum it would
5 have to be approved by the individual college board, the
6 Virginia Community College System, the State Council of
7 Higher Education of Virginia, also known as SCHEV.
8 We would have to prove that the
9 curriculum is such that financial aid would pay, in other
10 words, that students would be able to receive financial
11 aid to pay for their courses. And then the curriculum
12 would have to go through the accreditation process of
13 our accreditation agency, the American Board of Funeral
14 Service Education.
15 When all of these factors are
16 considered, outcomes and assessment is what we will have
17 to approve -- or is what we will have to prove. In other
18 words, we will have to have a measure to assess the students'
19 success in this curriculum and be able to prove that the
20 outcomes will be able to be used, the outcomes of what
21 they learned.
22 Currently, as the curriculums
23 are now, they include sixty-five credits which prepares
24 the student to sit for the national board exams and it
25 grants an associate of applied science degree in funeral

1 services. Within that curriculum, a student is only
2 required to perform ten embalmings with a group of four
3 other students in order to graduate. We funeral services
4 educators believe that embalmers must be trained in
5 pathological science, microbiological science and all
6 sciences in order to properly advise and explain to
7 families questions that may be asked.
8 While cremation may be increasing,
9 there are still some cultures that prefer to have a viewing
10 and full service funeral and then bury or then cremate.
11 Are there any questions?
12 DR. VAN DE WATER: How long would
13 that process be before the university could begin taking
14 applicants?
15 MS. PLEASANTS: That is a very --
16 the approval process --
17 DR. VAN DE WATER: Uh-huh.
18 MS. PLEASANTS: -- is very lengthy.
19 I just assisted with a paramedic approval process at John
20 Tyler Community College. It is still not complete, but
21 this process has been going on for two years because the
22 Virginia Community College System and their board, they
23 only look at new curriculums like every six months, and
24 then we have to wait for the State Council of Higher
25 Education to, you know, view what the community college

1 board has proposed. And so it is a process that can take
2 upward of two years, and then if it clears everything
3 here in the Commonwealth, then we have to wait for our
4 accreditation agency, the American Board of Funeral
5 Education, to complete their approval, which can take
6 about two years.
7 MR. WELLS: Just recently -- I
8 do some work with Lord Fairfax Community College. They
9 have -- it was called a certificate program or something
10 like that. What are the actual hours that have to be
11 spent at John Tyler or where -- at one time Tyler was
12 the only laboratory. Where is the second? There are
13 two now, aren't there?
14 MS. PLEASANTS: Correct. The
15 other program is at Tidewater Community College, and so
16 what happens with any community college in the Commonwealth
17 of Virginia, a student earns a career studies certificate.
18 Those are twenty-five credits of what we call general
19 education courses, and then the student applies separately
20 for admission to the actual funeral services program.
21 MR. WELLS: Thank you.
22 DR. VAN DE WATER: Thank you.
23 MS. PLEASANTS: Thank you for
24 your time.
25 DR. VAN DE WATER: Is it Fred

1 Casten or Carston? You were one of the last ones to sign in.
2 MR. CARTER: Fred Carter. Sorry.
3 Like my wife, you can't read my writing either.
4 Good morning. My name Fred is
5 Carter. I am the registered lobbyist for the Virginia
6 Morticians Association. We have a hundred and twenty or
7 so independent funeral directors who are all in that
8 association.
9 Last summer we were called upon to
10 consider some information that had been given regarding
11 this subject or a similar subject and we passed a resolution
12 of the organization both at their board of directors
13 meeting and at the session last summer, and this is the
14 official position of the Virginia Morticians Association,
15 and because they have put a different name on the same
16 proposal, it's sort of like putting lipstick on a pig.
17 It's still pig.
18 We don't think this proposal is
19 good, and I'll read the resolution because it covers pretty
20 much all of my talking points.
21 Resolution of Disapproval of
22 Proposed Licensing Legislation. Whereas, it has been
23 suggested that the Virginia Board of Funeral Directors
24 and Embalmers support changing the statute requiring a
25 license to practice the profession of funeral service to

1 allow persons who have no training in the science and
2 art of embalming; and whereas, the Board has maintained
3 a single license requirement for more than forty years
4 as a result of the reported abuses of untrained practitioners
5 possessing only funeral directors licenses; and whereas,
6 it is in the interest of all Virginians to provide consumer
7 protection against abuses by those who are not properly
8 trained in professional standards in the care and disposition
9 of deceased; and whereas, the protection of the public
10 health requires professionally trained practitioners in
11 preservation and disinfection of infectious disease cases;
12 and whereas, those licensed by the Commonwealth of Virginia
13 must presently be trained in the disposal of infectious
14 waste; and whereas, the licensing requirements and
15 examination have been reviewed by the federal district
16 and appellate courts and found to be valid and not
17 unnecessarily burdensome in the case of Guardian v.
18 Teague.
19 Let me dwell there. There was
20 a case that was brought by several associations and an
21 insurance company who wanted to be able to sell pre-need
22 without licensees. We had two issues, whether or not
23 they could sell it and whether or not they had to have
24 licenses.
25 I was in depositions with McGuire

1 Woods and Mays Valentine for two days. I was on the stand
2 in Judge Merhige's court certified as a federal expert
3 witness for two days, and the court ruled that our
4 examination was not invalid because one part of the
5 evidence I could give was that the examination that you
6 see now is one of six prepared by the National Conference of
7 Funeral Service Examiners.
8 I served on the National Conference
9 of Funeral Service Examining boards in the preparation
10 of this exam. We had sent out hundred of questionnaires
11 and we worked for two years, spent a quarter of a million
12 dollars to validate this test so that when we did go to
13 court we could show that the test, that the subjects were
14 relevant.
15 And we discussed two things,
16 those things you must know in order to do the job properly
17 and those things if you get them wrong people die. Having
18 gotten them certified by the federal court and having
19 been through -- the appellate court also agreed with us,
20 we have now proved it can be defended and will exist for
21 a long time if nobody changes it, but when you change one
22 word in the statute or you change another name in the
23 statute, that can be challenged as though Guardian v.
24 Teague never happened.
25 All right. And whereas, the

1 embalmer is on the front line of reporting and preventing
2 criminal conduct. We just got a directive in the last
3 year or so that we, as licensed practitioners, must report
4 instances of child abuse or elder neglect. Who sees that?
5 It's the guy who puts the dead person on the table and
6 examines them before he begins his work, because all
7 embalmers are taught to do a pre-embalming examination
8 first to see that they are dead in fact but also to look
9 for suspicious circumstances.
10 I found one with feet that had
11 been boiled. Nobody knew about it. Her parent and her
12 family was treating her wrong. I've seen babies that
13 were -- well, let's not go there. It's something that
14 the embalmers do because it's a part of their job.
15 Okay. "And whereas, the funeral
16 service professional deals with consumers who are distressed
17 and vulnerable to unprofessional misconduct; and whereas, a
18 knowledge of the restorative arts is necessary to properly
19 counsel consumers concerned with the appearance of their
20 loved ones.
21 Someone says can I see my mother.
22 If you don't know whether the person can be restored, you
23 don't know that. But when cases come in, first thing the
24 embalmer does -- I do my own embalming. I was born in
25 the funeral home upstairs over the office. I examine the

1 person before I talk to the family, and I can say your
2 husband can look good or your mom may be beyond restoration,
3 but I need to be able to tell them that with an intelligent
4 decision.
5 And whereas, it has been falsely
6 alleged that the Virginia Morticians Association is in
7 favor of relaxing the requirement for those arranging the
8 disposition of the deceased to allow incompletely trained
9 persons to arrange and direct funeral services; and whereas,
10 it has been falsely alleged that the Virginia Morticians
11 Association will support any regulation proposed by the
12 Board to change the existing statutes; therefore, be it
13 resolved that pursuant to a virtually unanimous -- we had
14 one dissenting vote at the board meeting and none in the
15 full meeting -- virtually unanimous vote by the board of
16 directors on the eighteenth day of June and a similar vote
17 by the general membership in the 86th annual convention
18 in Williamsburg, on the nineteenth day of June, the Virginia
19 Morticians Association is strongly opposed to proposed
20 elimination of embalming training and examination as a
21 requirement for the funeral service practice.
22 Just a few notes --
23 DR. VAN DE WATER: Well, that
24 was the six-minute limit.
25 MR. CARTER: Well, there you go.

1 I will submit that.
2 DR. VAN DE WATER: Thank you.
3 AUDIENCE MEMBER: My name was on
4 the list.
5 DR. VAN DE WATER: There is a
6 Blair Nelson.
7 AUDIENCE MEMBER: I'll defer to
8 Mr. Minter, Madam Chairman, and then I'll follow him.
9 DR. VAN DE WATER: Are you Blair?
10 MR. NELSON: Yes.
11 DR. VAN DE WATER: Well, I don't
12 see that name.
13 AUDIENCE MEMBER: My name is on the
14 list also, about three-quarters of the way down. Tim Smith.
15 DR. VAN DE WATER: Tim Smith,
16 I'm sorry. You were number 16.
17 And your name?
18 MR. MINTER: Minter. From Warrenton.
19 DR. VAN DE WATER: Randy Minter,
20 there it is. I'm sorry. I got ahead of myself.
21 Randy, you were number 13, so I'll
22 let you go right now. And number 16 was Tim Smith. I'm
23 so sorry.
24 MR. MINTER: Good morning. I'm
25 Randy Minter, a funeral service provider in the Commonwealth

1 of Virginia from Warrenton. I also served on the state
2 Board of Funeral Directors and Embalmers for nine and a
3 half years, and I come today to speak against the proposed
4 funeral service counselor license.
5 I've watched in my history the
6 funeral service to increase in its knowledge, increase in its
7 professionalism. I've watched us begin continuing education
8 classes. I've watched our state board be diligent in the
9 protection of the consumer. And, of course, as part of
10 the funeral service board, that's what I was entrusted
11 to do as you are of your various boards.
12 There has been a lot of talk
13 today about embalming and whether we need to be licensed
14 to do it or whether there can be a separate license.
15 Well, embalming training is not just embalming. That's
16 what we've heard about today, but it's the proper handling
17 and care of that loved one in someone who has passed away,
18 and so we hear in defense of funeral service counselor
19 more folks in Virginia are choosing cremation so we don't
20 need embalmers to do that.
21 That might be true, but our
22 statutes require that those who are being cremated still
23 be identified by their family members, by their next of
24 kin or someone that they designate. And some of us
25 don't die simple, peaceful deaths in our beds. Some of

1 us die in a traumatic situation, a homicide, automobile
2 accident, suicide. Some of us die of natural causes
3 that aren't too pleasant sometimes with gastrointestinal
4 issues that cause purging from the mouth and eyes.
5 When a counselor is sitting across
6 from that family and it's time to identify that person, I
7 don't think the consumer expects to walk in and see that
8 person not presented in the best way possible. And so I
9 think, forget about -- don't forget about the embalming
10 part, but another part of our work is the dignified and
11 proper handling for the identification process.
12 I've heard a lot today -- I had a
13 lot of prepared things. I'm going to skip that. I've
14 heard today that embalming, some people don't want to
15 learn how to do the embalming part. Well, you know,
16 there are parts of all of our businesses that we maybe
17 don't care for or that we don't like, but you still have
18 to be trained in them to have a well-rounded education
19 to treat the public.
20 The embalming requirements, as
21 was testified today, the hours are not that arduous in
22 mortuary schools. They are offered online as well.
23 Trainees and interns, the laws have changed over the years
24 from full time, working full time to now you may work
25 part time and just apply the hours toward your funeral

1 service apprenticeship or internship for licensure.
2 I might want to be an accountant.
3 I might want to be a doctor. I might have a great bedside
4 manner, but I don't know anything about medicine. Part
5 of being a funeral service licensee is to have a knowledge
6 of all parts of the business. One might be an accountant,
7 a CPA, but not really like the auditing part. Okay, work
8 at a place that doesn't require that.
9 I still believe that it's what's
10 best for the consumer is someone who is educated properly
11 with the full funeral service license. Thank you.
12 DR. VAN DE WATER: Thank you.
13 And I apologize for getting ahead of myself.
14 MR. MINTER: That's all right.
15 DR. VAN DE WATER: And now Mr. Tim
16 Smith.
17 MR. SMITH: Six minutes. All
18 right. I'm Tim Smith. I'm from R. Hayden Smith Funeral
19 Home in Hampton, and unlike most, I hold a bachelor's
20 degree in mortuary science. So that just means I went
21 to school a little bit longer.
22 First off, I want to be clear
23 that some of what we've heard seems to be an attack on the
24 embalming process as opposed to a discussion of whether
25 or not this license is correct. If you don't like embalming,

1 don't choose embalming. A funeral director's purpose is
2 to offer options and let the family select the options.
3 Now, the gentleman that was just
4 up spoke very clear about the fact that you have to be
5 trained in all aspect of the business. In the time when
6 licenses were split, there were a number of those funeral
7 directors who were not embalmers who were actually good
8 embalmers. There were a number of those people who were
9 embalming. They had a license as a quick way to get into
10 the funeral service. And I won't go into specifics. I
11 knew some of them.
12 The situation with education,
13 now, so you have a student coming into mortuary school.
14 The student has a choice of going through embalming and
15 funeral service licensing or just licensing as a counselor.
16 So what is he going to choose? Is he going to choose
17 the hard route or is he going to choose the easy route?
18 Are we also looking at bringing in a sales force for pre-
19 need from outside businesses, timeshare, used cars, places
20 that people aren't making money and they're looking for
21 more income?
22 The fact that some corporations
23 can't retain good employees is not the problem of the
24 state of Virginia or the people in the state of Virginia.
25 That's the problem of those corporations and their personal

1 retention in the way they run their businesses. All right.
2 So that's not our problem.
3 I have a son who has just become
4 licensed. I have a daughter-in-law who has finished
5 school recently and is now an intern. Both of them could
6 have taken the easy route here. They could have gotten
7 their license, just funeral service, skip the embalming.
8 I wouldn't have hired them, son or not, but there is no
9 shortage.
10 I have people sending me resumés
11 every single day wanting jobs with me. They want to serve
12 their internships. The problem is I don't have enough
13 space for it, there's so many of them. I'd have all
14 interns and no licensed funeral directors. I have a full
15 staff. I have a good staff, and I do not have any problems.
16 The idea there is a shortage of
17 licensed people is a matter of the way these businesses
18 are operated. It is not a matter of the availability of
19 people to be hired. Frank Walton is turning them out of
20 Norfolk State's program or the Tidewater Community College
21 program all the time, and these people are out there and
22 they want jobs and they will go anywhere to get a job.
23 Now, it was interesting that the
24 one lady mentioned early on that there was reasons for
25 embalming crossing state lines. So I thought you don't

1 have to be embalmed to cross state lines. So I found that
2 to be just an interesting comment which sort of relates
3 to this whole situation where we're talking about licensing
4 people as what we're going to call a counselor. I have
5 a problem with the term as well because the counselor of
6 course sort of lends to show that you have more education,
7 not less. But she said embalming across state lines and
8 that she's been with the funeral home for years and
9 years, ten years or more.
10 Well, you don't have to be embalmed
11 to cross state lines, and so what happens is that you're
12 talking about creating a segmented license which allows
13 people with less education to come in and advise families
14 in areas that they really don't know the full scope.
15 So when I talk about the full
16 scope, now we go back to the embalming again. And I have
17 to agree that a funeral director, anyone working in a
18 funeral home who is dealing with families, you're looking
19 to me for all the answers. You're not looking to me to
20 get up and go out of the room and go ask one of these
21 other people what the answer is. You're looking to me
22 for all the answers. If I don't know, how can I advise
23 you properly? Do I just tell you what think I know? I'm
24 not an embalmer, so how do I know what the right answer is?
25 I have a great appreciation for

1 the fact that cremation is increasing -- and I'll be real
2 quick -- that cremation is increasing, but this issue with
3 getting bodies ready for families to do positive identifica-
4 tion which you, the Board, say that we require, so how
5 do I do that as a funeral service counselor?
6 It's interesting that the large
7 groups, the large organizations want to split the license.
8 Small funeral homes like us, we can't do that. We have
9 to have unified license people, and if we offer the
10 opportunity for people to take the short route, those
11 people are not going to be available in the future.
12 Luckily, they are right now, but in the future they will
13 not be. Thank you.
14 DR. FRANTZ: Let me ask a quick
15 question.
16 MR. SMITH: Sure.
17 DR. FRANTZ: Can you just tell
18 us briefly -- you're probably in a better perspective of
19 this than a lot of people -- what changes in the curriculum
20 have you seen between your training and what your son
21 has just completed over time?
22 MR. SMITH: Well, I went to
23 Cincinnati and the curriculum at Cincinnati was always
24 very intensive. It's known as one of the best programs
25 in the country. What my son learned was very complete

1 for the state of Virginia. I guess maybe Cincinnati had
2 to -- because it's one of the top schools in the country,
3 they address a broader range of what all states would
4 require, not just the state of Virginia.
5 The Virginia program, if I could
6 encourage you to do anything, I'd encourage you to find
7 a way to fund Virginia's mortuary programs more so that
8 they can increase their programs and do the things that
9 they would like to do and maybe they're short of funds.
10 My son and I talked about this
11 as somebody who has just finished school, and he and his
12 wife actually met in school. And this whole thing has
13 bothered him a lot because he says well, why did I go and
14 spend all this time getting this license when I could
15 have taken the short route, just got the funeral service
16 license and he says I just finished, we spent all this
17 money and now going to turn around and separate the
18 licensing and bring in a bunch of people who don't really
19 want to be trained as funeral directors. They want to
20 be trained as funeral salesmen.
21 This license, in his opinion --
22 now, these are his words. In his opinion, this license
23 does not serve the consumers. His job with me is to
24 provide people with information and options and help them
25 understand the ramifications of the decisions they make.

1 Some things work together, some things don't work together.
2 And his opinion, as well as mine, is that a funeral service
3 counselor just will not have the wealth of knowledge that
4 somebody who has been in the service as long as we have.
5 Our family has been in the funeral business since 1901.
6 DR. FRANTZ: Thank you.
7 DR. VAN DE WATER: Thank you.
8 Now, I have one name left. Blair
9 Nelson.
10 MR. NELSON: Good morning, Madam
11 Chair and the members of the committee. I appreciate the
12 opportunity to speak. My name is Blair Nelson. I am a
13 fourth-generation funeral director and I am currently
14 serving as the director of governmental affairs for the
15 eastern division of SCI Management.
16 I will abbreviate my remarks. You
17 have heard from a lot of people today. I do want to address
18 a few things. There has been some discussion about the
19 shortage of funeral directors and there has been some denial
20 of that fact. Well, according to the American Board of
21 Funeral Service Education, the graduation from mortuary
22 schools has declined from 75 percent enrolled students in
23 1975 to only 55 percent in 2012.
24 They further show that 50 percent
25 of all graduates will leave funeral service within five

1 years of graduation, and according to the National Funeral
2 Directors Association, there has been a decrease of two
3 thousand funeral homes since 2005 alone, from 21,500 to
4 fewer than 19,500 today, all of which I think would point
5 to a shortage of funeral directors and an increasing trend
6 in this industry.
7 You've also heard talk that this
8 would dumb down the curriculum. Well, we're not asking
9 to dumb down the curriculum. If you look at the proposal
10 before you, the only thing that would be exempted for the
11 funeral service counselor would be the practical. They
12 would still take all of the academics, the embalming,
13 pathology, the microbiology, chemistry. They would not
14 be required to actually take part in the embalming laboratory.
15 So they would have the knowledge of embalming, but they
16 could speak intelligently to a consumer.
17 I will tell you from my personal
18 experience my undergraduate degree is in international
19 relations. The air force trained me to be a pilot. I
20 wasn't an engineer. I didn't know to build the darn thing,
21 but it didn't keep me from being a successful military pilot.
22 The funeral service is about the
23 only profession under the Board of Health Professions that
24 does not allow specialization of some form. The medical
25 profession successfully allows specialization within its

1 field. We have physicians, physician assistants, nurse
2 practitioners, registered nurses, radiologist, you name
3 it. In fact, under the Board of Nursing alone there are
4 seven different licenses or registrations.
5 So to say that allowing speciali-
6 zation within the funeral industry would be dumbing us
7 down I think is wrong. I think what it would do, it would
8 allow people to specialize in those aspects of funeral
9 service in which they are most interested.
10 I recently had the privilege of
11 serving on a scholarship committee where we interviewed
12 forty students from around the United States, and over
13 half of those students all expressed a very strong desire in
14 embalming. So I don't think it's going to decrease the
15 pool of potential embalmers. What it's going to do is
16 increase the number of people who truly want to serve
17 families.
18 The Funeral Service Foundation, a
19 nonprofit organization dedicated to furthering the interests
20 of this industry, conducted a wide study several years ago
21 in which found that 67 percent of males aged eighteen to
22 twenty-nine would consider a course in funeral service
23 or a profession in funeral service if they did not have
24 to embalm, and fully 60 percent of women in the same age
25 group said the exact same thing.

1 So it would allow us to bring
2 in more people who really have the skill sets that are
3 necessary for that of a funeral director, someone who is
4 caring, compassionate. We are asking to allow us to open
5 this industry to specialization much as the rest of the
6 medical and health profession community have.
7 Regarding accreditation, I under-
8 stand that there is a lengthy process, but over half of the
9 states in the Union have a funeral director-only license
10 and they are accredited by the American Board of Funeral
11 Service Education. So I suggest what we're talking about
12 is that the accreditation process itself shouldn't deter
13 us from taking this move. That should not be the case.
14 That is the tail wagging the dog.
15 And regarding the fact that only
16 a licensed embalmer can discuss embalming, I can tell you
17 my experience. Most consumers ask a question about embalming,
18 and if you've read the book The Question Behind the Question,
19 you'll understand what I'm saying. When they say what is
20 embalming, they don't want a detailed explanation of the
21 process. In the vernacular, it would gross them out.
22 What they are asking is what is
23 the purpose, why do I need that, and the question is very
24 simply answered for most individuals. If you were to defer
25 the process of a funeral for a number of days, even a week

1 in some cases, it allows you to have an open casket funeral.
2 Very simple.
3 You have heard about the cremation
4 rate. The cremation rate is 38 percent in the Commonwealth
5 today. In a conversation with my colleagues throughout the
6 nation, only about 20 percent of people who opt for cremation
7 also opt for embalming. So we're requiring everybody in
8 our profession to be an embalmer when fewer and fewer people
9 every day are asking about that.
10 There would still be a requirement
11 for a fully licensed individual in every funeral home, so
12 the notion that a funeral service counselor would be
13 preparing the body, that's a canard. That's not going
14 to happen. There will still be embalmers who will prepare
15 the body much as what happens today anyway.
16 So I ask you to look at this and
17 to take into account all of the comments you have heard
18 today and understand we're not asking to dumb down this
19 profession. We are seeking to follow the lead of our
20 colleagues in the other health professions who have very
21 successfully allowed for specialization, increased the
22 professionalism of their industry and of their professions
23 and have increased the level of service provided to
24 consumers. Thank you.
25 And, Madam Chairman, I have a

1 copy of my comments.
2 DR. VAN DE WATER: Thank you.
3 Now, that's the entire list of
4 names that I have. Not everyone used the whole six minutes.
5 I would like to thank all of you
6 for coming. Your comments were well thought out and well
7 presented, and I am very appreciative for your comments.
8 So thank you for taking the time to come today. We will
9 consider all of these comments prior to the development
10 of the recommendations. Written comment will be accepted
11 until five p.m. on June thirtieth, so there is a few more weeks.
12 Again, thank you for taking your
13 time to participate, and that concludes our hearing.
14 NOTE: The hearing concluded
15 at 10:38 a.m.
16 HEARING CONCLUDED
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1 CERTIFICATE OF COURT REPORTER
2
3 I, Wanda T. Blanks, hereby
4 certify that I was the Court Reporter at the Virginia
5 Board of Health Professions' public hearing regarding
6 the need for a funeral director-only license, heard in
7 the County of Henrico, Virginia, on May 28, 2015, at the
8 time of the hearing herein.
9 I further certify that the foregoing
10 transcript is, to the best of my ability, a true and accurate
11 record of the comments and incidents of the hearing herein.
12 Given under my hand this fifth
13 day of June, 2015.
14
15 Wanda T. Blanks
16
17 WANDA T. BLANKS
Notary Registration No. 277067.
18
19 My Commission expires:
August 31, 2019.
20
21
22
23
24
25

Attachment 3

Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

VIRGINIA BOARD OF HEALTH PROFESSIONS

Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions

TABLE OF CONTENTS

Introduction	**3**
Authority	**4**
Policy	**5**
• **Statute**	**5**
• **The Criteria and Their Application**	**7**
• **Alternatives to Occupational and Professional Regulation**	**9**
Procedures	**9**
• **Who may request a study and how?**	**9**
• **How is a study conducted?**	**10**
• **What happens to the results?**	**12**
Appendix	**13**

Introduction

Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions: 1998 was developed to inform interested parties concerning the Virginia Board of Health Profession's authority to investigate the need for state regulation of health care providers and its approach in conducting such investigations. This report revises and supersedes a document of the same title published in 1992. This revision was prompted by the results of a study mandated by the 1996 Session of the General Assembly as set forth in forth in §54.1-2409.2 of the *Code of Virginia* (see insert).* The study required an examination of the appropriateness of the Board's evaluation standards.

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§54.1-2409.2. Board to set criteria for determining need for professional regulation. The Board of Health Professions shall study and prepare a report for submission to the Governor and the General Assembly by October 1, 1997, containing its findings and recommendations on the appropriate criteria to be applied in determining the need for regulation of any health care occupation or profession. Such criteria shall address at a minimum the following principles:

1. Promotion of effective health outcomes and protection of the public from harm.
2. Accountability of health regulatory bodies to the public.
3. Promotion of consumers' access to a competent health care provider workforce.
4. Encouragement of a flexible, rational, cost-effective heath care system that allows effective working relationships among health care providers.
5. Facilitation of professional and geographic mobility of competent providers.
6. Minimization of unreasonable or anti-competitive requirements that produce no demonstrable benefit.

The Board in its study shall analyze and frame its recommendations in the context of the total health care delivery system, considering the current and changing nature of the settings in which health care occupations and professions are practiced. It shall recognize in its recommendations the interaction of the regulation of health professionals with other areas of regulation, including, but not limited to, the following:

1. Regulation of facilities, organizations, and insurance plans;
2. Health delivery systems data;
3. Reimbursement issues;
4. Accreditation of education programs; and
5. Health workforce planning efforts.

The Board in its study shall review and analyze the work of publicly and privately sponsored studies of reform of health care workforce regulation in other states and nations. In conducting its study the Board shall cooperate with the state academic health science centers with accredited professional degree programs.

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*A copy of The *Study of the Appropriate Criteria to be Applied in Determining the Need for Regulation of Any Health Care Occupation or Profession* is available upon request.

Among the findings of this comprehensive study is that the Board's current seven criteria are appropriate: 1) risk of harm to the consumer, 2) specialized skills and training, 3) autonomous practice, 4) scope of practice, 5) economic impact, 6) alternatives to regulation, and 7) least restrictive regulation. A complete description of each is found on page 5. An accompanying finding, however, is that the application of the criteria could be strengthened by factoring in additional quantitative and qualitative evidence-based information.

In response to this finding, the Board now requires in its analysis consideration of a job analysis or role delineation study completed within the last two to three years as well as malpractice insurance coverage information. It is held that consistent review of these two sources of objective information should enable the Board to better apply Criteria One through Five.

Authority

The Virginia Board of Health Professions was established by the General Assembly in 1977 to advise the Governor and the General Assembly on matters related to the regulation of health occupations and professions and to provide policy coordination for the twelve health regulatory boards administered by the Virginia Department of Health Professions. It is comprised of seventeen members appointed by the Governor with five citizen members and a member from each of the twelve health regulatory boards.

The powers and duties of the Board are established in *Code of Virginia* § 54.1-2510. Among these duties is the following:

> . . . **[The Board shall] evaluate all health care professions and occupations in the Commonwealth, including those regulated and those not regulated by other provisions [of Title 54] *to consider whether each such profession or occupation should be regulated and the degree of regulation to be imposed* [emphasis added]. Whenever the Board determines that the public interest requires that a health care profession or occupation which is not regulated by law should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation.**

It must be made clear that the General Assembly, and not the Board, is the body empowered to make the final determination of the need for state regulation of a health care profession or occupation. The General Assembly has the authority to enact legislation specifying the profession to be regulated, the degree of regulation to be

imposed, and the organizational structure to be used to manage the regulatory program (e.g., board, advisory committee, registry).

The Board's role is purely advisory. It has the authority and responsibility to study and make recommendations concerning the need to regulate new (i.e., currently unregulated) occupations and professions (i.e., a "sunrise" review) as well as to routinely re-examine the appropriateness of the regulatory schemes for currently regulated professions and occupations.

Policies

The Board's evaluation policies are grounded in the Commonwealth's philosophy on occupational regulation as expressed in statute and in the Board's own *Criteria for Evaluating the Need for Regulation* (i.e., the Criteria). Alternatives to regulation are also always considered.

Statute

The following statement epitomizes the Commonwealth's philosophy on the regulation of professions and occupations: ***The occupational property rights of the individual may be abridged only to the degree necessary to protect the public.*** This tenet is clearly stipulated in statute and serves as the Board's over-arching philosophy in its approach to all its reviews of professions or occupations:

> **. . . the right of every person to engage in any lawful profession, trade or occupation of his choice is clearly protected by both the Constitution of the United States and the Constitution of the Commonwealth of Virginia. The Commonwealth cannot abridge such rights except as a reasonable exercise of its police powers when it is found that such abridgement is necessary for the preservation of the health, safety and welfare of the public. (*Code of Virginia* §54.1-100)**

Further statutory guidance is provided in this same *Code* section. The following conditions must be met before the state may impose regulation on a profession or occupation:

1. **The unregulated practice of a profession or occupation can endanger the health, safety or welfare of the public, and the potential for harm is recognizable and not remote or dependent upon tenuous argument;**

2. **The practice of the profession or occupation has inherent qualities peculiar to it that distinguish it from ordinary work or labor;**
3. **The practice of the profession or occupation requires specialized skill or training and the public needs, and will benefit by, assurances of initial and continuing professional and occupational ability; and**
4. **The public is not effectively protected by other means.**

In addition, although the General Assembly has established that the following factors be considered in evaluating the need for the regulation of *commercial* occupations and professions, the Board has determined that these factors should be considered in evaluating proposals for the regulation of *health* professions, as well.

1. **Whether the practitioner, if unregulated, performs a service for individuals involving a hazard to public health.**
2. **The opinion of a substantial portion of the people who do not practice the particular profession . . . on the need for regulation.**
3. **[Intentionally deleted]**
4. **Whether there is sufficient demand for the service for which there is no regulated substitute and this service is required by a substantial portion of the population.**
5. **Whether the profession or occupation requires high standards of public responsibility, character and performance of each individual engaged in the profession or occupation, evidence by established and published codes of ethics.**
6. **Whether the profession requires such skill that the public generally is not qualified to select a competent practitioner without some assurance that he has met minimum qualifications.**
7. **Whether the professional or occupational associations do not adequately protect the public from incompetent, unscrupulous or irresponsible members of the profession or occupation.**
8. **Whether current laws which pertain to public health, safety and welfare generally are ineffective or inadequate.**
9. **Whether the characteristics of the profession or occupation make it impractical or impossible to prohibit those practices of the profession or occupation which are detrimental to the public health, safety and welfare.**
10. **Whether the practitioner performs a service for others which may have a detrimental effect on third parties relying on the expert knowledge of the practitioner.**

(*Code of Virginia* §54.1-311(B)1-2, 4-10)

The Criteria and Their Application

Based on the principles of occupational and professional regulation established by the General Assembly, the Board has adopted the following criteria to guide evaluations of the need for regulation of health occupations and professions.

VIRGINIA BOARD OF HEALTH PROFESSIONS
CRITERIA FOR EVALUATING THE NEED FOR REGULATION
Initially Adopted October, 1991
Readopted February, 1998

Criterion One: Risk for Harm to the Consumer
The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

Criterion Two: Specialized Skills and Training
The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

Criterion Three: Autonomous Practice
The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

Criterion Four: Scope of Practice
The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

Criterion Five: Economic Impact
The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

Criterion Six: Alternatives to Regulation
There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.

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.

In the process of evaluating the need for regulation, the Board's seven criteria are applied differently, depending upon the level of regulation which appears most appropriate for the occupational group. The following outline delineates the characteristics of licensure, certification, and registration (the three most commonly used methods of regulation) and specifies the criteria applicable to each level.

Licensure. Licensure confers a monopoly upon a specific profession whose practice is well defined. It is the most restrictive level of occupational regulation. It generally involves the delineation in statute of a scope of practice which is reserved to a select group based upon their possession of unique, identifiable, minimal competencies for safe practice. In this sense, state licensure typically endows a particular occupation or profession with a monopoly in a specified scope of practice.

RISK: High potential, attributable to the nature of the practice.
SKILL & TRAINING: Highly specialized accredited post-secondary education required; clinical proficiency is certified by an accredited body.
AUTONOMY: Practices independently with a high degree of autonomy; little or no direct supervision.
SCOPE OF PRACTICE: Definable in enforceable legal terms.
COST: High
APPLICATION OF THE CRITERIA: When applying for licensure, the profession must demonstrate that Criteria 1 - 6 are met.

Statutory Certification. Certification by the state is also known as "title protection." No scope of practice is reserved to a particular group, but only those individuals who meet certification standards (defined in terms of education and minimum competencies which can be measured) may title or call themselves by the protected title.

RISK: Moderate potential, attributable to the nature of the practice, client vulnerability, or practice setting and level of supervision.
SKILL & TRAINING: Specialized; can be differentiated from ordinary work. Candidate must complete education or experience requirements that are certified by a recognized accrediting body.
AUTONOMY: Variable; some independent decision-making; majority of practice actions directed or supervised by others.
SCOPE OF PRACTICE: Definable, but not stipulated in law.
COST: Variable, depending upon level of restriction of supply of practitioners.
APPLICATION OF CRITERIA: When applying for statutory certification, a group must satisfy Criterion 1, 2, 4, 5, and 6.

Registration. Registration requires only that an individual file his name, location, and possibly background information with the State. No entry standard is typically established for a registration program.

RISK: Low potential, but consumers need to know that redress is possible.
SKILL & TRAINING: Variable, but can be differentiated for ordinary work and labor.
AUTONOMY: Variable.
APPLICATION OF CRITERIA: When applying for registration, Criteria 1, 4, 5, and 6 must be met.

Professions currently practiced only with a license include medicine, nursing, dentistry, pharmacy, optometry, veterinary medicine, and psychology, among others. Rehabilitation

providers and massage therapists are certified by the state. Currently in Virginia, there are no health occupations or professions that are registered.

Alternatives to Occupational and Professional Regulation

When a risk or potential risk has been demonstrated but it is not substantiated that licensure, certification, or registration are appropriate remedies, other alternatives may be warranted. These alternatives should always be considered as less restrictive means of addressing the need to adequately protect the public health, safety, and welfare than restricting the occupational property rights of individuals.

Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods for protecting the public that do not require the regulation of specific occupations or professions.

Procedures

The Board has established general guidelines and procedures for the conduct of its evaluation studies. These procedures are intended to assist in the fair and equitable assessment of the need to regulate a profession or occupation or to determine the need for changing a current regulatory approach. These procedures are aimed at translating the Board's policies into operational terms. Three questions are addressed: Who may request a study and how? How is a study conducted? and What happens to the results?

Who may request a study and how? Requests for the Board to conduct an evaluation may come from a number of sources:

- the General Assembly
  - as a legislative resolution
  - as a request from an individual member,
- the Governor,
- the Director of the Department of Health Professions,
- Professional or Occupational Associations and Organizations,
- Concerned Members of the Public.

For requests from organizations or individuals, the review process commences with a formal letter of intent proposing the study. Because the time frame for such studies can require over a year (from request to recommendations), it is important that a contact person or persons be identified in this letter who will provide continuity to the review process. It should be noted that this time frame does not include consideration of the Board's recommendations by the Governor or General Assembly. Nor does it take into

account the extensive work that must be accomplished between the time the General Assembly may enact enabling legislation and the promulgation of regulations which would be required to implement such legislation.

Prior to filing a request, it is recommended that the responsible individual(s) meet with Director of the Department of Health Professions and the Executive Director for the Board. At this meeting, proposal preparation may be discussed in detail and a suggested timetable agreed upon.

How is a study conducted?

When a request for study is presented to the Board, the Board may agree to go forward or it may ask for additional information from the professional or organizational group in question. If the Board agrees to go forward with the study, the matter is referred to the Regulatory Research Committee, which conducts the study and prepares a report with recommendations for the full Board's review and final recommendations.

The Committee reviews and approves a staff prepared workplan, which details the background for the study, its scope, and the specific methodology to be employed. The specific questions to be addressed are detailed here and reflect those questions outlined in the Appendix. Traditional workplans include a comprehensive review of the relevant literature and provide opportunities for receipt of public comment. In some instances, further information is gathered through Board sponsored surveys of practitioners, other states, or other parties knowledgeable about the issues germane to the profession or occupation.

As discussed earlier, as a result of the recent review on the Criteria, it was determined that the evidentiary basis for application of the Criteria should be strengthened whenever possible. As such, the Board will now routinely refer to recent job analyses (or role delineation studies) and actuarial risk assessments of malpractice insurers.

Commonly used to develop credentialing examinations, a job analysis (or role delineation study) abstracts the knowledge, skills, and abilities that define a profession and help distinguish it from related professions. In its simplest terms, a job analysis provides a detailed job description. An occupation or profession is broken down into performance domains, which broadly define the profession being delineated. Then each performance domain is broken down further into tasks. The tasks are categorized further into knowledge, skills, and ability statements.

Malpractice insurance underwriters establish premium rates and the extent of coverage based upon their actuarial assessment of the risk posed by the insured group. Data on

civil suits, assessments of the type of work and work settings involved in practice, and evaluations of similar professions' claim histories, among other factors are considered.

Job analyses and data derived from malpractice insurance were selected to strengthen the Board's evidentiary basis for three reasons. First, they are generally readily available. Most health occupations and professions have professionally developed examinations based on job analyses, and most professions have malpractice insurance. Second, because they were designed for purposes other than to promote the regulation of the respective profession, these sources are viewed as relatively objective. Third, and most important, they are viewed as providing insight into better applying the most crucial criterion, Criterion One – Risk of Harm to the Consumer.

It has often been difficult or impossible to obtain objective information about actual harm to consumers gathered collectively by profession, precisely because the group is unregulated. The literature is usually unavailing, and evaluation of anecdotal evidence, alone, makes attributions to the profession (and not simply individuals) questionable. Thus, to make fair assessments about the *potential* risks to the public when actual data are lacking, the Board's evaluations of criticality based on recent job analyses and actuarial risk predictions found in the rationale for malpractice insurance coverage will be factored into the reasoning.

Job analyses and actuarial risk predictions are not only useful in applying Criterion One. To appropriately apply the entire Criteria, the Board must have a thorough understanding of what comprises the practice of the profession and the necessary educational and training background required for entry level competency.

To answer the questions posed by the Criteria, the Board will review the job analysis information garnered and apply its own measures of importance or *criticality*. Criticality "generally refers to the extent to which the ability to perform the task is essential to the performance on the job." (National Organization for Competency Assurance (1996) p.54).

To collect data on criticality, Likert-type scales will be used. The scales will vary depending upon specific issues being evaluated. For example, for Criterion One, information about potential harm that would result if the task were not performed competently would need to be evaluated. Scales such as those below would be appropriate. All major tasks will be reviewed, and the data tabulated to provide an overall score on each criterion for consideration by the Board.

Sample Criticality Scales for Rating Risk of Harm

Using the occupation as veterinary technician as an example, the following are sample scales for rating the risk of harm.

TASK 1: Scaling teeth above the gum line.

What is the effect of poor performance on public health & safety?

1. No risk
2. Little risk
3. Some risk
4. Significant risk
5. Severe risk

TASK 2: Preparing patient for surgery by shaving surgical area.

Could this activity be omitted on some occasions without having a major impact on client well-being?

1. Can sometimes omit – This activity could sometimes be omitted for some clients without a substantial risk of unnecessary complications, impairment of function or serious distress.

2. Can never omit – This activity could NEVER be omitted without a substantial risk of unnecessary complications, impairment of function, or serious distress.

Based on Correspondence with Kara Schmidt October 30, 1997 11:35 a.m.

These scores, along with the malpractice insurance risk assessment, literature review, public comment, and any other sources of information the Committee would like to explore will serve as the basis to answer the questions expressed in the workplan. Their responses form the basis for their report and recommendations.

What happens to the results?

Once completed, the Committee's study report including recommendations is forwarded to the full Board. Upon adoption or revision of the report, the Board prepares its report for the consideration of the Director of the Department, the Secretary of Health and Human Resources, the Governor, and the General Assembly.

Once the final draft is approved, the Board or the source of the study may disseminate the report as they deem appropriate.

Appendix

QUESTIONS TO BE CONSIDERED FOR THE EVALUATION OF THE NEED FOR REGULATION OF A HEALTH OCCUPATION OR PROFESSION

A. GENERAL INFORMATION

1. What occupational or professional group is seeking regulation?
2. What is the level or degree of regulation sought?
3. Identify by title the association, organization, or other group representing Virginia-based practitioners. (If more than one organization, provide the information requested below for each organization.)
4. Estimate the number of practitioners (members and nonmembers) in the Commonwealth.
5. How many of these practitioners are members of the group preparing the proposal? (If several levels or types of membership are relevant to this proposal, explain these level and provide the number of members, by type).
6. Do other organizations also represent practitioners of this occupation/profession in Virginia? If yes, provide contact information for these organizations.
7. Provide the name, title, organizational name, mailing address, and telephone number of the responsible contact person(s) for the organization preparing this proposal.
8. How was this organization and individual selected to prepare this proposal?
9. Are there other occupations/professions within the broad occupational grouping? What organization(s) represent these entities? (List those in existence and any that are emerging).
10. For each association or organization listed above, provide the name and contact information of the *national* organizations with which the state associations are affiliated.

B. QUESTIONS WHICH ADDRESS THE CRITERIA

Criterion One: Risk for Harm to the Consumer. *The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.*

1. Provide a description of the typical functions performed and services provided by members of this occupational group.
2. Has the public actually been harmed by unregulated providers or by providers who are regulated in other states? If so, how is the evidence of harm documented (i.e., court case or disciplinary or other administrative action)? Was is physical, emotional, mental, social, or financial?
3. If no evidence of actual harm is available, what aspects of the provider group's practice constitute a potential for harm?
4. To what can the harm be attributed? Elaborate as necessary.
   - lack of skills
   - lack of knowledge
   - lack of ethics
   - lack of supervision
   - practices inherent in the occupation
   - characteristics of the client/patients being served
   - characteristics of the practice setting
   - other (specify)

5. Does a potential for fraud exist because of the inability of the public to make an informed choice in selecting a competent practitioner?
6. Does a potential for fraud exist because of the inability for third party payors to determine competency?

7. Is the public seeking regulation or greater accountability of this group?

Criterion Two: Specialized Skills and Training. The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

1. What are the educational or training requirements for entry into this occupation? Are these programs accredited? By whom?
   - Are sample curricula available?
   - Are there training programs in Virginia?
2. If no programs exist in Virginia, what information is available on programs elsewhere which prepare practitioners for practice in the Commonwealth? What are the minimum competencies (knowledge, skills, and abilities) required for entry into the profession? How were they derived?
3. Are there national, regional, and/or state examinations available to assess entry-level competency?
   - Who develops and administers the examination?
   - What content domains are tested?
   - Are the examinations psychometrically sound -- in keeping with *The Standards for Educational and Psychological Testing*?
4. Are there requirements and mechanisms for ensuring continuing competence? For example, are there mandatory education requirements, re-examination, peer review, practice audits, institutional review, practice simulations, or self-assessment models?
5. Why does the public require state assurance of initial and continuing competence? What assurances do the public have already through private credentialing or certification or institutional standards, etc.?
6. Are there currently recognized or emerging specialties (or levels or classifications) within the occupational grouping? If so,
   - What are these specialties? How are they recognized? (by whom and through what mechanisms -- e.g., specialty certification by a national academy, society or other organization)?
   - What are the various levels of specialties in terms of the functions or services performed by each?
   - How can the public differentiate among these levels or specialties for classification of practitioners?
   - Is a "generic" regulatory program appropriate, or should classifications (specialties/levels) be regulated separately (e.g., basic licensure with specialty certification)?

Criterion Three: The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

1. What is the nature of the judgments and decisions which the practitioner must make in practice?
   - Is the practitioner responsible for making diagnoses?
   - Does the practitioner design or approve treatment plans?
   - Does the practitioner direct or supervise patient care?
   - Does the practitioner use dangerous equipment or substance in performing his functions?

   If the practitioner is not responsible for diagnosis, treatment design or approval, or directing patient care, who is responsible for these functions?
2. Which functions typically performed by this practitioner group are **unsupervised**, i.e., neither directly monitored or routinely checked?
   - What proportion of the practitioner's time is spent in unsupervised activity?
   - Who is legally accountable/liable for acts performed with no supervision?
3. Which functions are performed **only under supervision**?
   - Is the supervision *direct* (i.e., the supervisor is on the premises and responsible) or *general* (i.e., supervisor is responsible but not necessarily on the premises)?
   - Who provides the supervision? How frequently? Where? For what purpose?
   - Who is legally accountable/liable for acts performed under supervision?
   - Is the supervisor a member of a regulated profession (please elaborate)?

- What is contained in a typical supervisory or collaborative arrangement protocol?

3. Does the practitioner of this occupation supervise others? Describe the nature of this supervision (as in #3 above).
4. What is a typical work setting like, including supervisory arrangements and interaction of the practitioner with other regulated/unregulated occupations and professions?
5. Does this occupational group treat or serve a specific consumer/client/patient population?
6. Are clients/consumers/patients **referred to** this occupational group for care or services? If so, by whom? Describe a typical referral mechanism.
7. Are clients/consumers/patients **referred from** this occupational group for care or services? If so, to what practitioners are such referrals made? Describe a typical referral mechanism. How and on what basis are decisions to refer made?

Criterion Four: The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

1. Which functions of this occupation are **similar to** those performed by other health occupational groups?
   - Which group(s)?
   - Are the other groups regulated by the state?
   - If so, why might the applicant group be considered different?
2. Which functions of this occupation are **distinct from** other similar health occupational groups?
   - Which group(s)?
   - Are the other groups regulated by the state?
3. How will the regulation of this occupational group affect the scope of practice, marketability, and economic and social status of the other, similar groups (whether regulated or unregulated)?

Criterion Five: The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

1. What are the range and average incomes of members of this occupational group in the Commonwealth? In adjoining states? Nationally?
2. What are the typical current fees for services provided by this group in the Commonwealth? In adjoining states? Nationally?
3. Is there any evidence that cost for services provided by this occupational group will increase if the group becomes state regulated? In other states, have there been any effects on fees/salaries attributable to state regulation?
4. Would state regulation of this occupation restrict other groups from providing care given by this group?
   - Are any of the other groups able to provide similar care at lower costs?
   - How is it that this lower cost is possible?
5. Are there current shortages/oversupplies of practitioners in Virginia? In the region? Nationally?
6. Are third-party payers in Virginia currently reimbursing services of the occupational group? By whom? For what?
   - If not in Virginia, elsewhere in the country?
   - Are similar services provided by another occupational group reimbursed by third-party payers in Virginia? Elsewhere? Elaborate.
7. If third-party payment does not currently exist, will the occupation seek it subsequent to state regulation?

Criterion Six: There are no alternatives to State regulation of the occupation which adequately protect the public. [Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.]

1. What laws or regulations currently exist to govern:
   - Facilities in which practitioners practice or are employed?
   - Devices and substances used in the practice?
   - Standards or practice?

2. Does the institution or organization where the practitioners practice set and enforce standards of care? How?
3. Does the occupational group participate in a nongovernmental credentialing program, either thorough a national certifying agency or professional association (e.g., National Organization for Competency Assurance)?
   - How are the standards set and enforced in the program?
   - What is the extent of participation of practitioners in the program?
4. Does a Code of Ethics exist for this profession?
   - What is it?
   - Who established the Code?
   - How is it enforced?
   - Is adherence mandatory?
5. Does any peer group evaluation mechanism exist in Virginia or elsewhere? Elaborate.
6. How is a practitioner disciplined and for what causes? Violation of standards of care? Unprofessional conduct? Other causes?
7. Are there specific legal offenses which, upon conviction, preclude a practitioner from practice?
8. Does any other means exist within the occupational group to protect the consumer from negligence or incompetence (e.g., malpractice insurance, review boards that handle complaints)? How are challenges to a practitioner's competency handled?
9. What is the most appropriate level of regulation?

Virginia's Funeral Service Provider Workforce: 2016

Healthcare Workforce Data Center

June 2016

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Healthcare Workforce Data Center
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DRAFT

Over 570 funeral service providers voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Funeral Directors and Embalmers express our sincerest appreciation for your ongoing cooperation.*

Thank You!

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Contents

Results in Brief 2

Survey Response Rates 3

The Workforce 4

Demographics 5

Background 6

Education 8

Current Employment Situation 9

Employment Quality 10

Labor Market 11

Work Site Distribution 12

Establishment Type 13

Time Allocation 15

Retirement & Future Plans 16

Full-Time Equivalency Units 18

Maps 19
- Council on Virginia's Future Regions 19
- Area Health Education Center Regions 20
- Workforce Investment Areas 21
- Health Services Areas 22
- Planning Districts 23

Appendices 24
- Appendix A: Weights 24

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The Funeral Service Provider Workforce: At a Glance:

The Workforce

Licensees:	1,564
Virginia's Workforce:	1,253
FTEs:	1,162

Survey Response Rate

All Licensees:	37%
Renewing Practitioners:	39%

Demographics

Female:	26%
Diversity Index:	41%
Median Age:	52

Background

Rural Childhood:	51%
HS Diploma in VA:	71%
Prof. Degree in VA:	52%

Education

Associates:	76%
Baccalaureate:	16%

Finances

Median Inc.:	$50k-$60k
Retirement Benefits:	47%
Under 40 w/ Ed debt:	38%

Current Employment

Employed in Prof.:	89%
Hold 1 Full-time Job:	68%
Satisfied?:	77%

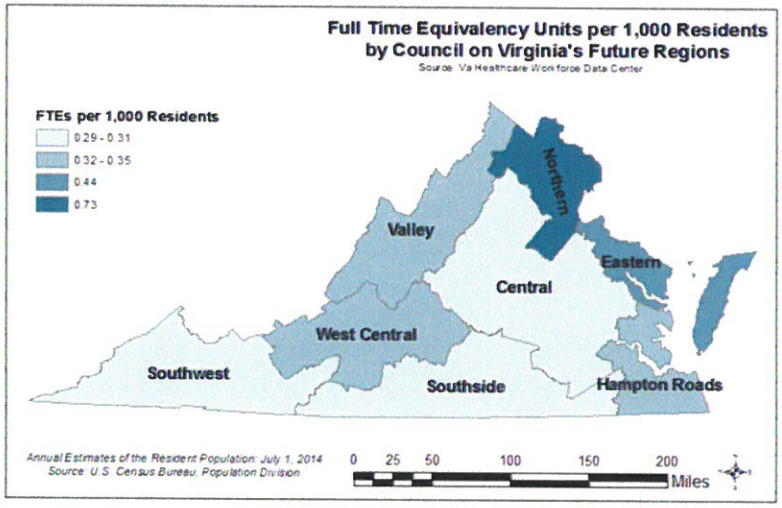
Job Turnover

Switched Jobs:	3%
Employed over 2 yrs.:	83%

Time Allocation

Client Care:	30-39%
Administration:	30-39%
Client Care Role:	21%

Source: Va. Healthcare Workforce Data Center



Results in Brief

Fifty-four percent or 579 of the eligible 1,079 FSP licensees completed the 2016 FSP Workforce Survey. The Virginia Department of Health Professions Healthcare Workforce Data Center (HWDC) typically administers survey during license renewal. For FSPs, this takes place every March. However, due to unavoidable circumstances, the 2016 FSP survey was administered through Survey Monkey only to respondents who had email addresses. Only 1,182 of the 1,564 licensees provided email addresses and 100 of these had duplicate email addresses. SurveyMonkey selected only the first listed of the respondents with duplicate email addresses, leaving 1,132 eligible respondents. Of these, 30 email addresses bounced and 30 had opted out of receiving communications from SurveyMonkey, leaving 1,079 eligible.

The HWDC estimates that 1,253 FSPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a FSP at some point in the future. Between April 2015 and March 2016, Virginia's FSP workforce provided 1,162 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

Less than one-third of FSPs are female, while the median age of all FSPs is 52. In a random encounter between two FSPs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. For the Virginia population as a whole, this same probability is 55%.

More than half of FSPs grew up in a rural area, and about one third of these professionals currently work in non-Metro areas of the state. Meanwhile, 71% of Virginia's FSPs graduated from high school in Virginia, and 52% received their initial professional degree in the state. In total, 78% of FSPs have some educational background in the state.

Over three quarters of FSPs hold an Associate degree, with most of the remaining FSPs holding a Baccalaureate degree as their highest professional degree. Less than 20% of all FSPs currently have educational debt, including 38% of FSPs who are under the age of 40. The median debt burden for those FSPs with educational debt is between $10,000 and $20,000.

Eighty-nine percent of FSPs are currently employed in the profession with 68% holding one full-time position; another 19% hold at least two separate positions. 41% of all FSPs work between 40 and 49 hours per week, while 18% work at least 60 hours per week. Less than 1% of FSPs are involuntarily unemployed, while just 1% are voluntarily unemployed.

The median annual income for FSPs is between $50,000 and $60,000. In addition, 81% of FSPs receive at least one employer-sponsored benefit, including 47% who have access to some form of retirement plan. 77% of FSPs indicate they are satisfied with their current employment situation, although none indicated that they are "very satisfied".

Nearly 60% of FSPs worked in the regions of Northern Virginia, Central Virginia, and Hampton Roads. 97% of FSPs work in the private sector, including 96% who work at a for-profit company. About 93% work for establishments providing either funeral services only or both funeral and crematory services.

A typical FSP spends between 30% and 39% of his time dealing with clients. 21% of all FSPs serve in a client care role, meaning that at least 60% of their time is spent dealing with clients.

Overall, 25% of FSPs expect to retire by the age of 65. Only 23% of the workforce expects to retire in the next decade, while half the current workforce expects to retire by 2041. Over the next two years, no FSP plans on leaving either the state or the profession. Meanwhile, 9% of FSPs expect to pursue additional educational opportunities in the next two years, and 4% expect to increase their teaching hours.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,430	91%
New Licensees	61	4%
Non-Renewals	73	5%
All Licensees	1,564	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. However, this survey was administered differently through SurveyMonkey and only available to FSPs who provided us with their email addresses. Hence, 39% of renewing FSPs submitted a survey. These represent 51% of funeral service providers (FSP) who held a license at some point in the past year and provided us with their email address.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	99	76	43%
30 to 34	73	50	41%
35 to 39	99	65	40%
40 to 44	121	62	34%
45 to 49	114	83	42%
50 to 54	101	76	43%
55 to 59	118	71	38%
60 and Over	260	96	27%
Total	**985**	**579**	**37%**
New Licenses			
Issued 4/2015 to 3/2016	24	37	61%
Metro Status			
Non-Metro	219	92	30%
Metro	601	368	38%
Not in Virginia	165	119	42%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed FSPs

Number:	1,564
New	4%
Not Renewed:	5%

Response Rates

All Licensees:	37%
All Licensees with Email:	51%
Renewing Practitioners:	39%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	579
Response Rate, All Licensees	37%
Response Rate, All Licensees with Email Address	51%
Response Rate, Renewals	39%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in May 2016.
2. **Target Population:** All FSPs who held a Virginia license at some point between April 2015 and March 2016 and provided an email address.
3. **Survey Population:** The survey was available to FSPs who provided their email address. In situations in which more than one licensee used the same email address, only the first listed received the survey.

At a Glance:

Workforce

FSP Workforce:	1,253
FTEs:	1,162

Utilization Ratios

Licensees in VA Workforce:	80%
Licensees per FTE:	1.35
Workers per FTE:	1.08

Source: Va. Healthcare Workforce Data Center

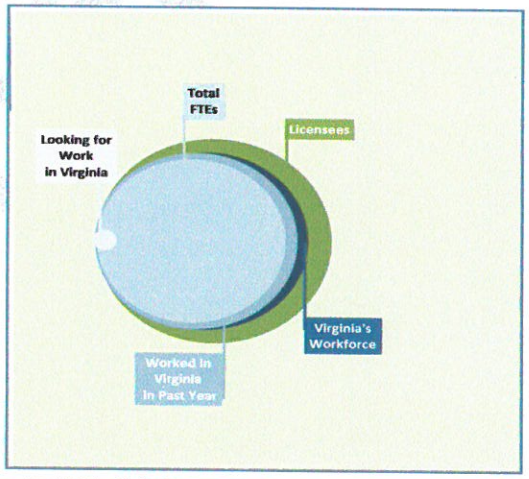
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between April 2015 and March 2016 or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's FSP Workforce		
Status	#	%
Worked in Virginia in Past Year	1,241	99%
Looking for Work in Virginia	12	1%
Virginia's Workforce	1,253	100%
Total FTEs	1,162	
Licensees	1,564	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	71	46%	85	54%	156	12%
30 to 34	55	56%	44	44%	98	8%
35 to 39	82	65%	44	35%	126	10%
40 to 44	120	80%	31	20%	151	12%
45 to 49	125	77%	38	23%	163	13%
50 to 54	109	80%	28	20%	137	11%
55 to 59	125	85%	22	15%	146	12%
60 +	236	86%	40	14%	276	22%
Total	**923**	**74%**	**330**	**26%**	**1,253**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
% Female: 26%
% Under 40 Female: 45%

Age
Median Age: 52
% Under 40: 30%
% 55+: 34%

Diversity
Diversity Index: 41%
Under 40 Div. Index: 40%

Source: Va. Healthcare Workforce Data Center

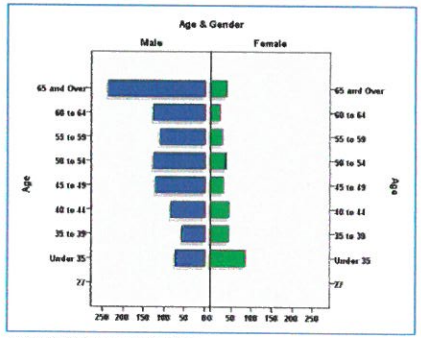
Race & Ethnicity					
Race/ Ethnicity	Virginia*	FSPs		FSPs Under 40	
	%	#	%	#	%
White	63%	923	74%	192	76%
Black	19%	256	20%	35	14%
Asian	6%	2	0%	2	1%
Other Race	0%	49	4%	13	5%
Two or More Races	2%	0	0%	0	0%
Hispanic	9%	18	1%	11	5%
Total	**100%**	**1,248**	**100%**	**254**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2014.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two FSPs, there is a 41% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 55% chance for Virginia's population as a whole.

Close to a third of FSPs are under the age of 40. 45% of these professionals are female, and less than a fifth are Black.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood
Urban Childhood: 18%
Rural Childhood: 51%

Virginia Background
HS in Virginia: 71%
Prof Ed. in VA: 52%
HS or Prof Ed. in VA: 78%

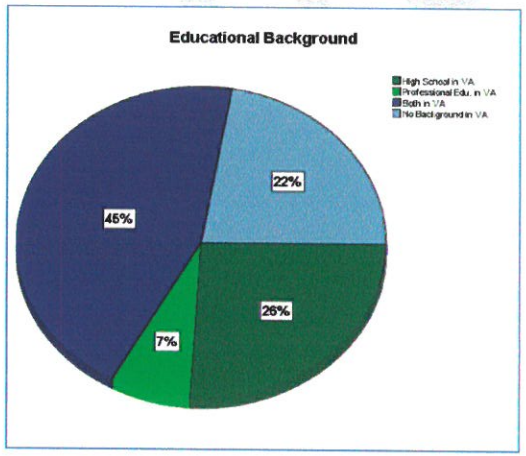
Location Choice
% Rural to Non-Metro: 37%
% Urban/Suburban to Non-Metro: 8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	34%	43%	23%
2	Metro, 250,000 to 1 million	53%	39%	8%
3	Metro, 250,000 or less	69%	18%	12%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	63%	15%	22%
6	Urban pop, 2,500-19,999, Metro adj	84%	4%	12%
7	Urban pop, 2,500-19,999, nonadj	93%	0%	7%
8	Rural, Metro adj	86%	0%	14%
9	Rural, nonadj	75%	25%	
	Overall	**51%**	**31%**	**18%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

51% of FSPs grew up in a rural area, and 37% of this group currently works in non-Metro areas of the state. Overall, 23% of FSPs currently work in rural areas of Virginia.

Top Ten States for FSP Recruitment

Rank	All FSPs			
	High School	#	Professional School	#
1	Virginia	878	Virginia	637
2	Pennsylvania	49	Georgia	158
3	New York	46	Ohio	93
4	Maryland	41	Pennsylvania	79
5	North Carolina	24	New York	55
6	Tennessee	18	Indiana	35
7	West Virginia	14	Maryland	25
8	Michigan	14	Washington, D.C.	24
9	Massachusetts	12	Texas	19
10	Ohio	12	North Carolina	16

Source: Va. Healthcare Workforce Data Center

71% of all FSPs earned their high school degree in Virginia, and 52% also received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	135	Virginia	124
2	New York	17	Pennsylvania	26
3	Pennsylvania	13	Georgia	18
4	Michigan	9	Ohio	9
5	North Carolina	9	Texas	9
6	Maryland	9	California	6
7	Tennessee	6	New York	5
8	Massachusetts	5	Illinois	5
9	Illinois	5	Minnesota	5
10	Ohio	4	North Carolina	5

Source: Va. Healthcare Workforce Data Center

Among FSPs who received their initial license in the past five years, 57% earned their high school degree in Virginia, while 53% received their initial professional degree in the state.

Nearly 20% of Virginia's licensees were not part of the state's FSP workforce. 82% of these licensees worked at some point in the past year, including 72% who worked as FSPs.

At a Glance:

Not in VA Workforce

Total:	279
% of Licensees:	18%
Federal/Military:	3%
Va Border State/DC:	29%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Associates Degree	938	76%
Baccalaureate Degree	191	16%
Master's Degree	26	2%
High School/GED	72	6%
Doctorate	2	0%
Total	**1,230**	**100%**

Source: Va. Healthcare Workforce Data Center

Close to a fifth of FSPs carry educational debt, including 38% of those under the age of 40. For those in debt, their median debt burden is between $10,000 and $20,000.

At a Glance:

Education

Associates:	76%
Baccalaureate:	16%

Educational Debt

Carry debt:	16%
Under age 40 w/ debt:	38%
Median debt:	$10k-$20k

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All FSPs		FSPs under 40	
	#	%	#	%
None	825	84%	118	62%
Less than $10,000	51	5%	25	13%
$10,000-$19,999	31	3%	18	9%
$20,000-$29,999	10	1%	2	1%
$30,000-$39,999	9	1%	4	2%
$40,000-$49,999	12	1%	7	3%
$50,000-$59,999	9	1%	2	1%
$60,000-$69,999	16	2%	7	4%
$70,000-$79,999	3	0%	0	0%
$80,000-$89,999	8	1%	0	0%
More than $90,000	12	1%	7	4%
Total	**985**	**100%**	**191**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment
Employed in Profession: 89%
Involuntarily Unemployed: <1%

Positions Held
1 Full-time: 68%
2 or More Positions: 19%

Weekly Hours:
40 to 49: 41%
60 or more: 18%
Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	0%
Employed in a FSP related capacity	1,111	89%
Employed, NOT in a FSP related capacity	98	8%
Not working, reason unknown	0	0%
Involuntarily unemployed	4	0%
Voluntarily unemployed	12	1%
Retired	22	2%
Total	1,248	100%

Source: Va. Healthcare Workforce Data Center

89% of Virginia's FSPs are employed in the profession, and 68% currently have one full-time job. 41% of FSPs currently work between 40 and 49 hours per week, while only 18% work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	38	3%
One Part-Time Position	131	11%
Two Part-Time Positions	29	2%
One Full-Time Position	838	68%
One Full-Time Position & One Part-Time Position	97	8%
Two Full-Time Positions	40	3%
More than Two Positions	68	5%
Total	1,241	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	38	3%
1 to 9 hours	33	3%
10 to 19 hours	41	4%
20 to 29 hours	43	4%
30 to 39 hours	0	0%
40 to 49 hours	470	41%
50 to 59 hours	320	28%
60 to 69 hours	164	14%
70 to 79 hours	0	0%
80 or more hours	41	4%
Total	1,150	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	17	2%
Less than 30,000	111	12%
$30,000-$39,999	92	10%
$40,000-$49,999	132	14%
$50,000-$59,999	123	13%
$60,000-$69,999	139	15%
$70,000-$79,999	120	13%
$80,000-$89,999	46	5%
$90,000-$99,999	42	5%
$100,000-$109,999	34	4%
$110,000-$119,999	8	1%
$120,000 or more	71	8%
Total	936	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $50k-$59k

Benefits
Retirement: 47%
Paid Vacation: 68%
Health Insurance: 59%

Satisfaction
Satisfied: 77%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	0	0%
Somewhat Satisfied	303	77%
Somewhat Dissatisfied	63	16%
Very Dissatisfied	25	7%
Total	391	100%

Source: Va. Healthcare Workforce Data Center

The typical FSP made between $50,000 and $60,000 in the past year. Among FSPs who were compensated at the primary work location with either a salary or an hourly wage, 47% had access to a retirement plan and 68% received paid vacation.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Benefits, Retention Bonus	57	5%	5%
Benefits, Dental Insurance	412	37%	41%
Benefits, Health Insurance	651	59%	63%
Benefits, Paid Sick Leave	577	52%	58%
Benefits, Group Life Insurance	408	37%	41%
Benefits, Retirement	520	47%	53%
Benefits, Paid Vacation	751	68%	75%
Receive at least one benefit	822	74%	81%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience involuntary unemployment?	15	1%
Experience voluntary unemployment?	41	4%
Work part-time or temporary positions, but would have preferred a full-time/permanent position?	11	1%
Work two or more positions at the same time?	342	30%
Switch employers or practices?	34	3%
Experienced at least 1	**423**	**37%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's FSPs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 4.3% in 2015.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 3%
New Location: 8%
Over 2 years: 83%
Over 2 yrs., 2nd location: 70%

Employment Type

Salary/Commission: 62%
Hourly Wage: 24%
Business/Practice Income: 10%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	23	2%	17	6%
Less than 6 Months	18	2%	7	2%
6 Months to 1 Year	32	3%	26	9%
1 to 2 Years	107	10%	40	13%
3 to 5 Years	194	18%	60	20%
6 to 10 Years	172	16%	45	15%
More than 10 Years	541	50%	104	35%
Subtotal	**1,087**	**100%**	**299**	**100%**
Did not have location	53		946	
Item Missing	0		0	
Total	**1,141**		**1,245**	

Source: Va. Healthcare Workforce Data Center

Over 80% of FSPs have worked at their primary location for at least two years.

More than half of FSPs are salary or wage employees, while 10% receive income from their own practice.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	661	62%
Hourly Wage	257	24%
By Contract	30	3%
Business/ Practice Income	105	10%
Unpaid	8	1%
Subtotal	**1,060**	**100%**
Did not have location	53	
Item Missing	0	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The not seasonally adjusted monthly unemployment rate ranged from 4.3% in April 2015 to 4.2% in March 2016.

At a Glance:

Concentration

Top Region: 20%
Top 3 Regions: 59%
Lowest Region: 5%

Locations

2 or more (Past Year): 27%
2 or more (Now*): 25%

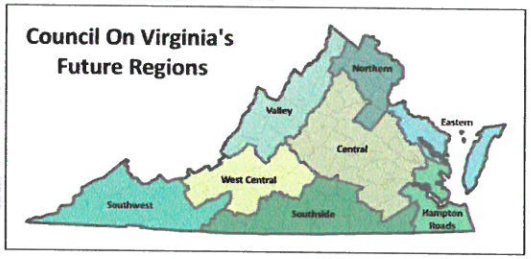
Source: Va. Healthcare Workforce Data Center

20% of all FSPs work in Central and also Northern Virginia, the most of any region in Virginia. With only 5% of the workforce, Eastern Virginia has the fewest number of FSPs of any region in the state.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	221	20%	72	24%
Eastern	51	5%	15	5%
Hampton Roads	213	19%	67	22%
Northern	216	20%	36	12%
Southside	104	9%	22	7%
Southwest	82	8%	11	4%
Valley	55	5%	11	4%
West Central	147	13%	42	14%
Virginia Border State/DC	0	0%	7	2%
Other US State	4	0%	14	5%
Outside of the US	0	0%	0	0%
Total	**1,093**	**100%**	**297**	**100%**
Item Missing	0		0	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	21	2%	39	4%
1	786	71%	785	71%
2	144	13%	149	13%
3	85	8%	69	6%
4	33	3%	32	3%
5	8	1%	8	1%
6 or More	28	3%	24	2%
Total	**1,106**	**100%**	**1,106**	**100%**

*At the time of survey completion, March 2016.

Source: Va. Healthcare Workforce Data Center

Nearly three out of four FSPs currently have just one work location, while 13% have two different work locations.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-profit	993	96%	276	99%
Non-profit	13	1%	0	0%
State/local government	22	2%	0	0%
Veterans Administration	0	0%	0	0%
U.S. Military	5	0%	2	1%
Other Federal Government	6	1%	0	0%
Total	**1,039**	**100%**	**279**	**100%**
Did not have location	0		0	
Item missing	53		946	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

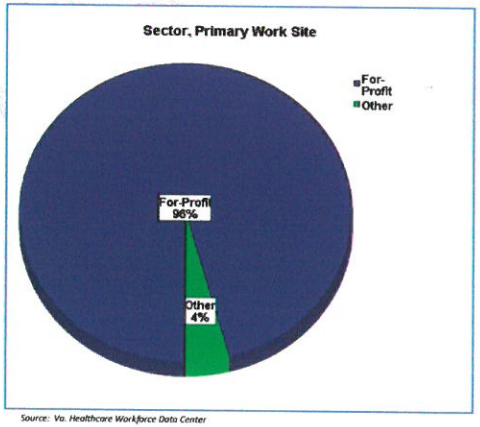
For Profit: 96%
Federal: 1%

Top Establishments

Solo Practice: 67%
Group Practice: 19%

Source: Va. Healthcare Workforce Data Center

Majority, 96%, of FSPs worked in for-profit establishments. Another 2% worked for a state or local government. One percent also works for the federal government.



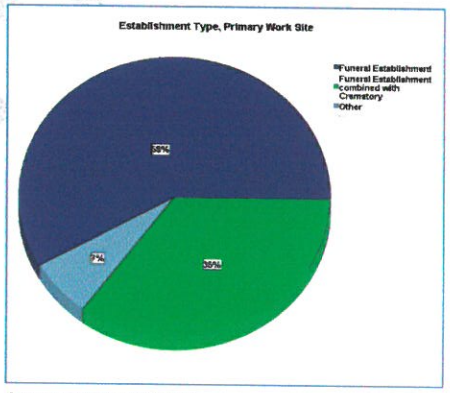
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Funeral Establishment	605	58%	193	69%
Funeral Establishment combined with Crematory	362	35%	71	26%
Academic Institution	16	1%	0	0%
Surface Transport and Removal (only)	8	1%	0	0%
Crematory (only)	4	0%	2	1%
Funeral Establishment combined with Surface Transport and Removal	0	0%	0	0%
Other practice setting	42	4%	12	4%
Total	**1,037**	**100%**	**278**	**100%**
Did not have a location	53		946	
Item Missing	0		0	

Source: Va. Healthcare Workforce Data Center

Over half of FSPs work at a funeral establishment as their primary work location. Another 35% work at practices that combine funeral and crematory services.

Among those FSPs who also have a secondary work location, close to 70% work at establishments that provide only funeral service; another 26% work at establishments that combine funeral and crematory services.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Client Care:	30%-39%
Administration:	30%-39%

Roles

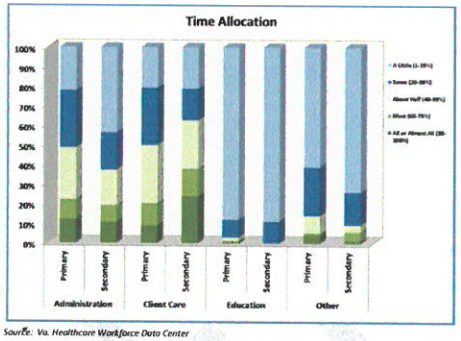
Client Care:	21%
Administrative:	22%
Education:	1%

Patient Care FSPs

Median Admin Time:	10%-19%
Ave. Admin Time:	10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical FSP spends most of his time attending to clients and doing administrative tasks. 21% of FSPs fill a client care role, defined as spending 60% or more of their time dealing with clients.

Time Allocation								
Time Spent	Admin.		Client Care		Education		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	12%	11%	9%	24%	1%	0%	4%	1%
Most (60-79%)	10%	9%	11%	14%	1%	0%	1%	4%
About Half (40-59%)	26%	18%	30%	25%	2%	0%	9%	3%
Some (20-39%)	29%	19%	30%	16%	9%	11%	25%	17%
A Little (1-20%)	22%	44%	21%	21%	88%	89%	61%	74%
None (0%)	0%	0%	0%	0%	0%	0%	0%	0%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All FSPs		FSPs over 50	
	#	%	#	%
Under age 50	28	3%	-	-
50 to 54	19	2%	-	-
55 to 59	60	6%	18	3%
60 to 64	130	14%	65	12%
65 to 69	258	27%	141	25%
70 to 74	183	19%	130	23%
75 to 79	57	6%	41	7%
80 or over	25	3%	15	3%
I do not intend to retire	202	21%	144	26%
Total	**963**	**100%**	**554**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All FSPs

Under 65:	25%
Under 60:	11%

FSPs 50 and over

Under 65:	15%
Under 60:	3%

Time until Retirement

Within 2 years:	7%
Within 10 years:	23%
Half the workforce:	By 2041

Source: Va. Healthcare Workforce Data Center

One quarter of FSPs expect to retire by the age of 65, but only 15% of those FSPs who are age 50 or over expect to retire by the same age. Meanwhile, close to half of all FSPs expect to work until at least age 70, including 21% who do not expect to retire at all.

Within the next two years, no Virginia FSP plans on leaving either the profession or the state. Meanwhile, 4% of FSPs plan on increasing their teaching hours, and 9% plan on pursuing additional educational opportunities.

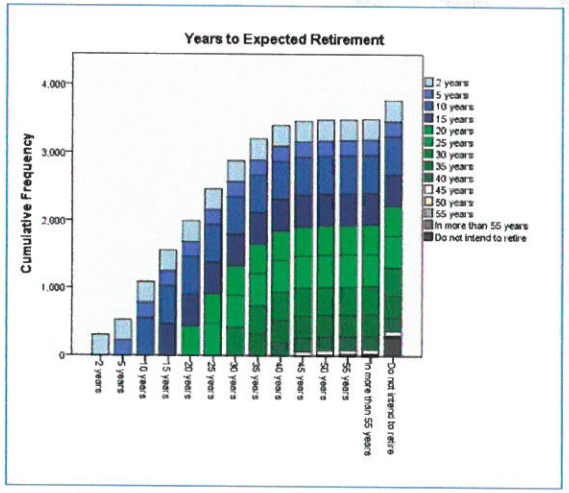
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	0	0%
Leave Virginia	0	0%
Decrease Client Care Hours	0	0%
Decrease Teaching Hours	14	1%
Increase Participation		
Increase Client Care Hours	0	0%
Increase Teaching Hours	54	4%
Pursue Additional Education	119	9%
Return to Virginia's Workforce	2	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for FSPs. 7% of FSPs expect to retire within the next two years, while 23% expect to retire in the next ten years. More than half of the current FSP workforce expects to retire by 2041.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	66	7%	7%
5 years	34	4%	10%
10 years	126	13%	23%
15 years	130	13%	37%
20 years	92	10%	46%
25 years	87	9%	55%
30 years	75	8%	63%
35 years	63	7%	70%
40 years	48	5%	75%
45 years	12	1%	76%
50 years	8	1%	77%
55 years	0	0%	77%
In more than 55 years	21	2%	79%
Do not intend to retire	202	21%	100%
Total	963	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2026. Retirements will peak at 13% of the current workforce around the same time period before declining to under 10% of the current workforce again around 2041.

At a Glance:

FTEs

Total: 1,162
FTEs/1,000 Residents: 0.139
Average: 0.97

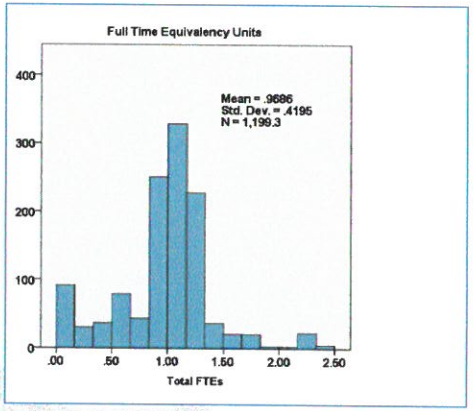
Age & Gender Effect

Age, Partial Eta^2: Small
Gender, Partial Eta^2: Negligible

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

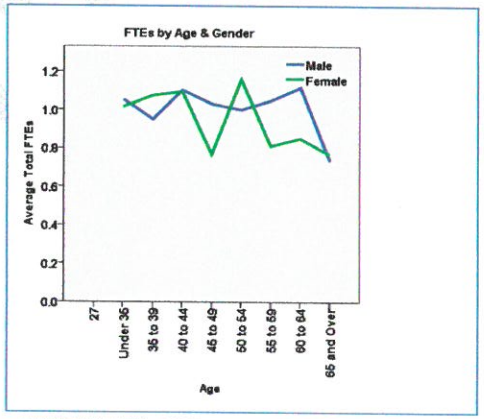


Source: Va. Healthcare Workforce Data Center

The typical (median) FSP provided 1.05 FTEs during the past year or approximately 33 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[2]

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	1.03	1.07
30 to 34	1.00	1.11
35 to 39	1.10	1.13
40 to 44	0.98	1.06
45 to 49	1.03	1.08
50 to 54	1.01	1.13
55 to 59	1.08	1.15
60 and Over	0.74	0.80
Gender		
Male	0.97	1.07
Female	0.97	1.05

Source: Va. Healthcare Workforce Data Center

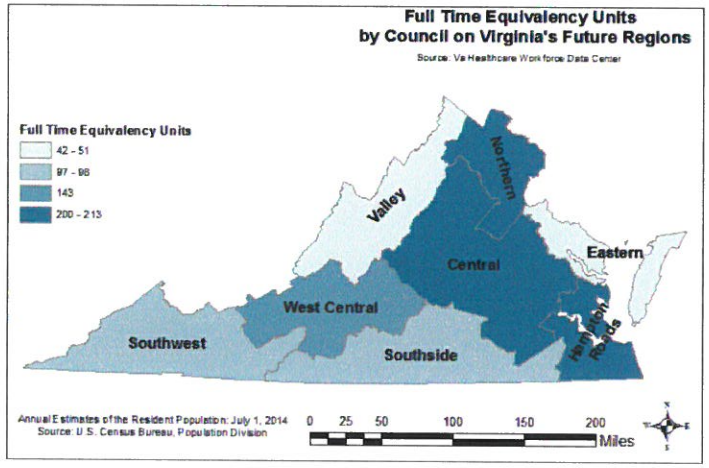


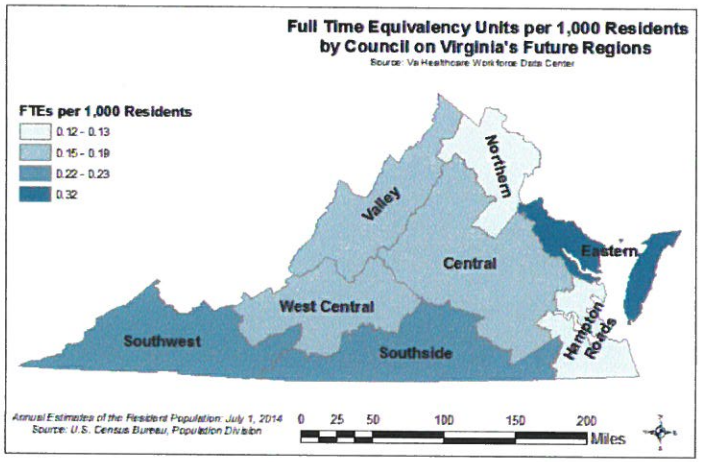
Source: Va. Healthcare Workforce Data Center

[2] Due to assumption violations in Mixed between-within ANOVA (Interaction effect is significant)

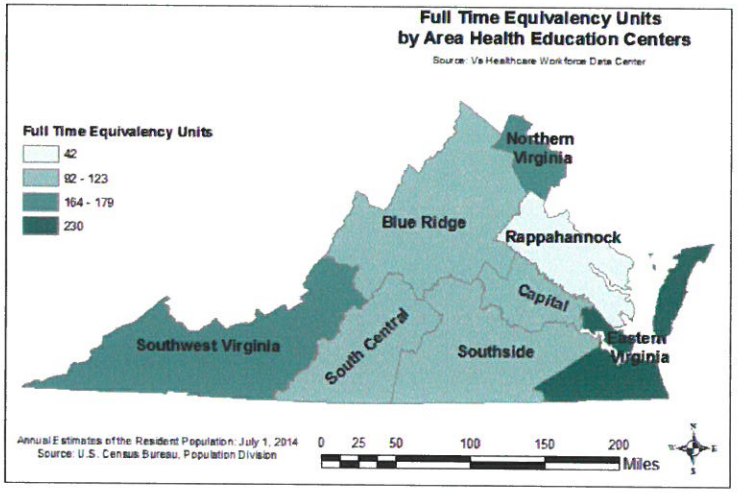
Maps

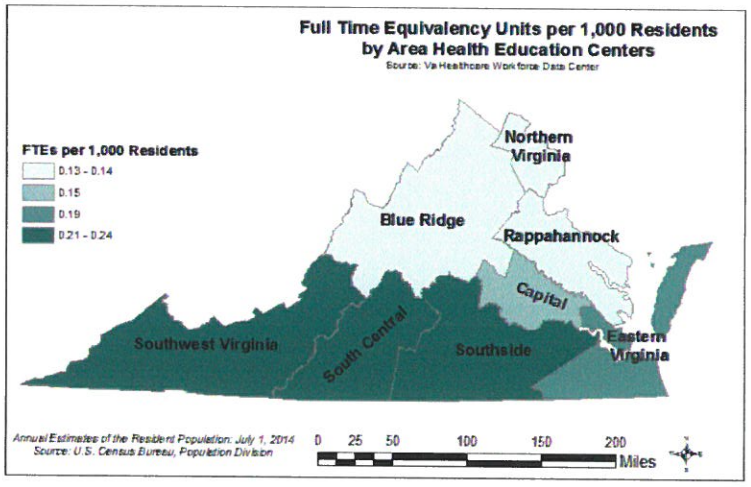
Council on Virginia's Future Regions



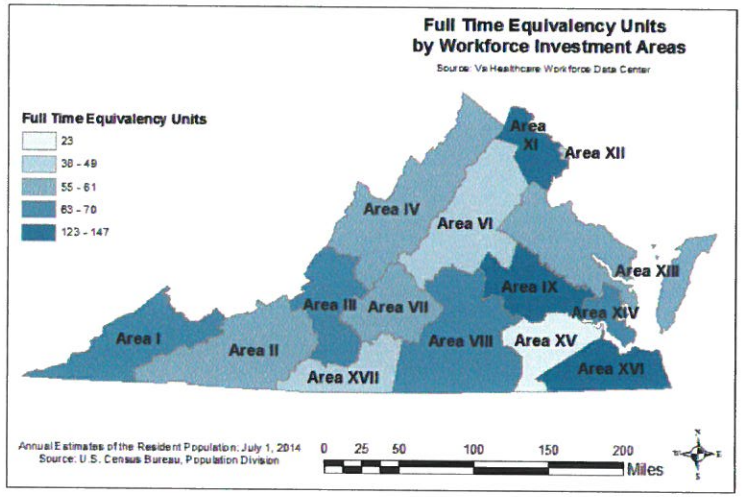


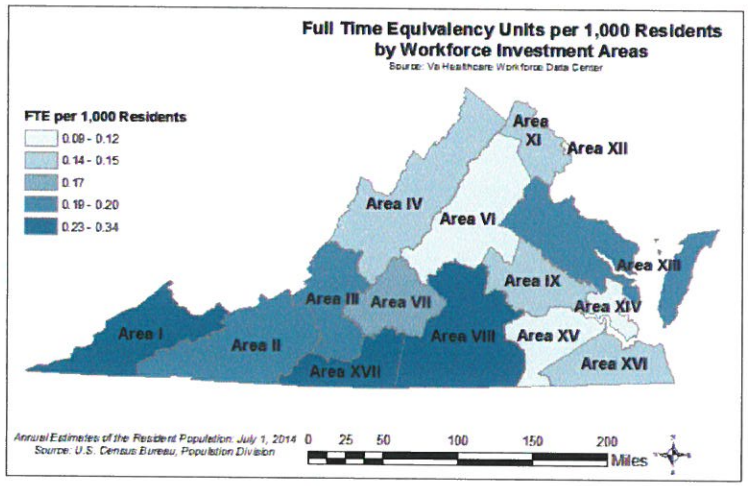
Area Health Education Center Regions



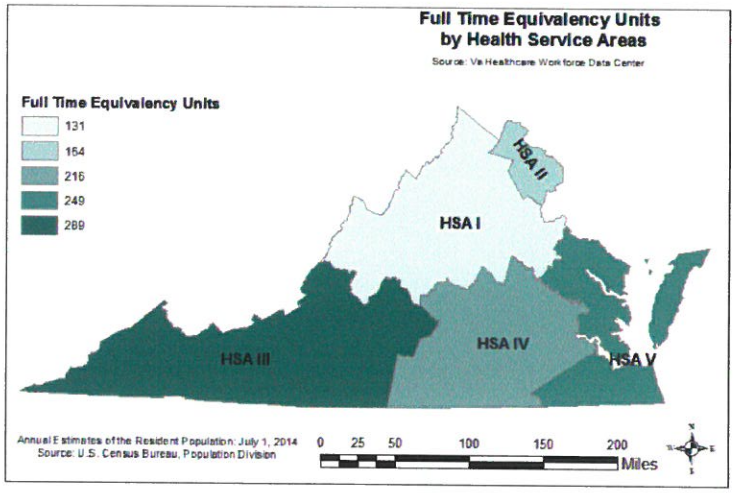


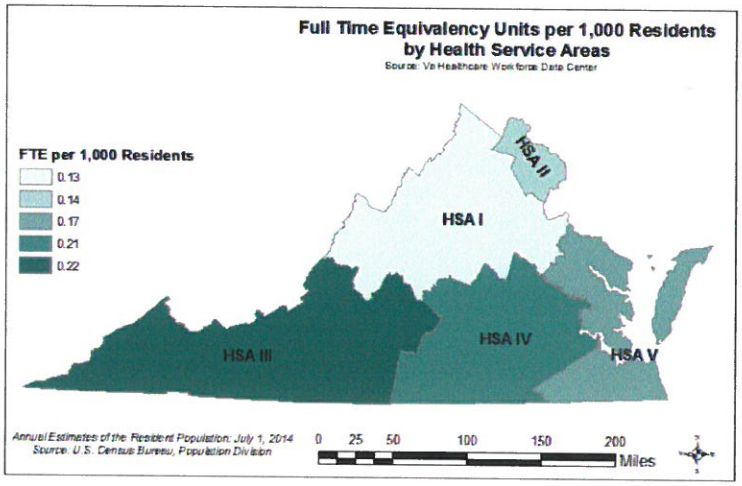
Workforce Investment Areas

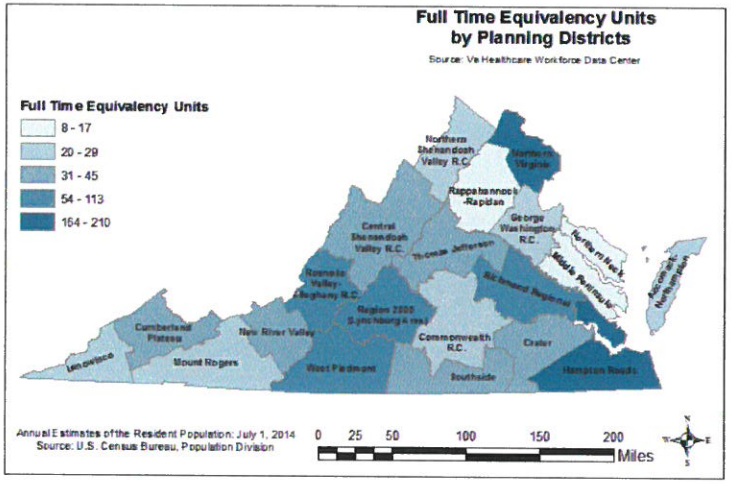


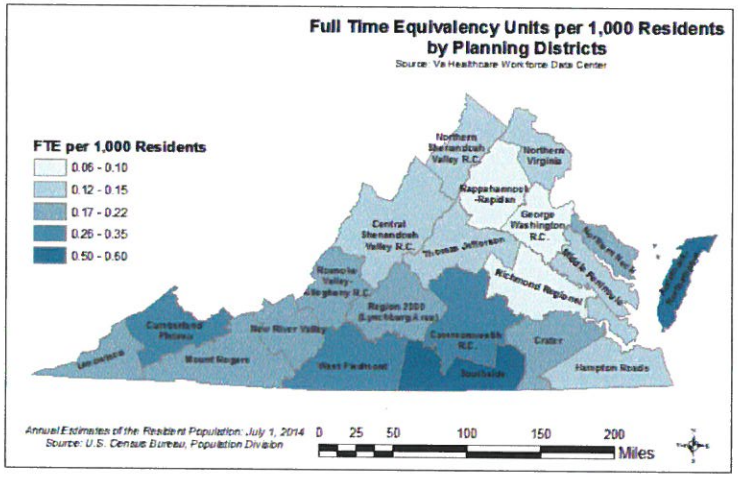


Health Services Areas









Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	675	37.93%	2.63671875	2.247657	3.619798
Metro, 250,000 to 1 million	153	34.64%	2.886792453	2.460831	3.96311
Metro, 250,000 or less	141	41.84%	2.389830508	2.037199	3.28086
Urban pop 20,000+, Metro adj	50	28.00%	3.571428571	3.044446	4.903007
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	91	28.57%	3.5	2.983557	4.804947
Urban pop, 2,500-19,999, nonadj	83	30.12%	3.32	2.830117	4.557836
Rural, Metro adj	53	33.96%	2.944444444	2.509976	4.042257
Rural, nonadj	34	26.47%	3.777777778	3.257151	5.186292
Virginia border state/DC	205	41.95%	2.38372093	2.031991	3.272472
Other US State	79	41.77%	2.393939394	2.040701	3.286501

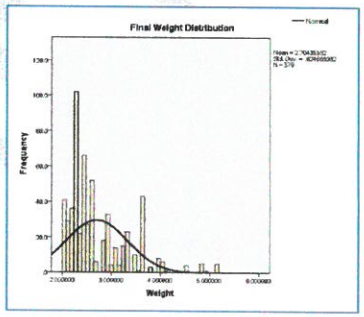
Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	175	43.43%	2.302631579	2.031991	3.044446
30 to 34	123	40.65%	2.46	2.170863	3.252512
35 to 39	164	39.63%	2.523076923	2.226526	3.528651
40 to 44	183	33.88%	2.951612903	2.604693	4.12798
45 to 49	197	42.13%	2.373493976	2.094524	3.319452
50 to 54	177	42.94%	2.328947368	2.055213	3.257151
55 to 59	189	37.57%	2.661971831	2.349096	3.519551
60 and Over	356	26.97%	3.708333333	3.272472	5.186292

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.370205



Source: Va. Healthcare Workforce Data Center